

# Standard Loss Adjustment Form

Claim Number

Enter claim number

Date

Insured Name

Enter name

Policy Number

Enter policy number

Contact Details

Phone or email

## Loss Details

Date of Loss

Date Reported

Location of Loss

Enter location

Cause of Loss

Describe the cause

Description of Loss

Describe the incident and loss

## Assessment of Loss

Item Description	Quantity	Estimated Value	Depreciation (%)	Amount Payable
<div>Item 1</div>	<div></div>	<div></div>	<div></div>	<div></div>

Item Description	Quantity	Estimated Value	Depreciation (%)	Amount Payable
<div>Item 2</div>				

Total Amount Payable

## Adjuster Details

Adjuster Name

Name of Adjuster

Contact

Phone or email

Adjuster's Remarks

Add comments or remarks

## Declaration & Signature

Declaration

I certify that the above information is correct.

Signature of Insured

Signature/Name

Signature of Adjuster

Signature/Name

Date

### Important Notes:

- This form should be completed thoroughly to facilitate a fair and prompt claim adjustment.
- All supporting documents and evidence should be attached where applicable.
- False or incomplete information may result in claim denial or legal consequences.
- Please review all details before submission for accuracy and completeness.