



# IME GENERAL INSURANCE LTD.

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ELECTROCNIC EQUIPMENT INSURANCE CLAIM FORM
Policy No: Claim No: Period of insurance: Insured Name: Address:
When Did the Loss or Damage Occur: When was notice of loss or damaged first given to insurer:
Are there any witness:
In which section used at the time of loss:
Surveyor Name:
Which item was damaged: Sum Insured: Name of Manufacturer: Type of Machine: Year of Manufacture:
Description of damaged item:
Cause of Damaged:
Give name and address of repairers:
Estimate repair costs:
State salvage value on the damaged items:
Where can the damaged times be inspected:
Which police station did you notify of the incident?
Please give any others particulars relevant to the damages:

*I/We declare that the foregoing particulars are true and correct.*

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Signature  
Official Stamp  
Date: