



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

PROPERTY INSURANCE CLAIM FORM

Claim No :
Policy No.
Validity:
Insured:

1.	Exact Date and Time of Loss/Damage	
2.	Place of the Loss/Damage occurred	
3.	Description of premises e. g. "Dwelling House", "Grocer's Shop', "Cotton Mill" etc.	
4.	Description of the Loss/Damage	
5.	Cause of Loss/Damage	
6.	Nature of any other interest e.g. "Mortgagee" "Lessee" "Purchaser on Deposit" etc.	
7.	If there are other Insurance's on the property, please state details	
8.	Where the insurance consists of several items, value of each item under which the claim is made.	

Signature of Claimant

Date

DETAILS OF CLAIM FOR PROPERTY DESTROYED OR DAMAGED

A Fire Policy being a contract of INDEMNITY only, all claims must be based upon the actual value to the goods at the time of the loss/damage.

Description of the Article claimed	value at the time of loss	Deduction for value of salvage	Amount claimed i.e. actual loss after deduction of salvage value
Total Rs.			