

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.