



། འབྲུག་ཀྲུང་ཏེན་སྤང་ལས་འཛིན་ཚད།

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

RICB

"Your partner for growth and security"

PROPOSAL FORM FOR DHE-YOB NGEN-SUNG LAY-CHAR

Agent details (To be filled in BLOCK LETTERS)

Sales Executive Name		Code	
Branch Name (Direct)			

Proposer's details

Full Name of proposer			
Citizenship ID Card No			
Address (Mailing)			
Mobile # /Phone #			
Nationality			
Name of Employer/Self Employed			
Date of Birth			
Education Qualification			
Period of Insurance	From Date:		To Date:

***Previous Insurance details (For Person Insured-Proposed)**

Have you proposed under any other medical insurance policies or any persona accident policy? If Yes, details thereof

Sl.#	Policy No	Insurer	Period of coverage		Sum Assured
			From	To	
1					
2					

*Kindly attach separate sheet if required to furnish complete details.

State type of Cover: (Please tick the cover required)

SECTION A: STANDARD DHE-YOB(Death, Permanent Total Disablement & Temporary Partial Disablement)

SECTION B: PREMIUM DHE-YOB(Death, Permanent Total Disablement, Temporary Partial Disablement & Health Insurance)

SECTION A: STANDARD DHEY-OB

Type of Vehicle assigned to drive by the Employer

a) Light Vehicle	<input type="checkbox"/>	e) Bull Dozer	<input type="checkbox"/>
b) Medium Vehicle	<input type="checkbox"/>	f) Pay Loader	<input type="checkbox"/>
c) Heavy Vehicle	<input type="checkbox"/>	g) Tractor	<input type="checkbox"/>
d) Excavator	<input type="checkbox"/>	h) Road Roller	<input type="checkbox"/>

i) Power Tiller



། འབྲུག་ཀྲུལ་ཉེན་སྲུང་ལས་འཛིན་ཚད།

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

R I C B

"Your partner for growth and security"



འབྲུག་གྲུ་ཉེན་སྲུང་ལས་འཛིན་ཚད།

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

RICB

"Your partner for growth and security"

Record of Offence (To be verified from Driving License)

- | | |
|-------------------|--------------------------|
| a) Nil | <input type="checkbox"/> |
| b) One Punching | <input type="checkbox"/> |
| c) Two Punching | <input type="checkbox"/> |
| d) Three Punching | <input type="checkbox"/> |

Sum Assured:

- | | |
|------------------|--------------------------|
| a) Nu. 1, 00,000 | <input type="checkbox"/> |
| b) Nu. 2, 00,000 | <input type="checkbox"/> |
| c) Nu. 3, 00,000 | <input type="checkbox"/> |
| d) Nu. 4, 00,000 | <input type="checkbox"/> |
| e) Nu. 5, 00,000 | <input type="checkbox"/> |

***Driving License, No...../-**

- Kindly attach a copy of Driving License.



འབྲུག་གི་རྒྱལ་ཁོལ་ལྷན་ཁུངས་ལ.ལ.ལ.

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

RICB

"Your partner for growth and security"

SECTION B: PREMIUM DHEYOUB

Medical history for person to be insured (proposed)

Height in Centimeters	Weight in Kilograms	
1. Kindly provide the following information (Yes/No)		Yes / No
2. Are you in good health and free from physical or mental disease or infirmity or medical complaints? If not give full details		
3. Any proposal for medical insurance refused, cancelled or high premium charged by any insurer? If answer is yes please separate sheet and furnish details		
4. Have any claim been rejected by the previous health insurer, if Yes, please provide details		
5. Medical history and other details of the insured person (These details are not only required to underwrite the proposal form but also to render medical advice as may deem fit)(Please answer Yes or No) Have you suffered from any of the diseases/illness? If yes, give details		
a. Diabetes Mellitus		
b. High Blood pressure, Heart disease including Ischemic heart disease(IHD)/ Rheumatic heart disease		
c. Stroke, epilepsy, fainting attacks, chronic headaches		
d. Tuberculosis, Asthma, Respiratory allergic disorders		
e. Any diseases of bones/joints		
f. Cancer, malignant tumor, malignant growth		
g. Gynecological disorder such as dysfunctional uterine bleeding(DUB)/fibroid uterus/ovarian cyst		
h. Disease of stomach, liver & gall bladder		
i. Kidney diseases including kidney failure & renal stone		
j. Disease of the urinary bladder & prostate		
k. Fistula, piles, hernia, varicose veins		
l. Any dimness of vision, cataract		
m. History of tonsillitis or any other disease or disorder of the ear, nose or throat		
n. Any dental problems?		
o. Slipped disc, other spinal disorders or paralysis of any kind		
p. Any nervous, mental or psychiatric diseases?		
q. Any other disease or accidents suffered by the person to be insured?		
r. Does the person to be insured take or has ever taken narcotics or other habit forming drugs or been treated or advised in connection with your alcohol consumption or taking of drugs?		
6. Had any life/health/disability/cover declined/modified/postpones?		
7. Had an ECG, X-ray, blood/diagnostic test performed?		
8. Been advised surgery but not yet done?		
9. Receiving payment for disability/injury/illness?		
10. Had a change in weight of >10 kgs in the last 6 months?		
11. Been treated as an in-patient or out- patient for surgery?		
12. Had any medical treatment for medical or physical impairment?		



འབྲུག་གྲུ་ཉེན་སྲུང་ལས་འཛིན་ཚད།

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

R I C B

“Your partner for growth and security”

Give details in table below for any other illness or disease or accident or operation sustained by the person to be insured in the past

Nature of illness/diseases/injury & treatment received	Date first treated	Name of attending medical practitioner/surgeon with his address & telephone number	Whether fully cured

Assignment:

In the event of the death of the person to be insured, all the benefits if any that shall become payable under the policy will be paid to the person named as the assignee by the insured person and his/her receipt shall be sufficient discharge to the company.

Name of the person proposed to be insured	Name of the assignee	Relationship (to the person to be insured)	Signature of the insured person (with date)

To be filled by consulting physician/Surgeon (in case of adverse medical history)

Name of the Proposed
Relevant history (if necessary please attach separate sheet)
Details of present & past medication with duration
General examination findings (in brief)

Signature of the Proposed	Signature of consulting physician
Place:-	Name of consulting physician
Date:-	Qualification and contact number

Sum Assured:

- f) Nu. 1, 00,000
- g) Nu. 2, 00,000
- h) Nu. 3, 00,000



འབྲུག་གྲུ་ཉེན་སྲུང་ལས་འཛིན་ཚོང་།

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

R I C B

“Your partner for growth and security”

- i) Nu. 4, 00,000
- j) Nu. 5, 00,000

NET PREMIUM:/-

DECLARATION

I hereby declare and warrant that the above statements are true and complete. I consent & authorize the insurer to seek medical information from any hospital/medical practitioner who has at any time attended or may attend concerning any disease or illness which affects my physical or mental health. I agree that the proposal shall form the basis of the contract should the insurance be affected. If after the insurance is affected it is found that the statements, answers or particulars stated in the proposal form and/or other questionnaire are incorrect or untrue in any respect the insurance company shall bear no liability under this policy.

I have read the policy and am willing to accept the coverage subject to the terms & conditions and expectations prescribed by the insurance company therein.

Place: _____

Date: _____

(PROPOSER'S SIGNATURE)

- The Insurance will not be in force until the proposal has been accepted by the insurer and the premium paid.

Name of Sales Executive: -

Signature of Sales Executive: -