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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

"Your partner for growth and security"

POULTRY INSURANCE CLAIM FORM

1.	Name of the farm and its location					
2.	Name of owner(s)					
3.	Address:					
4.	Description of the birds					
5.	a) Number of birds dead for which claim is preferred and the amount claimed. b) Breed and strain of birds					
Sl. No	Description (State whether Chick, Grower, Layer broiler parent stock)	Identification No. wing band/ leg band wing badge	Exact age in weeks	Total No. of birds in the flock	Total percentage of mortality till date in the insured flock from the date of insurance (to be supported by the records maintained)	Date of preference of last claim & details of No. of Birds died
6.	<p>a) When were the birds first seen ill?</p> <p>b) When was notice sent to the Veterinary Surgeon?</p> <p>c) Dates of attendance by Veterinary Surgeon:</p> <p>d) Whether treatment given or not? If yes, Particulars of treatment given: What are the preventive measures taken to protect other birds?</p> <p>e) Date of deworming done:</p> <p>f) Cause of death:</p> <p>g) Is there any contagious or infectious disease prevalent in the flocks: or in the vicinity?--- If the birds have started laying give No. of eggs yield for the past 4 weeks.</p> <p>h) Have all the birds been protected as per vaccination schedule against Ranikhet, Fowl pox, Mareck's diseases? If so give dates of vaccinations done. Source of receipt of vaccine:</p>					

Thimphu Post Box # 315EPABX+ 975-321037,321161,323487,322426,324282,325858,328307,323993,252509, 252482

Pling Post Box # 77

Fax:02-323677, 336086,336085,325725

Email: contactus@ricb.bt, Website: www.ricb.bt Toll Free Nos: Tashi cell-1811, 1511 & B-Mobile-1818, 1515



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7.	a) What was the source of supply of bird/s chicks? b) What was the source of supply of feed
8.	In case of any mass mortality, whether any compensation has been claimed from any other source? If so, give details of the No. of birds, amount compensated etc.
9.	a) Whether Post-Mortem conducted? If so, is a detailed Post-Mortem report Enclosed or not? b) No of birds culled so far:
10.	When was the premium paid?

VETERINARY CERTIFICATE	
1	Total No. of birds died:
2	Percentage of mortality:
3	Identity 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 birds 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 flock.

Date :

Place:

Signature:

Qualification :

Name & Address:

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Details of the Claim Assessment

1. Total cost of chicken in Nu.	
2. Less value of the salvage in case of death, if any, in Nu.	
3. Less 40% incase of loss due to Gumboro disease	
4. Less 20% incase of loss due to other causes or diseases.	
5. 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)

.....
.....

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.