

Final Settlement Loss Assessment Sheet

Policy Number: _____

Date of Loss: _____

Insured Name: _____

Claim Number: _____

Address: _____

Contact Number: _____

Insurer: _____

Assessment Details

| Sl. No. | Description | Claimed Amount | Assessed Amount | Remarks |
|---------|-------------|----------------|-----------------|---------|
| 1 | | | | |
| 2 | | | | |

Gross Amount: _____

Less Deductibles: _____

Net Payable Amount: _____

Declaration

I/we hereby declare that the above assessment has been made as per the available documents and verification carried out, and recommended for final settlement.

Assessor's Name & Signature: _____

Date: _____

Important Notes:

- This document should be reviewed carefully before final approval.
- All supporting documents and evidence should be attached with the assessment sheet.
- Ensure all calculations and deductions are as per policy terms.
- Any disputes should be raised within the stipulated period as per insurance policy conditions.
- Signatures from the authorized assessor and claimant (if required) must be obtained.