

# 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	_____
<b>Net Settlement Amount</b>	_____

## 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.