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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

“Your partner for growth and security”

PROPOSAL FORM FOR PHO-MO Joint Life Policy

(Answers must be given truthfully for the contract to be valid. Strokes, dots, and dashes will not be accepted as answers)

| | | | |
|----------------------|--|-------------------|--|
| Office | | Proposal # | |
| Sales Executive Name | | SE/DO/Branch Code | |

1. Full Details of Lives to be insured

| Details of Proposer | | Details of Joint Life | |
|-----------------------|--|-----------------------|--|
| Name | | Name | |
| CID # | | CID # | |
| Nationality | | Nationality | |
| Occupation | | Occupation | |
| Nature of Duties | | Nature of Duties | |
| Present Employer | | Present Employer | |
| Previous Employer | | Previous Employer | |
| Father's Name | | Father's Name | |
| Mobile No | | Mobile No | |
| Email Address | | Email Address | |
| Account No./Bank Name | | Account No./Bank Name | |

2. Permanent Residential Address

| Details of Proposer | | Details of Joint Life | |
|---------------------|--|-----------------------|--|
| Village | | Village | |
| Gewog | | Gewog | |
| Dzongkhag | | Dzongkhag | |

3. Address which will be incorporated in the policy

| Address of Proposer | Address of Joint Life |
|---------------------|-----------------------|
| | |

4. Policy Property Details

| Table/Term | Sum Assured | Mode | Amount of Deposit |
|------------|-------------|------|-------------------|
| | | | |

5. (a) Proposer's Detail

| Date of birth | Age | Nature of age proof |
|---------------|-----|---------------------|
| | | |

(b) Family History of the Proposer

| LIVING | | | | DEAD | | | |
|----------|-----|-----|-----------------|---------------|--------------|----------------|---------------------|
| Family | No. | Age | State of Health | Year of Death | Age at Death | Cause of Death | Duration of illness |
| Father | | | | | | | |
| Mother | | | | | | | |
| Brothers | | | | | | | |
| Living | | | | | | | |
| Dead | | | | | | | |
| Sisters | | | | | | | |
| Living | | | | | | | |
| Dead | | | | | | | |
| Spouse | | | | | | | |
| Children | | | | | | | |
| Living | | | | | | | |
| Dead | | | | | | | |



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(c) Personal History of the Proposer

| | |
|---|--|
| (a) What has been your usual state of health? | |
| (b) Have you any defect or deformity? If so give details. | |
| (c) State number of missing teeth | |
| (d) For how many missing teeth denture is worn. | |

(d) Medical questionnaires (Please tick) for proposer

| | | |
|---|-----|----|
| a. Has any of your relations living or dead suffered from any hereditary disease like diabetics, insanity, asthma, cancer, leprosy, etc | Yes | No |
| b. Persistent cough, asthma, bronchitis, pneumonia, pleurisy, spitting of blood, tuberculosis or any diseases of lungs? | Yes | No |
| c. High or low blood pressure. Rheumatic, fever, pains in chest, number of attacks; dates, breathlessness, palpitation, infection or any other diseases of the heart or arteries? | Yes | No |
| d. Peptic ulcer, colitis, jaundice, piles, dysentery or any disease of stomach, liver, spleen, gall bladder or pancreas? | Yes | No |
| e. Any disease of kidney, prostate or urinary system? | Yes | No |
| f. Paralysis, insanity, epilepsy, fits or any kind of nervous breakdown or any other diseases of the brain or the nervous system? | Yes | No |
| g. Hernia, hydrocele, varicocele, fistula, varicose veins, skin eruption, filariasis, goiter, gonorrhea, syphilis or any other Venereal disease? | Yes | No |
| h. Cancer, leprosy, rheumatism, gout, enlarged glands or tumors? | Yes | No |
| i. Any disease of the ear, nose, throat or eye including defective sights or hearing and discharge from the ears? | Yes | No |
| j. Have you been suspected of diabetics or are you suffering from diabetics or have ever passed sugar, albumin, pus or blood in urine? | Yes | No |
| k. Did you ever have any operation, accident or injury? | Yes | No |
| l. Have you ever had an Electrocardiogram (ECG), X-Ray or screening of blood, urine or stool examination? | Yes | No |
| m. Do you or have you ever used alcoholic drinks, narcotics or any other drugs? | Yes | No |
| n. If so, what? Also state quantity consumed per day | | |

If "Yes" describes fully each ailment giving its nature, the number of attacks, dates, duration, severity, treatment of doctors consulted giving reference to the questions ... details of Question #.

6. (a) Joint Life's Detail

| | | |
|---------------|-----|---------------------|
| Date of birth | Age | Nature of age proof |
| | | |

(b) Family History of the Joint Life

| Family | LIVING | | | DEAD | | | |
|----------|--------|-----|-----------------|---------------|--------------|----------------|---------------------|
| | Nos. | Age | State of Health | Year of Death | Age at Death | Cause of Death | Duration of illness |
| Father | | | | | | | |
| Mother | | | | | | | |
| Brothers | | | | | | | |
| Living | | | | | | | |
| Dead | | | | | | | |
| Sisters | | | | | | | |
| Living | | | | | | | |
| Dead | | | | | | | |
| Spouse | | | | | | | |
| Children | | | | | | | |
| Living | | | | | | | |
| Dead | | | | | | | |



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(c) Personal History of the Joint Life

| | |
|---|--|
| (a) What has been your usual state of health? | |
| (b) Have you any defect or deformity? If so give details. | |
| (c) State number of missing teeth | |
| (d) For how many missing teeth denture is worn. | |

(d) Medical questionnaires (Please tick) for Joint Life

| | | |
|--|-----|----|
| (a) Has any of your relations living or dead suffered from any hereditary disease like diabetics, insanity, asthma, cancer, leprosy, etc | Yes | No |
| (b) Persistent cough, asthma, bronchitis, pneumonia, pleurisy, spitting of blood, tuberculosis or any diseases of lungs? | Yes | No |
| (c) High or low blood pressure. Rheumatic, fever, pains in chest, number of attacks; dates, breathlessness, palpitation, infection or any other diseases of the heart or arteries? | Yes | No |
| (d) Peptic ulcer, colitis, jaundice, piles, dysentery or any disease of stomach, liver, spleen, gall bladder or pancreas? | Yes | No |
| (e) Any disease of kidney, prostate or urinary system? | Yes | No |
| (f) Paralysis, insanity, epilepsy, fits or any kind of nervous breakdown or any other diseases of the brain or the nervous system? | Yes | No |
| (g) Hernia, hydrocele, varicocele, fistula, varicose veins, skin eruption, filariasis, goiter, gonorrhea, syphilis or any other Venereal disease? | Yes | No |
| (h) Cancer, leprosy, rheumatism, gout, enlarged glands or tumors? | Yes | No |
| (i) Any disease of the ear, nose, throat or eye including defective sights or hearing and discharge from the ears? | Yes | No |
| (j) Have you been suspected of diabetics or are you suffering from diabetics or have ever passed sugar, albumin, pus or blood in urine? | Yes | No |
| (k) Did you ever have any operation, accident or injury? | Yes | No |
| (l) Have you ever had an Electrocardiogram (ECG), X-Ray or screening of blood, urine or stool examination? | Yes | No |
| (m) Do you or have you ever used alcoholic drinks, narcotics or any other drugs? If so, what? Also state quantity consumed per day. | Yes | No |

If “Yes” describes fully each ailment giving its nature, the number of attacks, dates, duration, severity, treatment of doctors consulted giving reference to the questions ... details of Question #.

7. (a) Nominee(s) Details

If the proposer wishes to nominate a person whom the money secured by the policy applied for are to be paid in the event of death. Please state full name of the nominees.

| Name of Nominee | Citizenship ID # | Relationship | Age | % of Share | Address |
|-----------------|------------------|--------------|-----|------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |

(b) If the Nominee is minor

Please state the name of the person whom you wish to appoint to receive the policy money in the event of the claim arising during the minority of the nominee. The appointee must sign below to show his/her consent to the appointment.

| Name of Appointee | Citizenship ID # | Relationship | Age | Signature | Address |
|-------------------|------------------|--------------|-----|-----------|---------|
| | | | | | |
| | | | | | |

8. Matrix of Age (Proposer/Joint Life)

| | |
|---|--|
| Age Difference | |
| Mean Age | |
| What is the object of Assurance? | |
| Do you wish to secure Accident benefit? | |



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9. BMI (Body Mass Index) Details

| Details of Proposer | | Details of Joint Life | |
|---------------------|--|-----------------------|--|
| Height | | Height | |
| Weight | | Weight | |
| Chest | | Chest | |
| Abdomen | | Abdomen | |

10. If employed in the Armed Force (RBP, RBG, RBA & Private Security) please state: { Husband: ☐ Wife: ☐ }

| To which wing you belong | Your Rank therein | Date of your Last Medical Examination | Your Medical Category Thereafter | Were you below A-1, if so when? |
|--------------------------|-------------------|---------------------------------------|----------------------------------|---------------------------------|
| | | | | |

Have you any prospect or intention of engaging in Aviation or entering Naval or Military Services or taking up any other hazardous pursuit? If so give details: {Husband: ☐ Wife: ☐}.....

11. (a) State below the details of Husband's previous policies.

| Name of the Insuring Agency | Policy No | Sum Assured | Table & Term | Policy Status |
|-----------------------------|-----------|-------------|--------------|---------------|
| | | | | |
| | | | | |
| | | | | |

(b) State below the details of Wife's previous policies.

| Name of the Insuring Agency | Policy No | Sum Assured | Table & Term | Policy Status |
|-----------------------------|-----------|-------------|--------------|---------------|
| | | | | |
| | | | | |
| | | | | |

12. Additional questions to be answered by female (Proposer or Joint Life)

| | | | | |
|---|--|---|-----|----|
| (a) Your Education Qualification, If any | | (b) Your Monthly Average income | | |
| (c) State Source of Income | | (d) Are you paying Income Tax? | Yes | No |
| (e) State the last date of menstruation | | (f) Did you have any complications related to pregnancy | Yes | No |
| (g) State the last date of delivery | | (h) Are you Pregnant now | Yes | No |
| (i) Have you suffered or are you suffering from any diseases of breast, ovaries or uterus | | | Yes | No |

DECLARATION BY THE PROPOSERS

| Srl # | Question | YES | NO |
|-------|--|-----|----|
| 1 | Do you want to receive SMS on this? | | |
| | If the answer is YES, Please provide Mobile # | | |
| 2 | Do you want to receive e-mail on this? | | |
| | If the answer is YES, Please provide e-mail address# | | |

We, Mr..... & Mrs.
the person whose lives are herein before proposed to be assured, do hereby declare that the statements and answers have been given by us after fully understanding the questions and the same are true, completed in every particulars and that we have not withheld any information. Further, we do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between us and the Royal Insurance Corporation of Bhutan Limited and that if any untrue averment be contained therein, the said contract shall be null and void *ab initio* and all money which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Proposer's Signature

Joint Life's Signature



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Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital, and/or employer from divulging any knowledge or information about me concerning our health or employment on any kind whatsoever in the policy contract issued to us, we hereby agree that such authority having such knowledge or information, shall at any time be at liberty to divulge any such knowledge to the Corporation.

And we further agree and declare that we after the date of submission of the proposal but before the issue of the Policy Document:

- I. If there is any change in our occupation or any adverse circumstances connected with financial position or general health of ourselves or that of any member of my family occurs; or
- II. If proposal for assurance or an application for revival of a policy on our lives made to any Office of the Corporation has been withdrawn or dropped, deferred or declined, or accepted with an increased premium or subject to the lien or on terms other than as proposed;

We shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on our part to do shall render this assurance and all moneys, which shall have been paid in respect thereof, shall stand forfeited to the Corporation.

In WITNESS WHEREOF we make this solemn declaration conscientiously and cause it to be executed herein at Dated on day of month and year

| | | | |
|----------------------|--|--|--|
| Signature of Witness | | Signature or thumb impression of the proposer | Signature or thumb impression of the Joint Life |
| Name | | | |
| CID # | | | |
| Mobile # | | | |
| Address | | | |

(If it is a thumb impression, it has to be attested)

If in this forms the answers to the questions and/or signature of the proposer are/is in vernacular then he should declare in his own handwriting above his signature(s) that all questions were explained to him and that his responses to the questions were given after fully and properly understanding the same.

1) If the person filling in the form is other than the proposer, such person should make this declaration.

I hereby declare that I have fully explained the above questions to the Proposer and I have truthfully recorded the answers given by the Proposer

| | |
|-----------------------------------|--|
| Name and Address of the declarant | |
| Signature | |

2) In case the Proposer is illiterate

The thumb impression of the proposer should be attested by person of a social standing whose identity can easily be established, but unconnected with the Corporation and the same person must execute the following declaration:

I hereby, declare that I have explained the contents of the proposal form to the Proposer in (Language) and that I have read out to the Proposer the answers to the questions dictated by the Proposer, and that the Proposer has affixed this thumb impression to the proposal form after fully understanding the contents and consequence thereof.

| | |
|-----------------------------------|--|
| Name and Address of the declarant | |
| Signature | |

For Medical Cases only

I certify that the proposer has signed/caused his/her thumb impression in my presence after admitting that all the answer to the questions of this form has been correctly recorded.

| | |
|---|-------------------------------|
| Signature or thumb impression of the Proposer | Signature of Medical Examiner |
|---|-------------------------------|