

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.

