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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

R I C B

“Your partner for growth and security”

HOTELIERS AND RESTAURANT PACKAGE POLICY CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later

Policy No. _____

Claim No. _____

A. INSURED

Name _____

Address _____

Citizen ID No. _____ Business License No. _____

Town/Street Name _____ Dzongkhag _____

Phone No. _____ Mobile No. _____ Email _____

Business/Occupation _____ Period of Insurance From __/__/____ To __/__/____

Limits of Indemnity under the Policy _____

B. DETAILS OF LOSS

Date of loss __/__/____ Time __: __ AM/PM

LOSS LOCATION

Address Line _____

Town/Street Name _____ Dzongkhag _____

Phone No. _____ Mobile No. _____ Email _____

Describe cause of Loss/Damage _____

DETAILS OF THEFT

Date of Discovery __/__/____



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Item Lost (Year/Make/Model)	Original Purchase Value	Purchase Date	Value Claimed

WITNESS DETAILS	INFORMATION TO AUTHORITY
Is any witness available for accident/loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", specify Name of the witness _____ Address _____ _____ Town/Street Name _____ Dzongkhag _____ Phone No. _____ Mobile No. _____ Email _____	Have any authority been informed <input type="checkbox"/> Yes <input type="checkbox"/> No about Accident/Loss? If "Yes", specify Name of the Authority _____ Contact Person _____ Authority reference no. _____ Address _____ _____ Town/Street name _____ Dzongkhag _____ Phone no. _____ Mobile No. _____ Email _____

C. DETAILS OF OTHER INSURANCE

Is the Loss/Damage covered under any other insurance? If "Yes", specify details <input type="checkbox"/> Yes <input type="checkbox"/> No No and attach copy of policy Name of the Insurer _____ Address _____ _____ Town/Street Name _____ Dzongkhag _____ Phone No. _____ Mobile No. _____ Email _____ Policy No. _____
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 Pling Post Box # 77

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 323993, 252509, 252482
 Fax: 02-323677, 336086, 336085, 325725

Email: contactus@ricb.bt, Website: www.ricb.bt Toll Free Nos: Tashi cell-1811, 1511 & B-Mobile-1818, 1515



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Period of Insurance From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u> Amount of Insurance _____
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D. DETAILS OF OTHER INTEREST

Is the insured sole owner of the property? If “No”, specify details and attach <input type="checkbox"/> Yes <input type="checkbox"/> <div style="text-align: right; margin-right: 100px;">No</div> Name of the Insured Interest _____ Person/s who has interest on property _____ His/her nature of interest _____ Address _____ _____ Town/Street Name _____ Dzongkhag _____ Phone No. _____ Mobile No. _____ Email _____

E. DETAILS OF PREVIOUS LOSSES

Claims lodged during the preceding 3 years		
Claim Year	Claim Description	Amount Rs.

F. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? <input type="checkbox"/> Yes <input type="checkbox"/> <div style="text-align: right; margin-right: 100px;">No</div> If “Yes”, specify _____ _____ _____ _____
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I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or in any further declaration, the company

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may require in respect of the said loss, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the policy shall be null and void, and all the rights to recover thereunder in respect of past or future loss/accidents shall be forfeited.

Place:

Signature:

Date:

Name of Insured

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