



འབྲུག་རྒྱལ་ཁུངས་ལས་འཛིན་ཚོང་ལེ

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.
HEAD OFFICE: THIMPHU

CLAIMANT'S STATEMENT

(To be filled by the person legally entitled to the policy money)

In connection with claim under policy No. _____		for
Nu. _____		on the life of
(Insert full name of the deceased. All answers to be filled in legibly. Answers must be given in words. Stroke of pen or dots or dashes cannot be accepted as replied)		
QUESTIONS	ANSWERS	
1. Details of the person claiming the policy money.	Name	
	Occupation	
	Age	
	Address	
	Relationship to the deceased	
2. What is the nature of Title under which you claim the amount? E.g. If you are claiming on behalf of a minor state the exact nature of his/ her title and how you are preferring a claim on his/ her behalf.		
3. Details of the deceased	Name	
	Father's name of the deceased	
	Last occupation	
	Last address	
4. Details of death	Place of death	
	Date of death	
	Duration of illness	
	Immediate cause of death	
	Age at death	
5. Does the deceased have any other insurance on his/ her life? If so, state the name of the issuing office, year of issue and policy number.		
6. When did the deceased first complain of not being in usual good health?		
7. What is the nature of illness then complained of?		
8. The names of the medical attendants during the last illness		



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Name & Address of doctors consulted during the last three years, stating against each name the complaint for which he / she was consulted and the date/ dates thereof.		
Date/ Dates of consultation	Doctor's Name & Address	Nature of Complaint
1.		
2.		
3.		
4.		
5.		

I, do hereby declare that the answers to each and all the above questions are full and true in each and every respect.

Signature	
Name	
ID Card No.	
Address	
Mobile No.	

Declared at on this day of 20 before me.

Signature of Witness	
Name	
Designation	
Address	
ID Card No.	

Witness:

Certified that the contents of this form were explained to the claimant in vernacular and that answers were written at his/ her dictation.

Signature of witness If the certificate is signed in vernacular	
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