



# འབྲུག་གྲུབ་ཉེན་སྲུང་ལས་འཛིན་ཚད།

## ROYAL INSURANCE CORPORATION OF BHUTAN LTD.



**RICB**  
“Your partner for growth and security”

### FORM FOR DRONGSEB KUENDRUL TSHE-SOG NGENSUNG

#### Branch and PSO Details

Branch Name			
PSO Employee ID		PSO Name	

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

Name of Proposer		Master Policy No #	
CID #		Sum Assured	
Loan Account No #			
Period of Insurance	From:		To:

#### 2. Claimant Details

Name of Claimant		CID #	
Relationship to the proposer		Contact No#	

#### 3. Death Details

Date of Death		Time of Death	
Cause of Death		Place of Death	
<i>If Death due to accident</i>			
Place of Accident		Time of Accident	
<i>If Death due to illness</i>			
Type of illness		Treated Doctor	
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. I will be held liable if the above furnished details are found to be false.

Signature of claimant		Seal and Signature of BDBL Official	
Name			
Mobile #			
Address		Date	