



United INSURANCE COMPANY LTD.

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CONTRACTORS ALL RISKS INSURANCE CLAIM FORM

1. Name & Address of the Insured :
2. Telephone No. :
3. Policy No. :
4. Sum Insured : Rs.
 - (a) Material Damage : Rs.
 - (b) Third Party Liability : Rs.
5. Period of Insurance :
6. Date and Time of Loss :
7. Cause of Loss :
8. Place of Loss :
9. Nature and cause of Loss : _____
(Please describe the _____
circumstances leading to the _____
Loss) _____

10. Estimated Loss Amount: : Rs.
11. Estimated of Salvage in any :
12. By whom was the accident :
witnessed
13. Give details of any other :
insurance under which you are
entitled to recover in respect of
this loss or damaged

IN CASE OF THIRD PARTY LIABILITY

1. Has any communication, verbal or written been made to you by or on behalf of any injured person or owned of Third Party property involved in the damage if so, please give particulars (any written communication received must accompany this form).

2. (a). Details of damaged property of Third Party :

(b). Nature and extent of damaged to property belonging to Third Party :

(c). Name & Address if owners of property damaged. :

3. (a). Details personal injury, if any to Third Parties. :

(b). Nature and extent of personal injury if any, to Third Parties. :

(c). Names, Address and ages of injured persons. :

4. Are there any other insurance effected by you or any other person covering the property damaged or any part there of? If so, please give details. :

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.*

