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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.
HEAD OFFICE: THIMPHU

DEATH CLAIM FORM – TMN-II

Master Policy No.		Date	
Branch Name			

1. Life Insurance Proposer's details					
Name of Proposer					
CID #		Personal No.			
Sum Assured		Period of Insurance	From		To

2. Claimant Details			
Name of Claimant			
CID #		Contact No #	
Address			

3. Death Details			
Date and Time of Death		Place of Death	
Cause of Death			
If Death due to accident			
Date and Time of accident		Place of Accident	
If Death due to illness			
Type of Illness		Doctor who treated the deceased	
Hospital Address			

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

Signature of Claimant		Seal & Signature of Employer	
Name		Name	
CID #		CID #	
Place and Date		Place and Date	