



འབྲུག་རྒྱལ་ཁོལ་ལམ་འཛིན་ཚད།
ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

"Your partner for growth and security"

PIGGERY CLAIM FORM

The issue or acceptance of this form is not to be construed as admission of liability on the part of the Company

Insured Details

1. Name of the Insured	
2. Address of the Insured	

Details of pig in respect of which claim is made

Details of the Pig	Type of Cattle	Sex	Age	Breed	Description of the Cattle				Identification Tag No.	Insured's estimate of Market Value.
		M/F	Years		Color	Horns	Tail Switch	Distinguishing Features	Rt/Lt Ear	

Details of the Claim

1. Cause of loss:	
2. Date on which Disease was first detected if the cause of loss is due to a disease	
3. Details regarding treatment of Disease.	
4. Name of Vet. Attending and Performing Post-mortem	
5. a) Date of the Death b) How and where did the accident happen?	



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VETERINARY CERTIFICATE	
1	Total No. pig died:
2	Percentage of mortality:
3	Identity No. or tag no.
4	Cause of death:

(Attach a detailed report of P.M done on a sample batch of carcasses)

I CERTIFY that I have on this day carefully examined the carcasses of animals described in the above schedule and that the particulars, and answers to the questions are correct to the best of my knowledge and belief and the cause of death is no adverse reflection on the "Care and Management" of the insured animal.

Date:

Place:

Signature:

Qualification:

Name & Address:

Details of the Claim Assessment

1. Cost of pig in Nu.	
2. Less value of the carcass in case of death, if any, in Nu.	
3. Net Claim recommended in Nu.	

We have checked and verified the above details and found them to be true and correct to the best of our knowledge. We recommend for settlement of the claim for Nu./- (Nu.)(In word) only and release the payment in favour of

(OR)

The claim is to be declined (reason to be given)

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The claim assessed by:

RICB Official
Seal and sign

Geog Veterinary Officer/Dzongkhag Veterinary Officer
Seal and sign

Gup/Mangap/Gewog Tshogpa/Geog Administrative Officer
Seal and sign

Owners's Name and Signature

Date Place.....

Note: This Claim Form on completion of the assessment to be handed over to the RICB Official for onward submission to the Head Office of the RICB for processing the claim.