



R I C B

འབྲུག་རྒྱལ་ཁོལ་ལམ་འཛིན་ཚོད།
ROYAL INSURANCE CORPORATION OF BHUTAN LTD.
HEAD OFFICE: THIMPHU

LIVE STOCK CLAIM FORM (CATTLE)

Policy No.....

Claim No.....

The issue of this form is not to be taken as an admission of Liability.

Name of the Insured (in full)

Address

Occupation

Description of Animal claimed for

Number	Sex	Colour :	Marks	Age:	Value prior to illness

When was the animal first seen ill?.....

When was notice sent to Veterinary?.....

When first and last seen by Veterinary?.....

Dates of attendance.....

Name and Address of Veterinary surgeon who attended.....

Cause of death:

If from disease how do you account for it?

If from accident, how did it occur? and who was in charge?.....

If operated upon recently, state nature and date, also name of surgeon.....

Purpose for which used or employed when last at work

Did you breed or buy the animal?.....

Date of last calving.....

If bought, State

a) from who a).....

b) date of purchase b).....

c) Price paid c).....

Amount of claim

Is the animal insured elsewhere? Are you receiving Compensation from any other source? If so, from whom:.....

INSURE TO BE SURE

Phuentsholing: Post Box: 77 (: + 975-5-252482,252509,252453,252868, Fax : 05-252640,252441,253141.

Email: ricbho@druknet.bt, Website: www.ricb.com.bt

TEL : THIMPHU Post # 315	KHURUTHANG	GELEPHU	TRASHIGANG	MONGAR	BUMTHANG	SAMTSE	S/JONGKHAR	PARO	GEDU
(: 02-321037/322426/321161	02-584310	06-251070	04-521156	04-641116	03-631101	05-365235	07-251095	08-271281	05-282330
(: 323487/324282/321036									
Fax : 02-323677	02-584310	06-251782	04-521298	04-641446	03-631101	05-365591	07-251492	08-272019	05-282564



འབྲུག་ཀྲུང་ལུང་ལས་འཛིན་ཚད།
ROYAL INSURANCE CORPORATION OF BHUTAN LTD.
HEAD OFFICE: THIMPHU

R I C B

If animal has not died, describe the nature of

(a) Injury disease and state when it occurred and its duration:

.....

Has this injury/disease resulted in permanent

(b) incapacity to conceive or yield milk?

.....

(c) What steps were taken by you after the injury/disease Was noticed to prevent the permanent incapacity to conceive or yield?

.....

15. When was premium paid?.....

I/We the above named do hereby to the best of my/our knowledge and belief warrant the truth of the foregoing statement in every respect and affirm that proper treatment and care was given to the animal. I/We agree that if I/We have made or in any further declaration the Corporation may require in respect of the said accident shall make any false statement or any suppression or concealment the Policy shall be void and all rights to cover hereunder in respect of past and future accident shall be forfeited.

Date: _____

Signature of Insured _____

Name & signature of witness:

INSURE TO BE SURE

Phuentsholing: Post Box: 77 ☎: + 975-5-252482,252509,252453,252868, Fax : 05-252640,252441,253141.

Email: ricbho@druknet.bt, Website: www.ricb.com.bt

TEL : THIMPHU Post # 315	KHURUTHANG	GELEPHU	TRASHIGANG	MONGAR	BUMTHANG	SAMTSE	S/JONGKHAR	PARO	GEDU
☎ : 02-321037/322426/321161	02-584310	06-251070	04-521156	04-641116	03-631101	05-365235	07-251095	08-271281	05-282330
☎ : 323487/324282/321036									
Fax : 02-323677	02-584310	06-251782	04-521298	04-641446	03-631101	05-365591	07-251492	08-272019	05-282564