

Property Damage Loss Adjustment Sheet

Claim Information

Claim Number: _____

Date of Loss: _____

Date Reported: _____

Policy Number: _____

Adjuster's Name: _____

Inspection Date: _____

Insured & Property Details

Insured Name: _____

Contact Number: _____

Property Address: _____

Description of Damage

Loss Assessment

Item/Area	Description of Damage	Estimated Cost
Total Estimated Loss		

Remarks / Recommendations

Adjuster's Signature: _____

Date: _____

Important Notes:

- This sheet serves as a preliminary evaluation and is not a guarantee of coverage or payment.
- All estimates are subject to policy terms, conditions, and applicable deductibles.
- Photographs and supporting documents should be attached where available.
- Final settlement may require further review or additional documentation.

