



# Shikhar Insurance Company Ltd.

Head Office: Shikhar Biz Centre, Thapathali

P.O.Box: 10692, Kathmandu, Nepal

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Claim No. ....

ISSUING OFFICE:

## CLAIM FORM- MARINE DEPARTMENT DETAILS

1. Policy No. & Date
2. Cert. of Insurance/Declaration } please enclose  
No. & date } Originals
3. Name & Address of Claimant
4. Please tick ( ✓ ) 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:

Stamp of Claimant

Signature & Office

- NOTE:
1. The issue of this Claim Form does to imply admission of liability on the part of the Insurers.
  2. Attention is drawn to the IMPORTANT NOTICE overleaf which forms an integral part of the Insurance Contract Claimants are urged to 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.