



NB INSURANCE CO. LTD.

Post Box: 21746 Shanta Marga Kathmandu.
Tel: 4224312, 4224289, 4224263 Fax: +977-1-4224254

Notification of Loss or Damaged for Contractor's all Risks Insurance

Claim No.

Policy No.

The issuing of this form is not to be taken as an admission of liability by the insurer.		
1	Title of Contract Insured Name & Address	
2	Location & Address of Contract Site	
3	Name of Supervising Engineer	
4	Loss Date & Time	
5	What was damaged ?	Explanation which parts ?
		Contract works
		Construction plant and equipment
		Construction Machinery
6	Third party damaged	<input type="checkbox"/> Property <input type="checkbox"/> Bodily injury
7	Cause of damage	
8	Witness to the occurrence of the loss	
9	Estimated repair costs of damage	
10	Third party damaged estimated	
11	Comments.	

Signature /Stamp of claimant

Date