

# Sagarmatha Insurance Co. Ltd.

“SURAKSHAN” Bhawan, Naxal ,Kathmandu, Nepal.

Tel: 977-1-4412367 Fax No.:977-1-4412378

E-MAIL: [sagarmatha@insurance.wlink.com.np](mailto:sagarmatha@insurance.wlink.com.np)

## CASH IN TRANSIT/COUNTER/VAULT/SAFE CLAIM FORM

POLICY NO:

CLAIM NO:

The issue of this form is not an admission of liability on the part of the Company

- IMMEDIATE NOTICE MUST BE GIVEN TO THE POLICE -

Insured Name : \_\_\_\_\_  
Business Address/ Telephone No : \_\_\_\_\_  
Occupation : \_\_\_\_\_  
Date of Time of Loss Occurred : \_\_\_\_\_  
Place of Loss Occurred : \_\_\_\_\_  
Give details of circumstances leading up to the loss : \_\_\_\_\_  
Date of loss noticed to the police : \_\_\_\_\_  
Name and address of the police station : \_\_\_\_\_  
Have you previously suffered a loss by Burglary or Theft? If so, give full particulars. : \_\_\_\_\_  
Have you ever made a claim under a Burglary/Theft/Looting of Cash In Transit Policy? If so, give full particulars. : \_\_\_\_\_  
Amount Looted: : \_\_\_\_\_  
Source of Amount : \_\_\_\_\_  
Name of Insured Representative : \_\_\_\_\_

I do solemnly that the Property described on the other side belonging to me and insured under the said policy, was lost, stolen or damaged and that the amounts severally stated represent the sum I am entitled to claim, in terms of the policy and of the instruction annexed hereto.

I also declare that I have not withheld any material information and that all the statements on this for are to the best of my knowledge and belief correct and that no other person has an interest in the said property, whether as Owner, Mortgage, Trustee, or otherwise, that it is not otherwise insured against Stolen/Theft.

Witness my hand this ..... day of ..... 20

Witness :-

Address :-

.....  
Signature of the Claimant