

Structured Loss Settlement Sheet

Claim Reference: _____

Date: ____ / ____ / ____

Insured Name: _____

Policy Number: _____

Adjuster Name: _____

1. Claim Details

Type of Loss _____

Date of Loss _____ / _____ / _____

Location of Loss _____

Description _____

2. Settlement Structure

Payment Period	Payment Date	Amount (USD)	Remarks
1st Installment	____ / ____ / ____	-----	-----
2nd Installment	____ / ____ / ____	-----	-----
3rd Installment	____ / ____ / ____	-----	-----
Total		-----	

3. Deductions & Adjustments

Description	Amount (USD)
Deductible	_____
Salvage (if any)	_____
Other Adjustments	_____
Net Settlement Amount	_____

4. Comments / Notations

Insured's Signature

Date: ___ / ___ / ___

Adjuster's Signature

Date: ___ / ___ / ___

Important Notes:

- This sheet outlines the agreed structure for loss settlement between the insurer and insured.
- Ensure all details and payment schedules are thoroughly reviewed and understood before signing.
- Deductions and final net settlement must align with the insurance policy terms.
- Any modifications or disputes should be communicated directly to the adjuster or insurer.