



འབྲུག་རྒྱལ་ཁུངས་ལས་འཛིན་ཚད།

**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**  
HEAD OFFICE: THIMPHU

**CLAIM FORM FOR DHE-YOB NGEN-SUNG LAY-CHAR**

Claim No: .....

Claim Case No: .....

Policy No:.....

**PARTICULARS TO BE SUPPLIED**

- Name of the Insured : .....
- CID No. : .....
- Mobile No. : .....
- Driving License No : .....
- Address : .....
- Date of accident : .....
- Cause of accident : .....
- Description of accidents : .....
- .....

**Claimant:**

- a) Insured
- b) Parents
- c) Children
- d) Friends
- e) Beneficiaries
- f) Spouse

1) Description of the injury :  
.....

2) Nature of disablement; a) Permanent Total disablement   
b) Partial Disablement

3) Period of disablement in case of temporary disablement as prescribed by Doctor: .....

4) Death, cause of death in Death certificate:  
.....

**INSURE WITH RICB TO BE SURE**

Thimphu : Post Box: 315 : + 975-2-321037, 322426, 321161,323487, 324282, 325858, 328307, 323993, 336267, 336758  
Fax: 02-323677, 336086, 336085, 325725

Email: [richho@druknet.bt](mailto:richho@druknet.bt), Website: [www.rich.com.bt](http://www.rich.com.bt) Toll Free Nos: THIMPHU-181, PHUENTSHOLING-151

TEL : P/LING Post # 77	KHURUTHANG	GELEPHU	T/GANG	MONGAR	BUMTHANG	SAMTSE	S/JONGKHAR	PARO	GEDU	TSIRANG	NGANGLAM
05-252482/252509	02-584310	06-251070	04-521156	04-641116	03-631101	05-365235	07-251095	08-271281	05-282330	06-471420	07-481221
05-252453/252869	02-548346							08-272853			
FAX: 05-252441	02-584309	06-251782	04-521298	04-641446	03-631333	05-365591	07-251492	08-272019	05-282564	06-471421	07-481222
HAA TRONGSA	P/ GATSHEL	ZHEMGANG	BAJO	DAGANA	GOMTU	T/YANGTSE	LHUNTSE	WAMRONG	J/TSHANGKHA	GASA	
TELEPHONE: 08-375351	03-521444	07-471290	03-741291	02-481927	06-481289	05-371255	04-781270	04-545176	04-571155	07-264032	02-688221
FAX: 08-375301	03-521403	07-471291	03-741292	02-481928	06-481290	05-371256	04-781270	04-545176	04-571155	07-264033	02-688122



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

HEAD OFFICE: THIMPHU

I hereby declare that injuries as described above and all the details given herein are **ABSOLUTELY TRUE AND CORRECT**. I hereby agree to forfeit all the rights to compensation under this policy if any of the foregoing facts and /or details are found to be false or incorrect. I further authorize the hospital, doctor diagnostic laboratory, organization, establishment or any other body or person dealt with in the course of this claim to give any information or document sought for by the Insurance Company.

Place: .....

Date: .....

(Proposer's Signature)

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Email: [ricbho@druknet.bt](mailto:ricbho@druknet.bt), Website: [www.ricb.com.bt](http://www.ricb.com.bt) Toll Free Nos: THIMPHU-181, PHUENTSHOLING-151

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