यूनाइटेड अजोड इन्स्योरेन्स लिमिटेड **United Ajod Insurance** Limited **United by Trust** (Former: United Insurance Co. (Nepal) Ltd. & Ajod Insurance Limited)

Claim No.

C.T.C. Mall, 7th Floor, Bagdarbar Marga, Sundhara, Kathmandu, Nepal Tel: +977-1-5333743, 5343303, 5344013, 5343073, Toll Free No. 1666 018 6496 E-mail: info@unitedajodinsurance.com, Web: www.unitedajodinsurance.com

					Claim No	
		ISSUI	NG OFFI	CE:		
	CLAIM F	ORM- M	IARINE	DEPARTN	<u>1ENT</u>	
		<u>D</u>]	<u>ETAILS</u>			
1.	Policy No. & Date	:				
2.	Cert. of Insurance/Declaration Originals	:				
3.	Name & Address of Claimant	:				
4.	Please tick (\checkmark) to specify nature of claimant: whether		:	consignor	consignee	Insured
5.	subject matter insured (including gross weight & No. of packages)	:				
6.	Sum Insured	:				
7.	Transit/Voyage					
8.	Consent. Note (Name of Transport Carrier) Rly Receipt Airway Bill (Name of Air Carrier)/ Postern Receipt/Bill of Lading (Name of Vessel) No. and Date (Please strike out whichever is not applicable) (Please enclose original Contract of Carriage)	:				
9.	Date of arrival of Insured consignment at destination (In case of shipment by vessel, please mention General Landing Date & Date(s) on which goods went our of Customs' Charge. Please state separately)		:			
10.	Extant condition of Packages / Goods on arrival:					
11.	Date of Clearance of consignment (In case of overseas shipment, the date should be date of clearance from Docks/Airport) Specific reason(s) for delay in clearance, if any	:				
12.	Whether examined delivery taken from Carriers? If not, reasons please	:				
13.	Description Loss/ Damage	:				
14.	Place and Date of Loss	:				
15.	Cause of Loss		:			
16.	Estimate of Loss		:			
17.	Has Claimant given proper Notice of Loss/Damage and/ or made monetary claim against Carriers, Customs, Bailees and / or other Third Parties : (Please enclose copies of correspondence exchanged) If not, please state reasons thereof:					
18.	Estimate of Salvage available and confirmation that the Salvage is being carefully preserved :					
19.	REMARKS, if any	:				
Date:				-	Signature & Office	Stamp of Claimant

NOTE: The issue of this Claim Form does to imply admission of liability on the part of the Insurers. 1.

Attention is drawn to the IMPORTANT NOTICE overleaf which forms an integral part of the Insurance Contract Claimants are urged to 2. study this carefully and to comply with the requirements in their own interest.

3. If the space is not sufficient for reply to any question, please give details on a slip to be attached to the Claim Form.