**财产损失清单**

保险单号：

被保险人（盖章）： 保险财产类别： 填报日期：

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| 出险单位填写 | | | | | | | | 保险公司填写 | | | |
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| 名称规格 | 单位 | 受损数量 | 出险时总数量 | 账面单价 | 受损财产总额 | 受损程度 | 定损金额 | 残值 | 摊赔比例 | 核赔金额 | 备 注 |
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| 本页 小计 |  |  |  |  |  |  |  |  |  |  |  |