



UNITED INSURANCE CO. (NEPAL) LTD.

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An ISO Certified Co.



ISO 9001:2008

FIRE INSURANCE 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