

्ञापर्ये<u>व</u>मिण.धेष.सैट.जरायहूष.क्री

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

"Your partner for growth and security"

GROUP PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

Proposer'	's Name in full:						
Address	:						
Γrade or l	Business :						
	e of Cover: (Please tick the cover TWENTY FOUR HOURS COVE						
b) l	DUTY HOURS (COURSE OF E	MPLOYMENT)					
Table A:	able of Benefits: (Please tick) (Death, Permanent & Temporary (Death & Permanent Disablemen						
Table C: (Death only)							
	est of our knowledge and belief the and physical and mental health and			t and infi	irmity.		
Please gi	ve the details of the employees to	o be insured as	follows:				
Sl.No	Full Name	ID No	Sex	Age	Designation	Sum Insured	Nature of Duties
(If the abo	ove mentioned space is not suffici	ent, a separate s	heet may	be attach	ned)		
hat the al	undersigned, desire to affect insubove statement and are true and the better the promissory and shall form the	rance in terms on at proposal for s	such insur	cy to be ance has	issued by the ins never been decli	ned. I/We agree tha	
	——————————————————————————————————————	busis of the con	maet betw	veen me	us and the msure		
					(PROPOS	SER'S SIGNATURI	E)
• 7	The Insurance will not be in force	until the propos	al has bee	n accept			