



Shikhar Insurance Company Ltd.

Head Office: Shikhar Biz Center, 5th and 6th Floor, Thapathali

P.O. Box No. : 11133, Kathamandu, Nepal

Tel: 4246101, 4246102, Fax: 977-1-4246103, E-mail: shikharins@mos.com.np

FIRE INSURANCE CLAIM FORM

1. Name and Address of the Insured	1.
2. Telephone No.	2.
3. Policy No.	3.
4. Sum Insured	4.
5. Period of Insurance	5.
6. Risk Covered	6.
7. Date and Time of Loss	7.
8. Place of Loss	8.
9. Nature and Cause of Loss (Please describe the circumstances leading to the Loss)	9.
10. Estimated Loss Amount	10.
11. Whether loss intimated to Police Station / Fire Brigade or not	11.
12. Give details of insurance with another insurance on the risk involved in fire / accident	12.

13. If Insured is not sole owner, the nature of his / their interest in the property and details of other interests	13.
---	-----

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

Place :

Date :

Signature and 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 to 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 by an authorized representative of the Insured.