



PREMIER INSURANCE CO.(Nepal) LTD.
Narayan Chaur, Kathmandu.
Ph:00977 1 4413543 Fax: 00977 1 4413442

FIRE CLAIM FORM

THE ISSUE OF THIS FORM DOES NOT CONSTITUTE ADMISSION OF LIABILITY

Policy No :

Claim No :

1. INSURED

(a) Name :

(b) Address :

(c) Name of Mortgagees or other
persons having an interest in the
property :

2. DETAILS OF INSURANCE

<u>Name of Insured</u>	<u>Policy No(s)</u>	<u>Sum Insured</u>	<u>Period</u>
		<u>(Rs)</u> <u>From</u>	<u>To</u>

N.B. If Insurance is effected with other Companies, copies of such policies to be attached.

3. DETAILS OF LOSS

- (a) Time & Date of Fire/Loss.
- (b) Causes of Fire/Loss
- (c) Item of Policy affected (give description).
- (d) Occupation of the premises
at the time of Fire/Loss.
- (e) Has the Fire/Loss been
reported to Fire Brigade/Police ?

**4. Extent of Loss (as more particularly
described in the statement overleaf).**

We hereby declare that the statements made by us in the claim form are true to the best of our knowledge and belief and that we have not withheld any material information which has a bearing upon the claim.

Place :

Date:

Signature of the Claimant