



Nepal Insurance Company Limited

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CLAIM FORM

CONTRACTOR'S ALL RISK (CAR) INSURANCE POLICY

(To be completed by the Insured and submitted to the Insurer immediately upon occurrence of loss or damage)

SECTION A: POLICY PARTICULARS

1. Principal / Employer:	
2. Name & Address of Insured:	
3. Policy Number:	
4. Period of Insurance:	
5. Sum Insured:	
6. Contact Number / Email:	
7. Name of Contract / Project:	
8. Location of Contract Site:	

SECTION B: PARTICULARS OF LOSS / DAMAGE

1. Date & Time of Loss / Damage:	
2. Location of Loss:	
3. Cause of Loss / Damage:	
4. Description of Loss:	
4. Estimated amount of loss:	

SECTION C: STEPS TAKEN AFTER LOSS

1. Immediate steps taken to prevent or minimize further loss:

2. Whether police / statutory authority was informed (Yes / No):

Name of authority and reference number:

SECTION D: DECLARATION

I/We hereby declare that the statements made above are true and correct to the best of my/our knowledge and belief and that no material information has been concealed or misrepresented. I/We agree to provide any additional information or documents required by the Insurer or Surveyor.

Name of Insured:

Signature:

Date:

Official Stamp: