



# United INSURANCE COMPANY LTD.

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## ***ALL RISK INSURANCE CLAIM FORM***

1. Name & Address of the Insured :
2. Telephone No. :
3. Policy No. :
4. Sum Insured :
5. Period of Insurance :
6. Date and Time of Loss :
7. (a) Full description of Machinery :  
(b) Item No. of Policy Schedule :  
(c) Its Separate Value :
8. Place of Loss :
9. Nature and cause of Loss : \_\_\_\_\_  
(Please describe the \_\_\_\_\_  
circumstances leading to the \_\_\_\_\_  
Loss) \_\_\_\_\_
10. Estimated Loss Amount: :
11. State whether the item damage :  
was under any guarantee from  
Supplier of Manufacture. If so  
state the nature of guarantee and  
the guarantee period
12. In which section and for what :  
purpose was the machinery being  
used at the time of damage

13. Have the repairs been put in :  
hand? If so give name and  
address of repairs
14. (a) State under of repairs and :  
particulars of replacement of  
any parts required  
(b) Estimate of Cost of repairs :  
(c) If repair is not possible :  
estimate cost or  
replacements
15. Give details of insurance with :  
another insurance on the risk  
involved in accident

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.*