Lumbini General Insurance Company Ltd.

Post Box: 23100, Gyaneshwor, Kathmandu, Nepal.
Tel: 4411707, Fax: 977-1-4411692

FIRE INSURANCE CLAIM FORM

Claim No.	
Policy No.	
Validity:	
Insured:	

1.	Exact Date and Time of Loss/Damage	
2.	Place of Loss/Damage occurred	
3.	Description of premise e.g. Dwelling House, Grocer's Shop, Cotton Mill etc	
4.	Description of Loss/Damage	
5.	Cause of Loss/Damage	
6.	Nature of any other interest e.g. Mortgagee, Lessee, Purchaser on Deposit etc	
7.	If there are any other Insurances on the property, please state details	
8.	Where the insurance consists of several items, value of each item under which the claim is made	

I/we hereby warrant that the above information is true to our knowledge and belief. We have not withheld any material particulars connected with this claim.

Signature of Claimant_____ Date_____

DETAILS OF CLAIM FOR PROPERTY DESTROYED OR DAMAGED

A Fire Policy being contract of INDEMNITY only, all claims must be based upon the actual value to the goods at the time of the loss/damage.

Description of the Article Claimed	Value at the time of loss	Deduction for value of salvage	Amount claimed i.e. actual loss after deduction of salvage value
Total Rs.			