

<u>ીતર્સંપા</u>ર્ચેઝ.હે<mark>ય.સ</mark>ંટ.ખજાયદ્વ થ્વેટી

# **ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

## "Your partner for growth and security"

### **CATTLE INSURANCE CLAIM FORM**

(The issue or acceptance of this form is not to be construed as admission of liability on the part of the Company)

#### 1. Insured Details

Name of the Insured/Insured's	
Address of the Insured	

#### 2. Details of the cattle in respect of which claim is made

Details of the cattle	Type of Cattle	Sex	Age	Breed	Description of the cattle			Tag No.	Sum insured/ Market value	
		(M/F)	(Years)		Color	Horns	Tail switch	Distinguishing features		

#### 3. Details of the Claim-Death

Nature of disease contracted	
Date disease was first detected	
Details regarding treatment of disease.	
Name of Vet attending and performing post-mortem	
a) Date if the death	
b) Cause of death	
c) How and where did the accident happen?	

#### 4. Details of the Claim-Permanent Total disablement

a)	Nature of Permanent Total	
	Disability	
b)	Certificate from Vet. Obtained? If yes,	
	please attach.	
Name &a	address of the Vet who	
Issued th	e Certificate of Soundness	
Name &	address of the Hospital	
Where ti	reatment is taken/being taken	

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<u>>>>>||বর্মার</u>্ফাস্টব'র্ম্ব্র-অঝবইব'র্কব।

## **ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

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Do you have any other Cattle	
Insurance Policy? If Yes, give details.	

#### 5. Details of the Claim assessment

1.	Cost of cattle in Nu.	
2.	Less value of the carcass in case of death, if any, in Nu.	
3.	Less 30% for draught animals	
4.	Less 50% for milch animals	
5.	Less 25% of the Sum Insured in case of Permanent Total Disablement, in Nu. For all other animals not mentioned in the schedule	
6.	Net Claim recommended in Nu.	

> (OR) The claim is to be declined (reason to be given)

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The claim assessed by:

RICB Official Officer Seal and sign Geog Veterinary Officer/Dzongkhag Veterinary

Seal and sign

Gup/Mangap/Gewog Tshogpa/Geog Administrative Officer Seal and sign

Owners's Name and Signature

Date ..... Place.....

Note: This Claim Form on completion of the assessment to be handed over to the RICB Official for onward submission to the Head Office of the RICB for processing the claim.

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