



Nepal Insurance Company Limited

Ameer Bhawan, Ganesthan, Kamaladi, Kathmandu, Nepal. Toll Free: 16600161666

Tel: 01-5321353, 5328690, 5345565, 5345568, 5320614, 5350463

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PROPERTY INSURANCE

CLAIM FORM

1. Name & Address of the Insured :
2. Telephone No. :
3. Policy No. :
4. Sum Insured :
5. Period of Insurance :
6. Risk Covered :
7. Date and Time of Loss :
8. Place of Loss :
9. Nature and cause of Loss :
(Please describe the
circumstances leading to the
Loss)
10. Estimated Loss Amount: :
11. Whether Loss intimated to Police :
Station / Fire Brigade or not
12. Give details of insurance with :
another insurance on the risk
involved in fire / accident
13. If Insured is not sole owner, the :
nature of his / their interest in the
property and details of other
interests.

I / We hereby declare that the particulars furnished above are true and correct to the best of my / our knowledge.

Place :

Date :

Signature & Stamp of Insured

Note:

1. The issue of this Claim Form does not imply admission of liability on the part of the Insurers.
2. If the space is not sufficient for reply to any question, please give details on a slip to be attached to the Claim Form.
3. Any other information, if required by the Company for claim, will be asked separately.
4. This Form is to be signed only an authorized representative of the Insured.