

<u>्ञीपर्चे विष्ये के प्रतित्त्र प्रहेष १ क्रिय</u>

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

"Your partner for growth and security"

PERSONAL ACCIDENT PROPOSAL FORM

1.	Full name of proposer (BLOCK LETTERS)		
2.	Residence (BLOCK LETTERS)ID Card No		
3.	Business Address		
4.	(a) Profession, Occupation, trade or business (please describe fully)		
	(b)Does your occupation, require you to engage in manual labour		
	(c)Is your average monthly income more than the monthly benefit payable in case of disablement? If so, please state your average monthly income		
5.	Date of Birth. Height. Weight.		
6.	(a) Do you enjoy good health?		
	(b) Have you ever suffered from Gout or Diabetes, Paralysis, Fits of any kind or any other chronic disease? If so, give details		
	(c)Have you or have you had a Rupture or Varicose Veins? If so, give details		
7.	Have you any physical defect or infirmity?		
8.	Have you sustained injury by accident(s) during the last five years? If so, give dates, nature of injury(ies) and period(s) of disablement		
9.	(a) Have you ever proposed for Accident and/or Life Insurance?		
	(b)If so, give name of each company and amount of Insurance.		
	(c) Has any Company:		
	(i)Declined to issue a Policy to you?		
	(ii)Declined to continue your Insurance?		
	(iii) Not invited the renewal of your policy?		
	(iv) Imposed any restrictions or special conditions?		
	(v) If so, give names of each company		



<u>्ञ्शायच्याम</u>्चणकेत्रसूट यथायहेत्र कर्।

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

See Annexure (A) of the policy

Temporary Disablement with

"Your partr	ner for growth and security"		
	(II) Sum insured	(III)Policy no	
	. ,	ry for Benefit 1(c)ID Card No	
-	Amount of Insurance	Table RequiredClass	
	I hereby warrant and declare the truth of all the above statements and I have not with held any material information and I agree that this proposal shall be the basis of the contract between me and the corporation, and I agree to notify the Corporation of any material alteration in my occupation, health or habits and to accept a policy subject to the terms, exceptions and conditions prescribed by the Corporation.		
	Date	Signature of Proposer.	
-	Benefits (In the event of Accidents)	ersonal Accident Policy Compensation	
	1. Death	Capital Sum	

Table:

Table A: Benefits 1 to 3. Table B: Benefits 1 to 2. Table C: benefits 1 only.

2. Permanent Disablement

3. Temporary Disablement.

Classification of Occupation

Compensation per week at the rate of 0.65% of the capital sum insured stated in the

schedule (Subject however, to a maximum sum of Nu.11, 200 per week)

Class I: Professional, Administrative, Secretarial, Clerical and Managerial Classes, Dentists not engaged in manual work, shopkeepers and shop Assistants not using machinery and not involved in any special in any special hazard.

Class II: Commercial Travelers, Shopkeepers and Shop Assistants, who do not come within class I and persons whose duties are mainly supervisory.

Class III: Veterinary surgeons, Light engineering, Private Motor Cars and Light Van Drivers.

Class IV: Farming, Agricultural Contractors, Garage and Motor Mechanics, Building and allied Trades (excluding use of woodworking machinery) and other occupation of similar hazard.

Note: Occupations not included in those classifications will be considered on request.