



Nepal Insurance Company Ltd.

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MARINE INSURANCE INLAND TRANSIT CLAIM FORM

Claim No. :
Policy No. :
Declaration :
Certificate No. :

1. Please enclose Original Invoice
2. Surrender the Original Policy or Declaration Certificate

1. Name of the Assured and Address.	
2. Name and Address of the Consignor.	
3. Name and Address of the Consignee.	
4. Station of origin and destination of Consignment .	
5. Carrier's Receipt no. and date and station from which issued.	
6. Goods carried at Owner's risk or carrier's risk	
7. Carrier's endorsement if any respecting the condition of the packing or container of the consignment .	
8. Give a full description of goods consigned dispatch.	
9. Detail of made of packing.	
10. When delivery of the consignment was taken the outward condition of it such as rouse suspicion about internal damage or shortage? Please give details	
11. Was open delivery of the consignment obtained. and appropriate certificate from the representative of carriers obtained? if obtained the certificate may be endorsed.	
12. a) Date on which consignment reached destination (Railway Station or Carrier's Godown). b) Date on which delivery taken. c) Date of receipt at Consignee's warehouse	
13. State the exact nature of damage or loss and the approximate cause of such loss.	
14. Are you interested in retaining salvage? if so what is your offer?	
15. Please state the proximate cause of such loss or damage.	
16. As per policy condition did you immediately lodge a claim on the carriers? if so, copies of correspondence exchanged with the carries may be enclosed	
17. In case of shortage did you make a reference to suppliers to ascertain if a short supply was made by them through an error?	
18. if the damaged article could be repaired or re-conditioned. please indicate the cost that would be involved	

