

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

"Your partner for growth and security"

Honey Bee Insurance Claim Form

Name of proposer:				
Address:				
Contact No.:				
Policy number:				
Details of the claim (if insufficient space attach schedule)				
Sl. no	No. of Hives or colonies affected	Identification Codes of the affected Hives	Market value of the hives	
	_			
	7			
		1		
QUESTIONNAIRE				
1.	Date of loss:			
2.	Cause of loss:			
3.	Did you buy the additional theft cover? YES/NO			
4.	Type of claim/loss			
5.	State the salvage value, if any:			
6.	Give details of previous treatment or medication administered to the animal whilst in your possession in case the loss was due to pest and diseases?			



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Details of the Claim Assessment

 Cost of Honey Bee hives or colony in Nu. 	
2. Less salvage value, if any, in Nu.	
3. Less 20% deductible in Nu.	
4. Net Claim recommended in Nu.	
We have checked and verified the above details and found t knowledge. We recommend for settlement of th (In word) o	e claim for Nu/- (Nu.
(OR) The claim is to be declined (reason to be given)	
The claim assessed by:	
RICB Official Geog Honey Bee Official Seal and sign Seal and sign	cer/Dzongkhag Honey Bee Officer n
Gup/Mangap/Gewog Tshogpa/Geog Administrative Officer Seal and sign	
Owners's Name and Signature Date	
Note: This Claim Form on completion of the assessment to be h	nanded over to the RICB Official for onward

submission to the Head Office of the RICB for processing the claim.