

Standard Loss Adjustment Sheet

Claim Information

Claim Number		Date of Loss	
Policy Number		Date Reported	
Insured Name		Contact Number	
Address			

Loss Details

Description of Loss	
Cause of Loss	
Extent of Damage	
Inspection Date	

Itemized Statement

Item No.	Description	Qty	Unit Value	Total Value	Depreciation (%)	Net Amount
1						
2						
Total Net Amount						

Adjuster's Remarks

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Payment Recommendation

Recommended Settlement Amount	
Deductions (if any)	
Final Net Payable	

Adjuster's Signature

Date

Important Notes

- This sheet is an official record for documenting insurance-related loss adjustments.

- All fields must be completed accurately and truthfully to ensure valid claim assessment.
- Supporting evidence and documentation should be attached as appropriate.
- The document must be signed and dated by the authorized adjuster.
- This template may require customization to meet specific insurer or jurisdiction requirements.