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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

R I C B

"Your partner for growth and security"

CLAIM FORM FOR LOAN CARE INSURANCE II

Claim No. _____

Policy No. _____

Full Name of Policy Holder:	
Citizenship ID Card No.:	
Address (Mailing):	
Mobile No /Phone No:	
Date of Birth:	
Loan availed from (Name of the Financial Institute)	
Loan Account No:	
Amortized Loan Balance (Please attach attested loan statements)	

Claim Documents Required:

i. **Accident and Natural or Unnatural Death**

- Claim Intimation Letter in Original
- Claim form duly filled and signed
- Police Report, where ever required
- Valid Insurance Policy Schedule
- Identity Card Copy
- Death Certificate or Gup/Dzongkhag's Report
- Court Verdict, where ever required
- Any other documents if felt necessary to prove the claim
- Amortized Loan Schedule and General Ledger as on the date of misfortune.

ii. **Total Permanent Disablement Claim (and) Sickness or illness resulting in the Loss of Employment Claim**

- Claim Intimation Letter in Original
- Claim form duly filled and signed
- Report of Attending Doctor (Medical Certificate) proving disability, sickness, and illness
- Valid Insurance Policy Schedule

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- e) Identity Card Copy
- f) Investigation reports like prescriptions, laboratory test, X-Rays and Reports essential for confirmation of the disablement, sickness, and illness
- g) Employer’s separation letter in case of loss of employment due to disability or sickness
- h) Amortized Loan Schedule and General Ledger as on the date of misfortune.
- i) Any other documents if felt necessary to substantiate the claim.

Name of the Insured/Insured Representative:

Date

Place

(SIGNATURE OF THE INSURED OR THE INSURED REPRESENTATIVE)