



Prabhu Insurance Limited

Tinkune, Kathmandu

PUBLIC LIABILITY CLAIM FORM

1. Claim No : _____ Policy No : _____
2. Period of Insurance From _____ to _____
3. Insured Name : _____
4. Address : _____
5. Date of Loss & Time : _____
6. Cause of Fire/damage : _____
7. Estimate : _____
8. Details of incident : _____

Property affected under Item No. of policy: _____

9. Market value of the affected item at the time of loss : _____

10. Amount claimed (Trade Profit is excluded) _____

11. List of :

Damaged Items: _____

Insured Value: _____

Present Value: _____

Salvage Deduction: _____

Amt Claimed: _____

Total: _____

Note: Extra Sheet may be used for additional items.

I/We declare that the above statements are true to the best of my/our Knowledge.

Date: _____ Station: _____

Signature of the insured
(With official seal, if any)