

Pre-Printed Loss Adjustment Statement

Policyholder Name:

Policy Number:

Date of Loss:

____ / ____ / _____

Claim Number:

Adjuster Name:

Contact Number:

Loss & Adjustment Details

Date	Description of Loss	Claimed Amount (USD)	Adjustment (USD)	Approved Amount (USD)	Remarks
____ / ____ / _____	_____	_____	_____	_____	_____
____ / ____ / _____	_____	_____	_____	_____	_____
Total		_____	_____	_____	

Adjusted by:

Date:

____ / ____ / _____

Authorized Signature:

Important Notes:

- This document is intended for pre-printed use and may be issued as an XLSX (Excel) template.
- Ensure all details provided are accurate and align with policy documentation.
- Adjustment figures and remarks must be justified and based on valid evidence.
- Signatures are required for verification by both the adjuster and authorized personnel.
- Retain a copy of this statement for future reference or audit purposes.