

Standard Loss Adjustment Form

Claim Number

Date

Insured Name

Policy Number

Contact Details

Loss Details

Date of Loss

Date Reported

Location of Loss

Cause of Loss

Description of Loss

Assessment of Loss

Item Description	Quantity	Estimated Value	Depreciation (%)	Amount Payable
Item 1				

Item Description	Quantity	Estimated Value	Depreciation (%)	Amount Payable
Item 2				

Total Amount Payable

Adjuster Details

Adjuster Name

Contact

Adjuster's Remarks

Declaration & Signature

Declaration

I certify that the above information is correct.

Signature of Insured

Signature of Adjuster

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.