



འབྲུག་རྒྱལ་ཁུངས་ལམ་འཛིན་ཚོང་ལེ

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.
HEAD OFFICE: THIMPHU

CERTIFICATE BY EMPLOYER

| |
|---|
| In connection with claim under policy No. _____ on the life of _____ |
| Lyonpo/Dasho/Aum/Mr/Mrs. |

| | | |
|--|---|--|
| 1. Particulars | Name of the deceased | |
| | Father's name | |
| | Nature of employment | |
| | Residence of deceased | |
| 2. Particulars relating to service | Date of joining in the service | |
| | Date of last attended duties | |
| | From what date did the deceased first complain of the illness which caused his immediate absence before death | |
| | What were the symptoms complained of | |
| | Records of absence from duty during last three years of service | |
| N.B. Please state the nature of leave availed of, casual, sick, etc. If on ground of health, please state whether medical certificate was produced | | |
| 3. Particulars regarding death | Date of death | |
| | Who informed you of the deceased's death | |
| | Approximate age of the deceased at death | |

Note. The witness must not be a relative of the deceased nor a claimant under the policy. If the Certificate is signed in vernacular by the declarant, the witness is required to state below that the contents of the certificate were explained to the declarant in vernacular and the gaps filled in at his

| | | | |
|----------------------|--|------------------------------|--|
| Signature of Witness | | Seal & Signature of Employer | |
| Name | | Name | |
| CID # | | CID # | |
| Address | | Address | |

dictation