



NLG INSURANCE COMPANY LIMITED

P.O. Box No.: 4332, Lazimpat, Kathmandu, Nepal

PERSONAL ACCIDENT CLAIM FORM

The Insurer do not admit liability by issuing this form

Policy No:

Claim No.

Name of Insured

Name of Life Insured

Address

Profession or Occupation Age

	Year	Month	Date	Time
1. Please state when and where the accident took place				
2. Please state how it happened and what the Insured/the Life Insured was doing at the time				
3. Please state as fully as you can the nature and the extent of the injuries sustained				
4. Please give name and address of the eye-witness				
5. Please give name and address of the Doctor attending the Insured/the Life Insured for these injuries Is he the usual Medical Attendant ? Has any other Medical Practitioner been consulted ?				

<p>6. If the Insured/the Life Insured is still disabled, please indicate when he/she is likely to be fit to resume usual business or occupation either wholly or partially</p>	
<p>7. When and where can the Insured/the Life Insured be visited (if necessary) by a Medical Officer or an Official of the Insurer ?</p>	
<p>8. Was the Insured/the Life Insured in sound health and free from any physical defect of infirmity at the time of the accident ?</p>	
<p>9. When did he/she last receive medical attention previous to the above mentioned accident ? Please state nature of complaint</p>	
<p>10. Is the claim being made under any other Insurance ? If so, please give particulars</p>	
<p>11. If an immediate settlement is acceptable, please state the amount</p>	

DECLARATION

I, the undersigned, do hereby declare that, to the best of my knowledge and belief the foregoing particulars are true and correct.

Date:

Signature