

Insurance Loss Assessment Sheet

(Sample Format)

Basic Details

Policy Holder Name:

Policy Number:

Date of Loss:

____/____/____

Assessment Date:

____/____/____

Assessor Name:

Loss Details

Cause of Loss:

Location of Loss:

Description of Loss:

Itemized Assessment

Sl. No.	Description of Item	Quantity	Estimated Value	Remarks
1				
2				
3				

Total Estimated Loss:

Assessed Loss Amount:

Deductions (if any):

Final Amount

Recommended:

Assessor's Remarks

Assessor's Signature:

Date:

____/____/____

Important Notes:

- This document is used to formally report and assess insurance losses and forms the basis for claim processing.
- Ensure all details are completed accurately and supporting evidence is attached where required.
- Assessor's remarks should include clear justification for the loss values and deductions cited.
- Retention of this document for future reference and audit purposes is recommended.