

# Vehicle Insurance Loss Adjustment Report

Policy Number	_____
Claim Number	_____
Date of Loss	_____
Insured Name	_____
Contact Number	_____
Insured Vehicle	Make: _____ Model: _____ Year: _____ Registration No: _____
Surveyor/Adjuster's Name	_____
Inspection Date	_____

## 1. Description of Accident

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. Details of Damage

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 3. Preliminary Assessment

Estimated repair cost: \_\_\_\_\_

Salvage value (if any): \_\_\_\_\_

## 4. Repairs Recommended

\_\_\_\_\_  
\_\_\_\_\_

## 5. Conclusion & Recommendations

\_\_\_\_\_  
\_\_\_\_\_

## 6. Declaration

I hereby certify that I have personally inspected the vehicle and the above particulars are true and correct to the best of my knowledge and belief.

Surveyor/Adjuster's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Important Notes:

- This document should be filled by an authorized insurance surveyor or loss adjuster only.
- Ensure all details are accurate; incomplete information may delay claim processing.
- Attach photos of the damaged vehicle and any relevant supporting documents.
- This report is to be used solely for insurance assessment purposes.