



# THE ORIENTAL INSURANCE CO. LTD.

(Subsidiary of General Insurance Corporation of India)

P. O. Box No. 165, Jyoti Bhawan, Kantipath

Kathmandu, Nepal

## Contractors All Risk Claim Form/Third Party Damage

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

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

### NOTIFICATION OF PHYSICAL LOSS OR DAMAGE

Insured \_\_\_\_\_

Address \_\_\_\_\_

Situation of plant \_\_\_\_\_

1. Description and value of items lost :  
or damaged. (If Declaration Policy, quote  
reference number of Declaration
2. When did the item in quantium arrive :  
at site
3. Date, time and place of loss or damage :
4. Cause of loss or damage :
5. By whom was the accident witnessed ? :
6. Nature of damage sustained with full :  
description
7. Specify the nature of Guarantee from the :  
Supplier or the Manufacturer of the damage  
equipment. Are there any chance  
of the supplier or Manufacturer  
indemnifying the loss ? If not, State  
precisely the reasons
8. State what repairs or replacements :  
are required and estimate cost thereof ?  
  
Note : Ever effort should be made to give  
of preliminary figure, it being understood  
that the eventual claim will not  
necessarily be limited to this estimate.
9. Salvage or scrap value of damage parts :



10. State where damage item can be :  
inspected should the company so desire

---

11. Was the loss or damage caused by a third ;  
party ? if so, give name an address of  
third concerned.

---

12. Are there any rights of recovery from :  
Contractors/sub-contractors/suppliers/  
Manufacturers ?

---

13. Give details of any other insurance :  
under which you are entitled to recover  
in respect of this loss or damage.

---

14. Please give any other particulars :  
relevant to the loss/damage

---

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

& Official Stamp

(This form is to be signed by only  
an authorised representative of  
the Insured)