



Nepal Insurance Company Limited

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CLAIM FORM (TRAVEL INSURANCE POLICY)

(To be completed by the Insured and submitted along with all supporting documents)

SECTION A: POLICY AND INSURED DETAILS

1. Name of Insured:	
2. Policy Number:	
3. Period of Insurance:	
4. Permanent Address:	
5. Contact Number / Email:	
6. Passport Number:	
7. Nationality:	

SECTION B: TRAVEL DETAILS

1. Destination Country / Countries:	
2. Purpose of Travel:	
3. Date of Departure from Nepal:	
4. Date of Return to Nepal:	
5. Airline / Flight Number:	

SECTION C: NATURE OF CLAIM (Tick ✓)

<input type="checkbox"/> Medical Expenses	<input type="checkbox"/> Delay of Baggage	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Accidental Death / Permanent Disablement	<input type="checkbox"/> Trip Cancellation / Curtailment	
<input type="checkbox"/> Loss of Baggage	<input type="checkbox"/> Loss of Passport	

SECTION D: DETAILS OF INCIDENT / ILLNESS

1. Date of incident / illness:	
2. Place of incident:	
3. Full description of incident / illness and circumstances:	
4. Name and address of hospital / authority (if applicable):	

SECTION E: CLAIM AMOUNT DETAILS

1. Description of expenses incurred:
2. Amount claimed:
3. Currency:
4. Whether expenses were paid by the insured (Yes / No):

SECTION F: DECLARATION

I hereby declare that the above information is true and complete to the best of my knowledge and belief. I understand that any false statement or suppression of material facts may render the claim void.

Name of Insured:

Signature:

Date: