



འབྲུག་རྒྱལ་ཁུངས་ལམ་འཛིན་ཚོང་ལེ
ROYAL INSURANCE CORPORATION OF BHUTAN LTD.
HEAD OFFICE: THIMPHU

SPECIAL REPORT

Office		Proposal #	
D.O's Name		DO/Branch Code	

1. Proposer's details			
Name of Proposer			
Occupation		Permanent Address	
Mailing Address		Village	
		Gewog	
		Dzongkhag	

2. Identity	
a. Give one or more prominent mark of identification	
b. Are you satisfied about the identity of the proposer?	
c. What is his/her apparent age? Does he look older than the declared age? If so, by how many years?	
d. Do you know him/her personally? If so, for how long?	

3. Physical measurement and weight			
Height	Girth of Chest (Expiration/ Inspiration)	Girth of abdomen	Weight (Kgs)

4. Health and habits	
a. Does the proposer appear to be in sound health at present?	
b. Is there anything unhealthy about his appearance such as being very thin and emaciated, anemic etc? If yes, give particulars	
c. Has s/he any deformity, impaired sight or hearing, amputation, excessive weight etc? If yes, give particulars	
d. Has s/he suffered from any illness or injury or undergone any operation? If yes, give particulars	
e. Has any of his / her family suffered from tuberculosis or leprosy or does s/he live in the same house with a person suffering from tuberculosis or leprosy? If yes, give particulars	



རྒྱལ་ཁབ་ལྷན་ཁུངས་ལས་འཛིན་ཚོང་ཁུངས།

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

HEAD OFFICE: THIMPHU

R I C B

f. Has s/he at any time been known to have taken alcoholic drinks to noticeable excess or to have been intoxicated?	
---	--

5. Income		
What is his/her monthly income from:		
a. Salary		
b. Profession		
c. Business		
d. Others		
e. Total		
f. From other sources (Give actual figure according to your knowledge)		

6. **Are you aware of anything in the proposer's occupation, his financial or social positions, his personal habits or any other circumstances which might be likely to add to the risk and to which special attention should be given when considering the proposal.**

I hereby declare that the foregoing statement and answers are based on the information received by me in the course of my inquiries and I believe them to be correct.

I consider the life to be first class and recommend him/her suitable for Non- Medical Insurance.

Signed at Dated on day of month and year

Signature of the Branch Manager/ Life Underwriter	
Name	
Branch	
Date	