

# 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.