



# EVEREST INSURANCE COMPANY LTD.

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## STUDENT SAFETY INSURANCE CLAIM

Policy No: \_\_\_\_\_

Claim No: \_\_\_\_\_

1. (a) Name of Insured (b) Name of Student (c) Class (d) Sr. Number	_____ _____ _____ _____
2. (a) When did accident occur? State day, date and hour. (b) Where did it occur? (c) Give full particulars of the cause and the injuries sustained.	_____ _____ _____ _____
3. Give names and address of any witnesses of the accident.	_____
4. Give name and address of the doctor who attended you.	_____
5. (a) Are you insured elsewhere? (b) If so, give the name of each company and amount you are entitled to claim.	_____ _____
6. Medical Expenses.	_____
7. Others, if necessary.	_____

I/WE HEREBY declare that I have received the injuries above described and warrant the truth of the foregoing particulars in every respect and I agree that if I have made or if I shall make any false or untrue statement, suppression or concealment, my right to compensation shall be absolutely forfeited.

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature