



IME GENERAL INSURANCE LIMITED.

Post Box: 21746 Naxal, Narayanchaur, Kathmandu.
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PUBLIC LIABILITY CLAIM FORM

Please enclose original invoice

1	Name of Insured	
2	Name and address of the Insured	
3	Policy No.	
4	Claim No.	
5	Type of Loss	
6	Cause of Loss	
7	Details of Loss Property	
8	Date/Time of Loss	
9	Any Witness ?	
10	Third Party/Claimant Details	
11	Estimated Claim Amount	
12	Your offer for retaining the salvage	
13	Remarks	

I/we hereby certify that the information herein given is to the best of my/our knowledge and information correct. I/we also agree to render **IME General INSURANCE LTD.** All necessary help recovering the amount of full loss or a part of it either from carriers or from anybody whosever ultimately became liable to make good the loss.

Signature
Designation :
Date: