

<u>्ञ्शायर्चे वाकील प्रेच सैंट जहार हूं थे क्</u>री

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

HEAD OFFICE: THIMPHU

MARINE INSURANCE INLAND TRANSIT CLAIM FORM

Please enclose original invoice Surrender the original Policy or Declaration

Declaration/certificate No.

Name of the Assured & Address	The state of the s
Name and address of the Consignor	10/:
Name & address of the Consignee	Maria Constitution of the
Station of origin & destination of Consignment.	
Carrier's Receipt No. & date and station from which issued.	
Goods carried at owners risk or Carriers risk	
Carriers endorsement, if any respecting the condition of the packing or container of the consignment at the time of dispatch.	
Give a full description of goods consigned and their value.	
Details of mode of packing	
When delivery of the consignment was taken was the outward condition of it such as to rouse suspicion about internal damage or shortage? Please give details including date of delivery.	
Was open delivery of the consignment obtained & appropriate certificate from the representative of carriers obtained? If obtained, the certificate may be closed.	
Date of receipt of materials at consignee's warehouse.	
State the exact nature of damage or loss and the approximate value of such loss.	all all
Are you interested in retaining salvage? If so, what is your offer?	TIGN OF
Please state the proximate cause of such loss or damage.	RATION
As per policy conditions, did you immediately lodge a claim on the carriers? if so, copies of correspondence exchanged with the carriers may be enclosed. (Claim on Railways is berried if notice is not given within 6 months).	
In case of shortage, did you refer to supplies to ascertain if a short supply was made by them through an error?	
If the damaged article could be repaired or re- conditioned, please indicate the cost that would be involved.	

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

 J Post # 315
 KHURUTHANG
 GELEPHU
 TRASHIGANG
 MONGAR
 BUMTHANG
 SAMTSE
 S/JONGKHAR
 PARO
 GEDU

TEL : THIMPHU Post # 315 C: 02-321037/322426/321161 S:323487/324282/321036 02-584310 04-521156 04-641116 03-631101 05-365235 07-251095 08-271281 05-282330 06-251070 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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RICB	
After arrival of goods at final destination on what da did the consignee start opening up and inspection of the goods.	
a) After Completion of inspection as stated above, or what date were the discrepancies to the Insurance Co.? Please state Ref. No. and date.	-75.1 270
b) If there is any delay in intimating please state reasons.	BYV
IF GOODS ARE DESPATCHED TO CONSIGN	NEE'S WAREHOUSE FROM THE DESTINATION AY STATION
a) Give the full address of the final destination of goods and state on what date the goods were dispatched to that place from destination railway	
station b) Distance of consignee's Warehouse from the destination Railway Station c) On what date did the goods reach the final destination named above.	
d) If there is any delay in the goods reaching the final destination named above.	TO RADIE OF THE PARTY OF THE PA
What is the mode of transportation?	STADIES IPER JOHN I
a) What is the external condition of the package when delivered at final destination? b) If damaged, state the nature of damage and	型》。
attributed cause for the same. When and where was the shortage/damage established?	
So Miles	ein given is to the best of my/our knowledge an
Station	Signature
Date	Designation
Note: -	



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If the space provided against each query is not sufficient, then the reply may be given on separate sheet of paper.

DETAILS OF DISCREPANCIES

	Shortage	Breakage	Repairable or replacement	Cost		for the
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	14					
2						Ç
7						
ì	Z	# ST	AND THE REAL PROPERTY.			

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Phuentsholing: Post Box: 77 252453,252868, Fax: 05-252640,252441,253141. 77 (* : + 975-5-252482,452507,452-453,4525000, 5 Email: ricbho@druknet.bt, Website: www.ricb.com.bt TEL: THIMPHU Post # 315 KHURUTHANG S/JINGKHAR PARN GEDU GELEPHU RIIMTHANG SAMTSE C: 02-321037/322426/321161 :323487/324282/321036 04-641116 03-631101 05-365235 05-282330 02-584310 08-271281 06-251070 07-251095 Fax: 02-323677 02-584310 06-251782 04-521298 04-641446 03-631101 05-365591 07-251492 08-272019 05-282564