

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Auditor’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.