



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

**DEATH CLAIM FORM – QNLP-II**

Policy No.		Date	
Branch Name			

**1. Life Insurance Proposer's details**

Name of Proposer					
Sum Assured		Period of Insurance	From		To

**2. Claimant Details**

Name of Claimant					
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			
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***If Death due to illness***

Type of Illness		Doctor who treated the deceased			
Hospital Address					

**4. Documents required**

Loan Statement as on date	<b>Yes</b>	<b>No</b>
Citizenship ID Card	<b>Yes</b>	<b>No</b>
Death Certificate	<b>Yes</b>	<b>No</b>

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

Seal & Signature of Claimant	
Name	
CID #	
Place and Date	