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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

R I C B

“Your partner for growth and security”

PERSONAL ACCIDENT CLAIM FORM

PRIVATE AND CONFIDENTIAL

Claim No.....

Claim Case No.....

Policy No.....

PARTICULARS TO BE SUPPLIED BY THE EMPLOYER

- Name of the injured person
- Name of father
- Address
- Date of accident
- Occupation & Details of duties.....
- Description of the accident as stated in particular rendered to offices
- **Description of injury**
 - a) Description of the injury

 - b) Period of disablement, in case of temporary disablement.

 - c) Nature of disablement, in case of permanent disablement.

 - d) Death, cause of death as certified and name of the medical examiner.
- Where injured person is to be examined and name of the examiner.

Place:

Date:

Signature with stamp