



United INSURANCE COMPANY LTD.

Head Office: Trade Tower, Fourth Floor, Thapathali

P.O. Box: 9075, Kathmandu, Nepal

Tel: 977-1-5111111 (Hunting), Fax: 977 - 1 - 5111112

E-mail: info@unitedinsurance.com.np

web: www.unitedinsurance.com.np

Banker's Blanket Insurance CLAIM FORM

(The issue of this form does not constitute admission of liability. Please return the form duly completed within Fourteen days of the discovery of the loss together with all necessary enclosures)

Policy No.		Claim No.
1	a) Name of Insured (in full)	a)
	a) Address	b)
2	Full address of the Insured's Office in respect of which the claim is lodged state:-	
3	State:- a) The amount of loss b) The date of discovery of loss c) The date of loss	
4	Give brief details of how exactly the loss occurred and under what circumstances it was discovered.	
5	Do the Insured suspect any dishonest or criminal act or other irregularity on the part of any of their employees? If so, state the exact nature of the act committed and furnish the following detail a) Name/s Address/es of the employees, in what capacity/ies the said employee/s was/were acting at the time of loss and number of years of service put in. b) On what date/s were his/their accounts last checked and found correct? c) Have the Insured always been satisfied with his/their work? d) State whether any departmental enquiry has been initiated against the employees. If so, please attach copies of charge sheets issued and proceedings. Has /have the employees/s been suspended or dismissed? e) Do the Insured hold any amount/s due to the employees? Please give details. f) Do they hold any cash or other security from the employees? If	a) Name Address Capacity Service b) c) d) e) f)

	so, Please give details.	
6	If the loss is due to burglary or housebreaking, theft robbery or hold-up or any other similar peril please state: a) How entry into the premises was effected: b) Whether the premise was occupied at the time of the loss? If not, when was it last occupied? c) Whether the premise was guarded at the time of the loss? d) (If any person is suspected of committing the felony please give details)	a) b) c) d)
7	If the loss is due to fire please state: a) When and from where did the fire originate? b) How did the fire originate? Is arson suspected? Give details c) What steps were taken to extinguish the fire? d) Submit the copy of the Fire Brigade Report.	a) b) c) d)
8	If the loss is in respect of money and / or securities whilst in transit, please state: a) Value of money and / or securities carried. b) Name/s of employee/s carrying the money and / or securities. c) Mode of carriage (that is, on foot, in vehicle etc.) and the place to which carried. d) How was it carried (that is in locked bag, steel box etc) and in how many of them. e) Whether accompanied by armed guards.	a) b) c) d) e)
9	If forgery or alteration of any security is involved, please state whether the insured sought the assistance of a reliable Hand writing Expert to satisfy themselves that the signature of alteration was actually false and was not genuine? If so, a copy of the Hand writing Expert's opinion may be attached. If not, State how the said contingency was established?	
10	If the loss in respect of goods and / or commodities pledged or hypothecated to the Insured please state: a) The location of the godown and whether the godown was under the Insured' control. b) What was the total value of the stocks stored therein? c) Name's of the employee/s holding the keys to the godown. d) When was the godown last inspected and stocks found in order. e) Whether armed guards were posted at the godown.	a) b) c) d) e)
11	Has a complaint with the Police been lodged? If so, attach a copy thereof if not, please do so immediately and furnish a copy thereof to the Company.	
12	Is there any other policy in force in respect risk for which the loss in alleged? If so, give the number and the sum insured under the policy and the name of the Insurer.	

We hereby declare that the foregoing particulars are true and correct in every respect.

Place:

Date:

Signature & Stamp of Insured.