



EVEREST INSURANCE COMPANY LTD.

Head Office: Hattisar Kathmandu, P.O.Box: 10675, Nepal

Tel: 4444717, 4425758, Fax: 977 - 1 - 4444366

E-mail: info@eic.com.np, web: everestinsurance.com

PRODUCT LIABILITY INSURANCE CLAIM FORM

1. Name & Address of the Insured :
2. Telephone No. :
3. Policy No. :
4. Sum Insured. :
5. Period of Insurance.
6. Date & Time of Loss. :
7. Place of Loss. :
8. Nature of Loss with details: : _____
(Please describe the _____
circumstances leading to the _____
Loss) _____
9. Estimated Loss Amount: :
10. Whether Loss intimated to Police :
Station or not.
11. What steps taken by the insured / :
Police to trace the lost item.
12. Give details of insurance with :
another insurance on the risk
involved in an accident.
13. If Insured is not sole owner, the :
nature of his / their interest in the
property and details of other
interests.

I / We hereby declare that the particulars furnished above are true and correct to the best of my / our knowledge.

Place:

Date:

Signature & Stamp of Insured

Note: -

- 1. The issue of this Claim Form does not imply admission of liability on the part of the Insurers.*
- 2. If the space is not sufficient for reply to any question, please give details on a slip to be attached to the Claim Form.*
- 3. Any other information, if required by the Company for claim, will be asked separately.*
- 4. This Form is to be signed only an authorized representative of the Insured.*