



HIMALAYAN GENERAL INSURANCE CO. LTD.

Head Office: Babarmahal, G.P.O. Box 148, Kathmandu, Nepal.

Tel: 4231788, 4213014 Fax: 4241517,

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QUESTIONNAIRE FOR CONSTRUCTION PLANT AND MACHINERY INSURANCE

1.	Name of Proposer	
2.	Address in Full	
3.	Business/Occupation	
4.	Period of Insurance	From _____ To _____

5. Details of Plant and Machinery

Regt.No.	Chassis No.	Make	Y.O.M.	Type	Capacity	C.C.	Value

6.	State name of any Bank/Finance Co. Interest	
7.	Use of Plants and Machinery	
8.	Site details/Location	
9.	Does any driver/operator suffer from any physical defect of disability?	
10.	Are you now or have you been insured for CPM insurance? With whom?	
11.	Has any company decline, cancelled, refused to renew, increased the premium or imposed conditions for your CPM insurance.	

DECLARATION

I hereby declare that the above statements are true and that I/we have withheld no information which might influence the acceptance of this proposal. I/we agree that, this shall be the basis of the contract between me/us and the Company and deemed to be incorporated in the Policy.

Date :

Signature: