

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

"Your partner for growth and security"

1. Name of Insured:

RABBIT INSURANCE CLAIM FORM

| | 2. Address | : | | | | | | |
|--|--|------------------------------|--------------|------------------|----------------|------|------------------------|--|
| 3. Description of the rabbits claimed for: | | | | | | | | |
| | | | | | | | | |
| Тур | oe of Breed | Color | Age | Sex | Identification | no./ | Value Prior to Illness | |
| | | | | | tag no. | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 1 | | | l | | | |
| | 4. When the rabbit were first seen ill. | | | | | | | |
| | 5. When was the animal sent to Veterinary surgeon; | | | | | | | |
| | 6. When was first and last seen by Veterinary Doctor? | | | | | | | |
| | 7. Name and address of Veterinary Doctor attended? | | | | | | | |
| | 8. Place of death with date: | | | | | | | |
| | 9. Cause of death ; | | | | | | | |
| | | | ow do vou ac | count for it | | | | |
| | - | | • | | | | | |
| | • | | • | | | | | |
| | 10. Amount of claim | | | | | | | |
| | | | | • | | | • | |
| | 12. What steps were taken by you after the disease was | | | | | | | |
| | | ps were take o prevent th | | r the disease wa | as | | | |
| | | . F | | | | | | |
| | | | | | | | | |
| | 13. What wa | s the premit | ım paid? | | | | | |
| | | | | | | | | |
| 1 | VETERINARY CERTIFICATE 1 Tabel No. of webbits died | | | | | | | |
| 2 | Total No. of rabbits died: Percentage of mortality: | | | | | | | |
| 3 | Identity No. | | | | | | | |
| | | | | | | | | |

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

Cause of death:



<u>्ञ्शायमुगामुयाने व सुरायशयहें व कं र</u>ा

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I CERTIFY that I have on this day carefully examined the carcasses of the rabbits 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 animals.

| Date: | Signature: | | | | | |
|---------------------|--|--|--|--|--|--|
| Place: | Qualification: | | | | | |
| | Name & Address: | | | | | |
| | Details of the Claim Assessment | | | | | |
| 1. | Total cost of Rabbit in Nu. | | | | | |
| | Less value of the carcass in case of death, if any, in Nu. | | | | | |
| 3. | Less 30% deductible | | | | | |
| 4. | Net Claim recommended in Nu. | | | | | |
| We r | checked and verified the above details and found them to be true and correct to the best of our knowledge. The claim for Nu | | | | | |
| The clai | im assessed by: | | | | | |
| RICB Of Seal and | | | | | | |
| Gup/Ma Seal and | angap/Gewog Tshogpa/Geog Administrative Officer d sign | | | | | |
| Owners's | Name and Signature | | | | | |
| Date | Place | | | | | |
| | Claim Form on completion of the assessment to be handed over to the RICB Official for onward submission d Office of the RICB for processing the claim. | | | | | |