



सगरमाथा लुम्बिनी इन्स्योरेन्स कम्पनी लिमिटेड
SAGARMATHA LUMBINI INSURANCE COMPANY LIMITED

Sagarmatha Lumbini Insurance Co. Ltd.

Post Box 12211, Kathmandu, Nepal.

Tel: 4511707, 4512367, P.O. Box: 12211

Email: claims@salico.com.np/www.salico.com.np

The issue of this form is not to be taken as on admission of liability.

Policy No.....

Claim No.....

Notification of Loss or Damage for Contractors' All Risks Insurance

Claim No.

Title of contract insured:

Name(s) and address(es) of insured(s) :

Location and address of contract Site :

Name of supervising Engineer :

Nearest railway station (airport) :

Advisable approach route to contract Site From
railway

station (airport) or otherwise

1. Which items were damaged ?

- (a) Contract works
- (b) Construction plant and equipment
- (c) Construction machinery

2. When did the loss or damage occur ?

(State date and exact time)

3. How did the damage occur and what was its
probable cause ?

(Attach sketches photos etc.)

4. How far had the construction of the
damaged/item(s) progressed at the time of the
occurrence of damage ?

5. Give name and address of witnesses to the occurrence:

6. How will the damage items be repaired?

7. Will any alterations or improvements be made to design, construction or material when repairs are carried out ?

8. What are the estimated costs for the repair of damage to

(a) Contract works?

(b) Construction plant and equipment

(c) Construction machinery?

9. Is Third Party Liability involved?

10. Are existing buildings or surrounding property damaged ?

11. Remarks

The Undersigned Insured declares to have answered the above question conscientiously and truthfully,

Dated----- this ----- day of -----
20.....

Signature-----
Stamp