

Sagarmatha Lumbini Insurance Co. Ltd.

“SURAKSHAN” Bhawan, Naxal, Kathmandu, Nepal.

Tel: 977-1-4412367 Fax No.:977-1-4412378

E-MAIL: claims@salico.com.np

(Contractor’s Plant and Machinery)

CLAIM FORM

Claim No : _____

Policy No : _____

Name of insured : _____

Address : _____

Date /Place of Accident : _____

Time : _____

Period of Insurance : _____

Sum Insured : _____

Details of Contents of
Damage Property/TP if any : _____

Estimated Loss : _____

Cause of Accident : _____

Did you report to police : _____
and/or Fire Brigade : _____
When if not Why : _____

The above information's are true. So far as we know and believe.

Signature of client and date

Office Seal

Contact no: