

# Audited Loss Report Form

## 1. Policy Information

Policy Number

Name of Insured

Contact Information

## 2. Loss Details

Date of Loss

Location of Loss

Cause of Loss

Description of Loss

## 3. Audited Loss Calculation

Item/Category	Amount Claimed	Audited Adjustment	Approved Amount
<b>Total</b>			

## 4. Auditorâ€™s Comments & Recommendations

Comments

Recommendation

**5. Declaration**

Auditor's Name

Date

Signature

**Important Notes**

- This form must be completed by an authorized auditor after a thorough investigation.
- Attach all relevant supporting documents and evidence with the form.
- Ensure all calculations and information are accurate and can be verified.
- False or misleading statements may lead to denial of claim and legal action.
- Keep a copy of this completed report for your records.