



Premier Insurance Co.(Nepal) Ltd.
Narayan Chaur, Naxal
Kathmandu, Nepal

Personal Accident Insurance - Insured/Claimant's Statement

Issue of this form does not constitute admission of liability. Please return this form duly completed together with Death Certificate from Hospital Senior District Government Doctor, Post Mortem Certificate if any, and Police Panchanama. Should there be delay in obtaining these forms, kindly return this claim form first to the Company.

Claim No	Policy No
1. a. Name of Claimant (in full) if more than one state names of all. b. Full Postal Address. c. Relationship of Claimant with deceased.	
2 State nature of title under which Claimant is claiming amount.	

Particulars of the Insured Person who died in Accident

3 a. Name (in full) b. Last full Postal Address c. Last occupation d. Age at time of accident
4 a. When did accident happen ? (Give date and exact time) b. Where did accident happen ? c. Give full description of accident, its cause and injuries sustained d. State date, time and place of death.
5 On what date did claimant receive information in regard to accident and from whom ?	
6 Give names and addresses of two Persons who witnessed accident	
7 a. Was deceased free from infirmity at time of accident ? if not, give particulars. b. Was deceased under influence of drugs or drink at time of accident ? c. Is claimant satisfied that death was directly due to accident. d. Give names and address of 1. Hospital, Clinic or Nursing Home where deceased was treated after accident. 2. Physician/Surgeon who attended on deceased after accident.

3. His regular physician if any.
8. Did deceased have any other accident Insurance on his life ? if so, state name of Insurer/s and amount/s claimed.	

I/We hereby affirm and declare that answers to all above questions are full and true in every respect.

Place :

Date :

Witnesses

Signature.....

Signature of Insured/Claimant

Name.....

Address.....

If Insured is other than claimant, Insured should also certify that particulars furnished are true and correct.