

Final Loss Assessment Certification

1. Policy & Insured Information

Policy Number:	_____
Claim Reference No.:	_____
Name of Insured:	_____
Address:	_____
Nature of Loss:	_____
Date of Loss:	_____

2. Assessment Details

Description	Claimed Amount	Assessed Loss	Remarks
Total	_____	_____	_____

3. Certification

I/We hereby certify that the final assessment of the loss/damage mentioned above has been carried out as per the policy terms and based on the verification of documents and site inspection. The assessed loss as stated is fair and reasonable.

Assessor Name:

Signature:

Date:

Authorized Official (Insurer):

Signature:

Date:

Important Notes:

- This document certifies the final and binding assessment of the insured loss.

- All relevant documents and evidences should be annexed to support the assessment.
- Any disputes regarding the assessment should be communicated within the stipulated time as per policy conditions.
- This format should be duly signed by all parties involved before submission.