



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

INVESTIGATION FORM/ EARLY DEATH CLAIM FORM
(Within two years from date of risk)

The Corporation having received the news of death of Mr/Mrs.	
Bearing policy no	working/ residing at
would like to request the Branch Manager/ Focal person	
to make careful inquiries at once and report fully on the form given below. All answers to be filled legibly in words and not by strokes, dots or dashes.	
1. Place and date of death	
2. Cause of death	
3. Give a brief history of general health, habits and mode of living of the deceased at the time or prior to the date of proposal.	
4. What was the financial status of the assured? State if in your opinion, he/ she could afford to maintain the total insurance he had.	
5. Give name and address of the deceased's last medical attendant /doctor consulted.	
6. Was the doctor/ medical attendant consulted by the deceased during the last three years, if so, a statement to be obtained giving the details?	
7. Had the deceased been treated in any hospital?	
8. State the name and address of the persons contacted for ascertaining the above facts.	
9. Any other information relating to the death which you think is important	

Signature	
Name	
CID #	
Address	
Mobile No.	