

Claim Adjustment



AA Insurance Company

Freedom Ave.
My Town, CA
(888) 888-8888

Adjuster Last Name
Adjuster First Name
Adjustment Date

Claim Number	Type of Loss	Condition Code
Policy Number	Date of Loss/Accident	Deductible

Insured Last Name	Insured First Name				
Claimant Last Name	Claimant First Name	Claimant Phone Number () -			
Claimant Street					
City	State	Zip Code			
Vehicle Maker	Vehicle Model	Vehicle Year	VIN	License Plate	Mileage

Line Item	Entry Number	Labor Type	Operation	Description	Part Type/ Part Number	Dollar Amount	Labor Units

Total Labor	
Total Replacement Parts	
Total Additional Costs	
Gross Total	
Total Adjustments	
Net Total	