



United INSURANCE COMPANY LTD.

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CASH IN TRANSIT INSURANCE CLAIM FORM

1. Name & Address of the Insured :
2. Telephone :
3. Policy No :
Sum Insured:
 - a) Estimated annual carrying :
 - b) Single carrying Limit :
4. Loss Happened / Discovered :
5. Place of Loss :
6. Nature of Loss with details :

7. Loss Amount: :
8. Staffs involved in the Event /
Designation / Citizenship/Status
(Permanent or Temporary) :
9. Is the concerned staff still working? :
11. When the event reported to the
Police? :
12. What steps taken by the insured /
Police to trace the lost item :
13. What action taken against the
concerned staff :
14. Give details of insurance with
another insurance on the risk
involved in an accident :
15. 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.*