

<u>्ञ्शायम् वाम्य</u>णाने वास्त्र वास्त्र

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

"Your partner for growth and security"

CLAIM NO.:	
POLICY NO.:	
Name of the Insured:	
Identity Card No:	
Address:	
Telephone No:	Mobile No:
1. For Fire Incident / Loss / Claim	
a. Date of Fire Loss:	
b. Quantum of Loss (Estimate should be submitted):	
c. Copy of The FIR report to the Police Authority	
2. For Burglary Loss / Claim	
a. When and where was the missing property last seen:	
b. On what day and what time was the loss or damage discovered:	
c. Has the Police Authority been informed of the loss. YES/ NO	
If YES, on what date and which Police station and the Diary NO	
d. Details of missing / robbed items to be furnished with values of individual items, if	
possible:	
3. For Personal Accident Claim	
a. Description of the injury:	
b. Nature of disablement, in case of permanent disablement:	
c Death cause of death as certified by the Medical Officer / Evaminer:	

HOUSEHOLDER'S INSURANCE CLAIM FORM

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 Corporation 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 henceforth be null and void.

d. Medical Examination Report should be submitted in case of any accidental injury

Date: Signature of the Claimant