



IME GENERAL INSURANCE LTD.

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FIRE INSURANCE CLAIM FORM

Claim No.....

Policy No.....

Insured Name.....

Loss/Damaged date and Time	
Place of occurred/Damaged	
Description of premise	
Description of loss	
Cause of loss/damage	
Has the Fire/Loss been reported to Fire Brigade/Police ?	
Item of Policy affected (give description).	
Where the insurance consists of several items, value of each item under which the claim is made	

I/We hereby declare that the statements made by us in the claim form are true to the best of our knowledge and belief. We have not withheld any material particulars connected with this claim.

Signature of claimant.....

Date.....