



United INSURANCE COMPANY LTD.

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Household Insurance CLAIM FORM

1. Name & Address of the Insured :
2. Telephone No. :
3. Policy No. :
4. Sum Insured :
5. Period of Insurance :
6. Risk Covered :
7. Date and Time of Loss :
8. Place of Loss :
9. Nature and cause of Loss : _____
(Please describe the _____
circumstances leading to the _____
Loss) _____
10. Estimated Loss Amount: :
11. Whether Loss intimated to Police :
Station / Fire Brigade or not
12. Give details of insurance with :
another insurance on the risk
involved in fire / accident
13. If Insured is not sole owner, the :
nature of his / their interest in the
property and details of other
interests.

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.*