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 Hospital Papers /Doctor's Certificate. Should there be delay in obtaining these papers, 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 Insured person.	
2 State nature of title under which Claimant is claiming amount.	

Particulars of the Insured Person involved in Accident

3 a. Name (in full) b. Last full Postal Address c. 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.	....
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 injured person free from infirmity at time of accident ? if not, give particulars. b. Was injured person under influence of drugs or drink at time of accident ? c. Is claimant satisfied that injury was directly due to accident. d. Give names and address of 1. Hospital, Clinic or Nursing Home where injured person was treated after accident. 2. Physician/Surgeon who attended injured person after accident. 3. His regular physician if any.	....

8. Did injured person have any other accident Insurance on his life ? If so, state name of Insurer/s and amount claimed.	....

9. In case of Permanent Disablement give full description of injury as result of accident and Medical attendant's Certificate of total/ irrecoverable loss of sight or actual loss by physical separation of limb.	

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.