



UNITED INSURANCE CO. (NEPAL) LTD.

Head Office: Trade Tower, Fourth Floor, Thapathali, P.O. Box: 9075, Kathmandu, Nepal
Tel: 5111111 (hunting), Fax: 977-1-5111112
E-mail: uic@mail.com.np, Web: www.unitedinsurance.com.np

PUBLIC LIABILITY CLAIM FORM

1. Name and Address of Insured: _____

2. Please give following details
pertaining to all policies
involved fire/accident:

	Policy No.	Risk Covered	Location	Sum Insured	Estimated Accident of Loss

3. Period of Insurance: _____

4. Date and time of loss: _____

5. Nature and cause of loss: _____
(please describe the circumstances leading of the loss)

6. Give details of Insurance with any
other insurance company on the risk
involved in fire/accident: _____

7. If insured is not sole owner, the nature
of his/their interest in the property and
details of other insurance: _____

8. Whether loss intimated to
(i) Police: _____

(ii) Fire Brigade: _____

I hereby declare that the particulars furnished above are true and correct to the best of knowledge.

Place: _____

Date: _____

Signature of Insured
Office Seal