



ইউনাইটেড ইনসিওরেন্স কোম্পানী লিমিটেড
UNITED INSURANCE COMPANY LIMITED

Head Office : Gulshan Center Point: 11th Floor, South block, Plot # 23-26, Road 90, Gulshan-2, Dhaka-1212

INDUSTRIAL ALL RISKS/ALL RISKS INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY BY THE INSURER
THIS FORM MUST BE COMPLETED AND RETURNED IMMEDIATELY WHENEVER A CLAIM HAS BEEN MADE OR NOT

01. Name and address of the insured :

02. Policy No. and date :

03. Period of insurance : From To:

04. Date and time of loss :

05. Place of accident/loss :

06. When and by whom was it reported :

07. Description of the lost/damaged item:

08. Item of the policy affected :

09. Nature and cause of loss/damage :

10. What steps have been taken to save/
recover the damaged/lost item :

11. Name of Police Station, where GD/FIR
was lodged and its No. & date :

12. Did you lodge any claim upon the
liable third party (s) :

13. What is the cost price of the damaged/
lost items (Including supporting) :

14. Date of mfg./purchase of the
damaged/lost item :

15. Value at the time of loss/damage :

I/We hereby declare that the above particulars are true & correct to the best of my/our knowledge and belief.

Date

Signature of the authorized
person of the insured with seal