



NEPAL INSURANCE COMPANY LTD.

Issuing Office: Head Office, NIC Building, Kamaladi

P.O. Box: 3623, Kathmandu, Nepal

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Notification of Loss or Damage for Machinery Insurance

Claim No.
Policy No.

1. Name and address of Insured			
Address of Plant			
Name of Chief engineer or plant manager.			
Nearest railway station / airport.			
2. When did the loss or damage occur?	Time	Date	
	To whom?		
	By whom?		
3. Are there any witnesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If so, Please give names, professions and address			
4. Which item was damaged? ¹			
Item No. in Specification of Policy Schedule.			
Sum Insured			
Name of manufacture, type of machine			
Year of manufacture, serial number (please give full details as on manufacture's plate.)			
Description of damaged item (capacity, rpm, weight, etc.)			
Had the manufacturer's guarantee period for the damaged item expired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If so, when?		

¹ If more than one scheduled item is affected, please complete one form per item.

5. Which parts were damaged?	_____
6. How did the damaged occur and what was its probable cause? Please attach sketches, photos, etc.	_____ _____
7. Do the fractures show any sign of faulty casting, faulty materials of previous repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please give details	_____
8. Are any alterations to or improvements of design, construction or material being effected whilst repairs are being made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please give details	_____
9. How will the damaged items be repaired, by whom and where?	_____ _____
Please indicate estimate repair period.	_____
10. Was are the estimated repair costs? ²	_____
11. Was any third party or surrounding Property damaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please give details	_____ _____
12. Remarks	_____ _____ _____ _____ _____

² Please enclose copy(ies) of repair estimate(s), which should show a breakdown into material costs, labor charges – including man – hours worked – and freight charges.

The undersigned insured declares that he has answered the above questions conscientiously and truthfully.

Issued at _____ **this** _____ **day of** _____ **20** _____

Signature: _____