



NECO INSURANCE LTD

P.O.Box no.: 12271, Beema Bhawan, Gyaneshwor, Kathmandu, Nepal
Phone no.: 01-4442263, 01-4426595, 01-4431462, Email: info@neco.com.np

CONTRACTORS ALL RISK CLAIM FORM

Policy no.:	Claim no.:
Period of Insurance:	
Insured:	
Address:	
Location of Construction / Plants:	
1. Description and value of items damage or loss:	
2. Date, time and place of loss or damage:	
3. Cause of loss or damage:	
4. Nature of damage sustained with full description:	
5. By whom was the accident or loss witnessed?	
6. When did the item in question arrive at site?	
7. Specify the nature of guarantee from the Suppliers or the Manufacturer of the damage equipment. Are there any chance of the Supplier or Manufacturer indemnifying the loss? If not, state precisely the reasons:	
8. State what repairs or replacements are required and estimate cost thereof? <i>Note: Every effort should be made to give a preliminary figure, it being understood that the eventual claim will not necessarily be limited to this estimate.</i>	
9. Salvage or scrap value of damaged parts:	
10. State where damaged item can be inspected ?	
11. Was the loss or damage caused by a Third Party? If so, give name and address of Third concerned:	
12. Are there any rights of recovery from Contractors / Sub - contractors / Suppliers / Manufacturers?	
13. Give details of any other insurance under which you are entitled to recovery in respect of this loss or damage:	
14. Please give any other particulars relevant to the loss / damage:	
I / We declare that the foregoing particulars are true and correct to the best of my / our knowledge.	
Date:	Authorized Signature:
	Name:
	Office Stamp: