

# 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)

## Electronics Equipments Claim Form

CLAIM NO.(official purpose)	:	
POLICY NO.	:	
NAME AND ADDRESS OF INSURED	:	
DATE OF LOSS/ DAMAGE	:	
MAKE/MODEL/SERIAL NUMBER AND ITS LIFE EXPECTANCY	:	
WARRENTY PERIOD PROVIDED BY MANUFACTURER.	:	
NATURE OF LOSS/ NATURE OF RISK INVOLVED (How did loss/damaged occurred?)	:	
PLACE OF LOSS/ DAMAGE	:	
AMOUNT ESTIMAED FOR LOSS ITEM(S)	:	
REPAIR ABLE OR REPLACEABLE	:	
ARE YOU INTERESTED IN RETAINING SALVAGE? IF SO, WHAT IS YOUR OFFER?	:	
FUNCTION OF AFFECTED/DAMAGED PROPERTY	:	
ORIGIN OF THE DAMAGED ITEM	:	
NAME OF THE SUPPLIER	:	
MATERIAL DAMAGED WHETHER LOCAL FABRICATED/OR IMPORTED.	:	

I/WE HEREBY DECLARE THAT THE PARTICULAR FURNISHED ABOVE ARE TRUE AND CORRECT TO THE BEST OF OUR/MY KNOWLEDGE.

SIGNATURE OF INSURED

DATE

OFFICE SEAL