



United INSURANCE COMPANY (NEPAL) LTD.

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PUBLIC LIABILITY INSURANCE

1. Name & Address of the Insured :
2. Telephone No. :
3. Policy No. :
4. Sum Insured :
5. Period of Insurance :
6. Date & Time of Loss. :
7. Place of Loss :
8. Nature of Loss with details : _____
(Please describe the _____
circumstances leading to the _____
Loss) _____
9. Estimated Loss Amount: :
10. Whether Loss intimated to Police :
Station or not
11. What steps taken by the insured / :
Police to trace the lost item
12. Give details of insurance with :
another insurance on the risk
involved in an accident
13. 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.*