



འབྲུག་རྒྱལ་ཁོངས་འཇོག་གི་ལས་འདེག་ཚོང་ལེ
ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

"Your partner for growth and security"

FSHERY INSURANCE CLAIMFORM – PART I
(To be filled-in by the concerned authority of the Fisheries Dept.)

Policy No:
Claim No:

1. Name of the Insured in Full :
2. Location of the Farm :
3. Date of Stocking (Breed wise) :
4. Stocking Density :
5. Age at the time of death/loss :
6. Species of the fishes :
7. Average weight at the time of death :
8. Value at the time of death (In Terms of Incurred Expenses) :
9. Cause of Loss(Pl .enclose detailed Note):
10. Whether the loss is total or partial? (If partial specify in terms of approximate percentage) :
11. Methods adopted for assessment of Loss:
 - a) Drag Netting
 - b) Draining of Pond
 - c) Any other Method
12. Percentage of Salvage and value expected:
13. Whether salvage is fit for human consumption :
14. If the loss is due to disease whether any specimen collected and sent to Laboratory :
15. Remedial measures suggested if any prior to occurrence of loss :

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Pling Post Box # 77 Fax:02-323677, 336086,336085,325725

Email: contactus@ricb.bt, Website: www.ricb.bt Toll Free Nos: Tashi cell-1811, 1511 & B-Mobile-1818, 1515



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16. Had the Insured taken necessary preventive measures/steps for Minimizing the loss? :

17. Had the Insured taken proper care and observed all the scientific guidelines? :

I/We certify that the answers to the questions are correct to the best of my/our knowledge and belief. I/We also certify that the required books are being maintained in proper order and death has no adverse reflection on care and management of the Insured fishes.

I/We confirm that the physical verification of the dead fish has been done by me/us. (In case you have any relevant information, or difference of opinion in connection with the claim, please specify)

Place :
Date : Signature:
Name, Qualification, Designation and Address

This Form should be completed without delay and forwarded, to the Company along with the Claim Form.

FISHERY CLAIMFORM - PART- II
(To be filled in by the proposer)

Policy No:
Claim No:

Name of the Insured in Full :
Address :
Occupation :
Details of the project & claim :

Name and Location of the project	Survey No. & area it traverses	Type of Water area / pond / tank etc.	No. of fry fingerlings stocked	Name of species of Fish	Average Weight at the time of death	Value (Cost Of Production prior to death)
1	2	3	4	5	6	7



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1. Cause of loss with full details :
2. is there any out-break of epidemics
In the vicinity :
3. Date of occurrence of accident or
Diseases, when seen first :
4. What were the steps taken to prevent death after the
accident or disease or epidemics? :
5. Whether the accident or disease caused total
loss of fishes or only partial loss :
6. Date by which the loss is total :
7. When notice was sent to the
Certifying Fisheries Officer :
8. Source and date of purchase of fishes
and price paid and weight/size :
9. Whether the fishes were free from
disease, defect etc. at the time of
purchase and who had ensured this:
10. If loss has been due to pollution, poisoning,
malicious act, negligence, error, or omission,
give details :
11. Amount of Claim (Cost of production) :
12. Whether the salvage is realized and
Disposed of, if so, Amount? :
13. Are fishes insured elsewhere?
Are you receiving compensation from
any other source? If so from whom?:

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14. When was the premium paid? :
15. Total volume of bunds in cubic Meters before loss :
16. Volume of earth washed-away in cubic meters. Furnish details separately? :
17. Measurements of breaches, if any :
18. Cost for repairs/reforming of bunds:
19. Rate paid for cubic meters of Earthwork :
20. Total amount of claim (Fish/Bunds) :

I/We, the above named, do hereby to the best of my/our knowledge and belief warrant the truth of the forgoing statement in every respect and affirm that proper treatment and care was given to the fishes.

I/We agree that if I/We have made or in any further declaration the Company requires in respect of the said accident or disease, shall make any false statement or any suppression or concealment the policy shall be void and all rights to recover there under in respect of past or future accidents/diseases will be forfeited.

SIGNATURE OF THE INSURED

Details of the Claim Assessment

1. Cost of fish in Nu.	
2. Less 20% as salvage value, if any, in Nu.	
3. Net Claim recommended in Nu.	

We have checked and verified the above details and found them to be true and correct to the best of our knowledge. We recommend for settlement of the claim for Nu./- (Nu.)(In word) only and release the payment in favour of



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(OR)

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

.....
.....

The claim assessed by:

RICB Official
Seal and sign

Geog Fishery Officer/Dzongkhag Fishery Officer
Seal and sign

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

Owner'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.