



**PRIME INSURANCE COMPANY LIMITED**

Head Office: Unique Heights (9<sup>TH</sup> FLOOR),  
117, Kazi Nazrul Islam Avenue, Dhaka.

**ALL RISK CLAIM FORM**

Name of the Insured : \_\_\_\_\_

Name of the Claimant : \_\_\_\_\_

Insurance Policy No : \_\_\_\_\_

Period Covers : \_\_\_\_\_

When does the accident take place?	
State nature and cause of the accident	
The location of the affected property	
The purchase price of the damaged property	
Did you consult with any repairer?	
Does the damaged property require repair or replacement?	
What would be the cost of repair or replacement?	
Whether the conditions of the policy have been complied with?	

I declare the information furnished above is true.

Signature and date of the claimant