



PREMIER INSURANCE CO. (NEPAL) LTD.
NARAYAN CHAUR , NAXAL
KATHMANDU, NEPAL
Ph # 4413543,4410648, Fax # 4413442

**PUBLIC LIABILITY
CLAIM FORM**

- 1) Name and Address of Insured :
- 2) Contact No. :
- 3) Policy No. :
- 4) Sum Insured :
- 5) Period of Insurance :
- 6) Risk Covered :
- 7) Date and Time of Loss :
- 8) Nature and Cause of Loss :
(Please describe the circumstance leading to the cause)
- 9) Estimated Loss Amount :
- 10) Whether Loss intimated to police Station or not :
- 11) Give details of insurance with another Insurance on the risk involved in Fire/accident :

- 12) 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.