NEPAL INSURANCE COMPANY LTD.

Head Office: NIC Building, Kamaladi
P.O. Box: 3623, Kathmandu, Nepal
Tel: 4221353, 4245565, 4245568, 4228690, Fax: 977-1-4225446
E-mail: nic@wlink.com.np, Web: www.nepalinsurance.com

PERSONAL ACCIDENT CLAIM FORM

Policy No. ______________ Claim No. ____________

This firm is issued without admission of liability, and must be completed and returned within seven days of receipt No. claim can be admitted unless the Medical certificate overleaf is furnished.

INSURED

1. Name in full ____

Address: ______________________________ Tel No.: ______________

EMPLOYEE

2. Name: ______________________________________ Age: ________

Home address: ____

Occupation: ____________________________ Monthly Earnings Rs.: ____________

The average weekly amount paid by the Insured to The Employee during the twelve months preceding the accident or during any shorter period of employment.

3. (a) Date and Time of Accident	
(b) Where did it occur ?	
(c) Details of the cause	
(d) Injuries sustained	
4. Name and addresses of any witnesses	
5. (a) Name and address of doctor who attended employee	
(b) Name and address of employee's ordinary medical attendant	
6. (a) Period during which employee has been totally disabled for work as the sole and direct result of the accident.	
(b) Is employee still disabled ? If so, when does he expect to return to work ?	

I/WE HEREBY DECLARE that the above-named employee received the above-described injuries and that to the best of my/our knowledge the foregoing particulars are in every respect true.

MEDICAL CERTIFICATE TO BE COMPLETED BY EMPLOYEE'S DOCTOR

I CERTIFY that ______________________________

was injured on ______________________________

His injures are ______________________________

____

If his injuries are complicated by any other conditions, give details ______________________________

____

He is totally disabled and will be so disabled until ______________________________

Signature and Qualifications]

Date: ____________________

Total Disablement occurs when the employee is wholly prevented from attending to his business or occupation.