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## ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

“Your partner for growth and security”

### PROPOSAL FORM FOR TEN – TSAI MANGUL NGENCHOEL

(Answers must be given truthfully for the contract to be valid. Strokes, dots, and dashes will not be accepted as answers)

Office		Proposal #	
Sales Executive Name		SE/DO/Branch Code	

#### 1. Proposer's details

Name of Proposer			
Citizenship ID Card #		<b>Mailing Address</b>	
Present Occupation			
Nature of Duties			
Present Employer			
Previous Employer			
Fathers Name			
Mobile #		<b>Permanent Address</b>	
Email Address		Village	
Date of Birth		Age	
Nature of Age Proof		Dzongkhag	
Bank Name		Height	
Savings Account Number		Weight	

#### 2. Policy Property Details

Table/Term	Sum Assured	Mode	Amount of Deposit
What is the objective of Assurance?			

#### 3. Please ignore this section if the proposer and the life assured are same.

a.	Name of Assured	
b.	Occupation of Assured	
c.	Father's name of Assured	
d.	Proposer's relationship with the Assured	
e.	Date of birth of Assured	
f.	Age proof of Assured	
g.	Age of Assured	

#### 4. Medical questionnaires (Please tick)

a. Has the proposer(or an application for revival of a policy) on the assured withdrawn, deferred, declined, accepted with extra premium or with lien , accepted on terms otherwise than the proposed	Yes	No
b. Does he/she have any bodily defect? If yes please provide details of defects.	Yes	No
c. Has the assured suffered from or suffering from the following diseases? Please circle tick properly the appropriate answer:-	Yes	No
d. Persistent cough, asthma, bronchitis, pneumonia, pleurisy, spitting of blood, tuberculosis or any other disease of lungs?	Yes	No
e. High or low blood pressure, rheumatic fever, pain in chest, no. of heart attacks, breathlessness, infections, palpitation or any other heart or arteries disease?	Yes	No
f. Peptic ulcer, colitis, jaundice, piles, dysentery or any other diseases of the stomach, liver, spleen, gall bladder or Pancreas?	Yes	No



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g. Any diseases of kidney, prostrate or urinary system?	Yes	No
h. Paralysis, insanity, epilepsy, fits or any kind of nervous breakdown or any other disease of the nervous system?	Yes	No
i. Hernia, Hydrocele, fistula, varicose veins, skin eruption, filariasis, goiter, Gonorrhoea, Syphilis or any other venereal disease?	Yes	No
j. Cancer, Leprosy, rheumatism, gout, enlarged glands or tumors?	Yes	No
k. Any diseases of ear, nose, throat or eyes including defective sight or hearing and discharge from ears	Yes	No
l. Has the Assured been suspected or suffering from diabetic, passed sugar, albumin, pus or blood in urine?	Yes	No
m. Has the assured been consulted to a medical practitioner within last 5 years for any ailments more than a week?	Yes	No
n. Did the assured ever have operation, accident and injury?	Yes	No
o. Has the assured ever had an electrocardiogram, X-ray or screening of blood, urine or stool examination?	Yes	No
p. Has the assured ever been in any hospital, asylum or sanatorium for check-up, observation, treatment or operation?	Yes	No
q. Does the assured use or have ever used alcoholic drinks or drugs?	Yes	No
r. Has the assured ever received or at present availing/undergoing medical advice, treatment, test in connection with Hepatitis B and AIDS related conditions	Yes	No
s. Has any of the assured's relation living or dead suffered from any hereditary or infectious disease like diabetic, insanity, epilepsy, gout, asthma, tuberculosis, cancer or leprosy?	Yes	No
t. Have you suffered or are you suffering from any diseases of breast, ovaries or uterus	Yes	No

If yes to the question a to t, give details

**5. Questions to be answered by Female Proposer**

Are you Pregnant Now?	
If yes kindly mention number of weeks	

**6. Family History of the Proposer**

LIVING				DEAD			
Family	Nos.	Age	State of Health	Year of Death	Age at Death	Cause of Death	Duration of illness
Father							
Mother							
Brothers							
Living							
Dead							
Sisters							
Living							
Dead							
Spouse							
Children							
Living							
Dead							



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**7. (a) Nominee(s) Details**

If the proposer wishes to nominate a person whom the money secured by the policy applied for are to be paid in the event of death. Please state full name of the nominees.

Name of Nominee	Citizenship ID #	Relationship	Age	% of Share	Address

**(b) If the Nominee is minor**  
Please state the name of the person whom you wish to appoint to receive the policy money in the events of the claim arising during the minority of the nominee. The appointee must sign below to show his/her consent to the appointment.

Name of Appointee	Citizenship ID #	Relationship	Age	Signature	Address

**DECLARATION BY THE PROPOSER**

Srl #	Question	YES	NO
1	Do you want to receive SMS on this? If the answer is YES, Please provide Mobile #		
2	Do you want to receive e-mail on this? If the answer is YES, Please provide e-mail address#		

I/We .....for whom and on whose behalf, proposed to assure the life under this policy herein before, do hereby declare that the statements and answers have been given by me after fully understanding the questions and the same are true, completed in every particulars and that I have not withheld any information. Further, I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Royal Insurance Corporaion of Bhutan Limited and that if any untrue averment be contained therein, the said contract shall be null and void *ab intio* and all money which shall have been paid in respect thereof shall stand forfeited to the Corporation.

**Proposer's Signature**

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital, and/or employer from divulging any knowledge or information about me concerning my health or employment on any kind whatsoever in the policy contract issued to me, I hereby agree, that such authority having such knowledge or informatiuon, shall at any time be at liberty to divulge any such knowledge to the Corporation.

And I further agree and declare that I after the date of submission of the proposal but before the issue of the Policy Document:

- I. If there is any change in my occupation or any adverse cirsumstances connected with financial position or general health of myself or that any member of my family occurs; or
- II. If proposal for assurance or an application for revival of a policy on my life made to any Office of the Corporation has been withdrawn or dropped, deferred or declined, or accepted with an increased premium or subject to the lien or on terms other than as proposed;

I shall forthwith intimate the same to the Corporation in writring to reconsider the terms of acceptance of assurance. Any omission on my part to do shall render this assurance and all money, which shall have been paid in respect thereof, shall stand forfeited to the Corporation.



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In WITNESS WHEREOF I make this solemn declaration conscientiously and cause it to be executed herein at .....Dated on ..... day of ..... month and year .....

Signature of Witness		<b>Signature or thumb impression of the proposer</b> (If it is a thumb impression, it has to be attested)
Name		
Mobile #		
Address		
CID #		

If in this forms the answers to the questions and/or signature of the proposer are/is in vernacular then he should declare in his own handwriting above his signature(s) that all questions were explained to him and that his responses to the questions were given after fully and properly understanding the same.

**1) If the person filling in the form is other than the proposer, such person should make this declaration.**

I hereby declare that I have fully explained the above questions to the Proposer and I have truthfully recorded the answers given by the Proposer

Name and Address of the declarant	
Signature	

**2) In case the Proposer is illiterate**

The thumb impression of the proposer should be attested by person of a social standing whose identity can easily be established, but unconnected with the Corporation and the same person must execute the following declaration:

I hereby, declare that I have explained the contents of the proposal form to the Proposer in (Language) ..... and that I have read out to the Proposer the answers to the questions dictated by the Proposer, and that the Proposer has affixed this thumb impression to the proposal form after fully understanding the contents and consequence thereof.

Name and Address of the declarant	
Signature	

<b>For Medical Cases only</b>	
I certify that the proposer has signed/caused his/her thumb impression in my presence after admitting that all the answer to the questions of this form has been correctly recorded.	
Signature or thumb impression of the Proposer	Signature of Medical Examiner