

Address

Number

Sex

Occupation

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) **Description of Animal claimed for** Colour: Value prior to illness Marks 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..... 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

- from who a)
- b) date of purchase
- c) Price paid

a)	
h)	

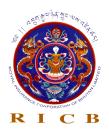
Amount of claim

Cause of death:

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 52453,252868, Fax: 05-252640,252441,253141. 77 (*: + 975-5-252484,452507,452-755,252-755, Email: ricbho@druknet.bt, Website: www.ricb.com.bt TEL - THIMPHIL Post # 315 KHIIRIITHANG S/JINGKHAR #: 02-321037/322426/321161 **GELEPHII** SAMTSE GEDII 02-584310 08-271281 05-282330 07-251095 :323487/324282/321036 Fax: 02-323677 02-584310 06-251782 04-521298 04-641446 03-631101 05-365591 07-251492 08-272019 05-282564



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

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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 toconceive 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: