



# IME GENERAL INSURANCE LTD.

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## EARECTION ALL RISK 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	
Name of the supplier	
Repairable of Replaceable ?	
Item of Policy affected (give description).	
Are you interested in retaining salvage?	

*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.....