



རྒྱལ་ཁབ་ལྷན་དུ་སྲུང་ལས་འཛིན་ཚོད།
ROYAL INSURANCE CORPORATION OF BHUTAN LTD.
RURAL HOUSE INSURANCE INVESTIGATION FORM

1 Dzongkhag / Drungkhag :

2 House Owner's Name:

3 Identity Card No. :

4 Contact No. :

5 Thram No. :

6 House No. :

7 Village :

8 Geog :

9 Rural Building Classification:

10 Sum Insured :

11 Commercial insurance (Y/N) :

12 If Yes, Policy No.:

13 Commercial Sum Insured:

14 Number of Storey:

15 Construction (Please tick) :

<input type="checkbox"/> Stone/Brick with Ekra	<input type="checkbox"/> Ekra	<input type="checkbox"/> Rammed Mud/Mud Block with Ekra
<input type="checkbox"/> Timber (Bakal)	<input type="checkbox"/> Stone/Brick	<input type="checkbox"/> Hut (Bamboo Mat)
<input type="checkbox"/> Rammed Mud/Mud Block		

16 Type of Roofing (Please tick) :

<input type="checkbox"/> CGI sheet	<input type="checkbox"/> Slate	<input type="checkbox"/> Shingle (Shinglep)
<input type="checkbox"/> Other temporary materials (CGI sheets but not properly roofed/leaves/bamboo/plastic sheets etc.): please specify:.....		

17 Type of Truss (Please tick) :

<input type="checkbox"/> Timber	<input type="checkbox"/> Bamboo
<input type="checkbox"/> Other temporary materials: please specify:.....	

18 Date of Loss :

19 Nature of Loss (Please tick) :


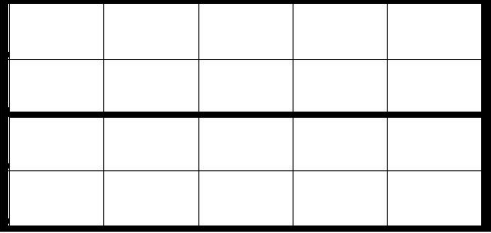

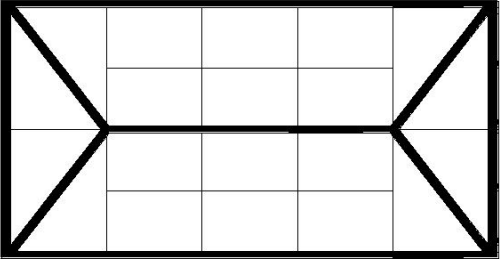

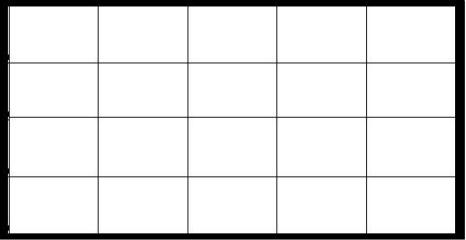

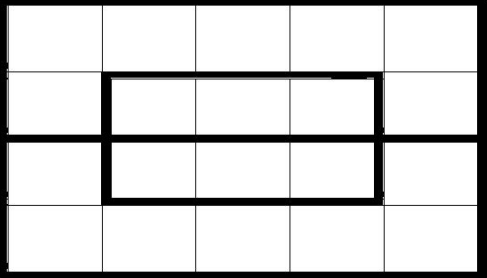
<input type="checkbox"/> Accidental Fire & lightning	<input type="checkbox"/> Earth Quake	<input type="checkbox"/> Flood
<input type="checkbox"/> Landslide	<input type="checkbox"/> Rock Slide	<input type="checkbox"/> Storm & Tempest
<input type="checkbox"/> Damage due to wild animals	<input type="checkbox"/> Caving of the roof and/or structure due to snow	
<input type="checkbox"/> Other Impact Damages: please specify:.....		


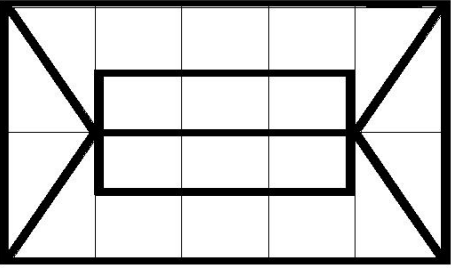

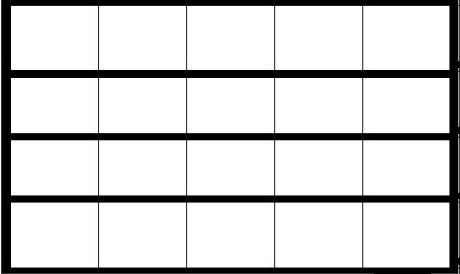

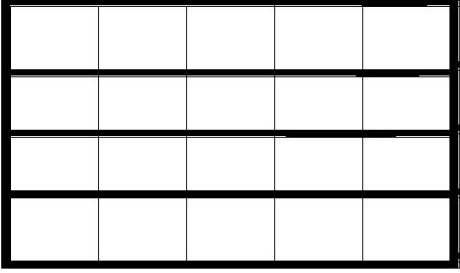

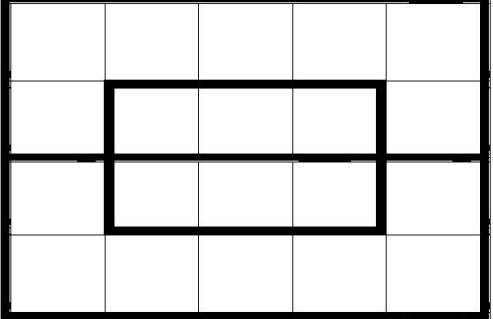
20 Maintenance (Please tick) : Proper / Poor / Neglected


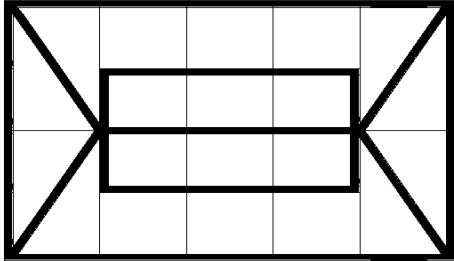
21 Nature of Damage (Please tick) : Cracked / Tilted / Collapsed / Washed Away / Guttred / Partially Burnt / Blown off / Embedded

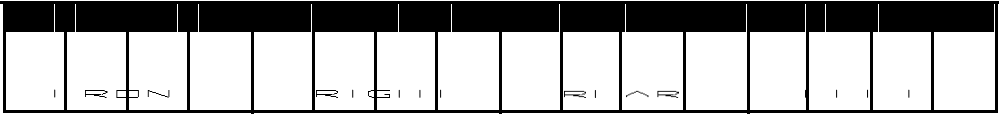




21 Nature of cracks (Please tick) : (New / Old)
(Vertical / Horizontal / Diagonal)

22 Nature of cracks (Please tick) : (Wide / Hairline / Narrow)

23 DAMAGES ASSESSED (PLEASE TICK ON THE PERCENTAGE):-23(a) ROOFING: CONSIDERING 20 FRACTIONS		
(I) Gabel Roof	 <p>5%/ 10%/ 15%/ 20%/ 25%/ 30%/ 35%/ 40%/ 45%/ 50%/ 55%/ 60%/ 65%/ 70%/ 75%/ 80%/ 85%/ 90%/ 95%/ 100%</p>	
(II) Hipped Roof	 <p>5%/ 10%/ 15%/ 20%/ 25%/ 30%/ 35%/ 40%/ 45%/ 50%/ 55%/ 60%/ 65%/ 70%/ 75%/ 80%/ 85%/ 90%/ 95%/ 100%</p>	
(III) Shed Roof	 <p>5%/ 10%/ 15%/ 20%/ 25%/ 30%/ 35%/ 40%/ 45%/ 50%/ 55%/ 60%/ 65%/ 70%/ 75%/ 80%/ 85%/ 90%/ 95%/ 100%</p>	
(IV)A Lung-go Roof	 <p>5%/ 10%/ 15%/ 20%/ 25%/ 30%/ 35%/ 40%/ 45%/ 50%/ 55%/ 60%/ 65%/ 70%/ 75%/ 80%/ 85%/ 90%/ 95%/ 100%</p>	

(IV)B Lung-go Roof		 <p>5%/ 10%/ 15%/ 20%/ 25%/ 30%/ 35%/ 40%/ 45%/ 50%/ 55%/ 60%/ 65%/ 70%/ 75%/ 80%/ 85%/ 90%/ 95%/ 100%</p>	
(IV)C Lung-go Roof		 <p>5%/ 10%/ 15%/ 20%/ 25%/ 30%/ 35%/ 40%/ 45%/ 50%/ 55%/ 60%/ 65%/ 70%/ 75%/ 80%/ 85%/ 90%/ 95%/ 100%</p>	
(V)A Jamthog Roof		 <p>JAMTHO: 10%/ 20%/ 30%/ 40%/ 50%/ 60%/ 70%/ 80%/ 90%/ 100% MAIN ROOF: 10%/ 20%/ 30%/ 40%/ 50%/ 60%/ 70%/ 80%/ 90%/ 100%</p>	
(V)B Jamthog Roof		 <p>JAMTHO: 16.67%/ 33.34%/ 50%/ 66.68%/ 83.35%/ 100% MAIN ROOF: 7.15%/ 14.3%/ 21.45%/ 28.60%/ 35.75%/ 42.90%/ 50%/ 57.20%/ 64.35%/ 71.50%/ 78.65%/ 85.80%/ 92.95%/ 100%</p>	

(V)C	Jamthog Roof	 <p>JAMTHO: 16.67%/ 33.34%/ 50%/ 66.68%/ 83.35%/ 100% MAIN ROOF: 7.15%/ 14.3%/ 21.45%/ 28.60%/ 35.75%/ 42.90%/ 50%/ 57.20%/ 64.35%/ 71.50%/ 78.65%/ 85.80%/ 92.95%/ 100%</p>	
------	--------------	--	---

23(b) EXTERNAL WALLS: CONSIDERING 16 FRACTIONS IN EACH FLOOR			
(I)	Ground Floor	TOTAL: 100%	
	Front	6.25%/ 12.50%/ 18.75%/ 25%	
	Rear	6.25%/ 12.50%/ 18.75%/ 25%	
	Left	6.25%/ 12.50%/ 18.75%/ 25%	
	Right	6.25%/ 12.50%/ 18.75%/ 25%	
(II)	First Floor	TOTAL: 100%	
	Front	6.25%/ 12.50%/ 18.75%/ 25%	
	Rear	6.25%/ 12.50%/ 18.75%/ 25%	
	Left	6.25%/ 12.50%/ 18.75%/ 25%	
	Right	6.25%/ 12.50%/ 18.75%/ 25%	
(III)	Second Floor	TOTAL: 100%	
	Front	6.25%/ 12.50%/ 18.75%/ 25%	
	Rear	6.25%/ 12.50%/ 18.75%/ 25%	
	Left	6.25%/ 12.50%/ 18.75%/ 25%	
	Right	6.25%/ 12.50%/ 18.75%/ 25%	
(IV)	Attic Floor	TOTAL: 100%	
	Front	6.25%/ 12.50%/ 18.75%/ 25%	
	Rear	6.25%/ 12.50%/ 18.75%/ 25%	
	Left	6.25%/ 12.50%/ 18.75%/ 25%	
	Right	6.25%/ 12.50%/ 18.75%/ 25%	
(V)	Jamtho Floor	TOTAL: 100%	
	Front	6.25%/ 12.50%/ 18.75%/ 25%	
	Rear	6.25%/ 12.50%/ 18.75%/ 25%	
	Left	6.25%/ 12.50%/ 18.75%/ 25%	
	Right	6.25%/ 12.50%/ 18.75%/ 25%	

23(c) CEILING: CONSIDERING 20 FRACTIONS						
(I)	Main Ceiling	5%/ 10%/ 15%/ 20%/ 25%/ 30%/ 35%/ 40%/ 45%/ 50%/ 55%/ 60%/ 65%/ 70%/ 75%/ 80%/ 85%/ 90%/ 95%/ 100%				
(II)	Jamtho Ceiling	5%/ 10%/ 15%/ 20%/ 25%/ 30%/ 35%/ 40%/ 45%/ 50%/ 55%/ 60%/ 65%/ 70%/ 75%/ 80%/ 85%/ 90%/ 95%/ 100%				

23(d) FLOORINGS: CONSIDERING 20 FRACTIONS						
(I)	Ground Floor	5%/ 10%/ 15%/ 20%/ 25%/ 30%/ 35%/ 40%/ 45%/ 50%/ 55%/ 60%/ 65%/ 70%/ 75%/ 80%/ 85%/ 90%/ 95%/ 100%				
(II)	First Floor	5%/ 10%/ 15%/ 20%/ 25%/ 30%/ 35%/ 40%/ 45%/ 50%/ 55%/ 60%/ 65%/ 70%/ 75%/ 80%/ 85%/ 90%/ 95%/ 100%				
(III)	Second Floor	5%/ 10%/ 15%/ 20%/ 25%/ 30%/ 35%/ 40%/ 45%/ 50%/ 55%/ 60%/ 65%/ 70%/ 75%/ 80%/ 85%/ 90%/ 95%/ 100%				
(IV)	Attic Floor	5%/ 10%/ 15%/ 20%/ 25%/ 30%/ 35%/ 40%/ 45%/ 50%/ 55%/ 60%/ 65%/ 70%/ 75%/ 80%/ 85%/ 90%/ 95%/ 100%				

23(e) PARTITIONS: CONSIDERING 10 PARTITIONS/20 FRACTIONS IN EACH FLOOR, 1 PARTITION/2 FRACTIONS IN JAMTHO					
(I)	Ground Floor	5%/ 10%/ 15%/ 20%/ 25%/ 30%/ 35%/ 40%/ 45%/ 50%/ 55%/ 60%/ 65%/ 70%/ 75%/ 80%/ 85%/ 90%/ 95%/ 100%			
(II)	First Floor	5%/ 10%/ 15%/ 20%/ 25%/ 30%/ 35%/ 40%/ 45%/ 50%/ 55%/ 60%/ 65%/ 70%/ 75%/ 80%/ 85%/ 90%/ 95%/ 100%			
(III)	Second Floor	5%/ 10%/ 15%/ 20%/ 25%/ 30%/ 35%/ 40%/ 45%/ 50%/ 55%/ 60%/ 65%/ 70%/ 75%/ 80%/ 85%/ 90%/ 95%/ 100%			
(IV)	Attic	5%/ 10%/ 15%/ 20%/ 25%/ 30%/ 35%/ 40%/ 45%/ 50%/ 55%/ 60%/ 65%/ 70%/ 75%/ 80%/ 85%/ 90%/ 95%/ 100%			
(V)	Jamtho	50%/ 100%			

24	How the accident/loss took place (Describe the circumstances):
-----------	---

Did he/she lodge any complain before on this building

25 : Yes / No

26 Amount of compensation received before :

27 For which peril (Please tick) :

<input type="checkbox"/> Accidental Fire & lightning	<input type="checkbox"/> Earth Quake	<input type="checkbox"/> Flood
<input type="checkbox"/> Landslide	<input type="checkbox"/> Rock Slide	<input type="checkbox"/> Storm & Tempest
<input type="checkbox"/> Damage due to wild animals	<input type="checkbox"/> Caving of the roof and/or structure due to snow	
<input type="checkbox"/> Other Impact Damages:please specify:.....		

28 Latest premium paid : Receipt No.....Dated.....

29 Opinion of the investigation team (Total Percentage of Damage/Loss):

	(%)	(Amount Payable)
<u>ROOFING-</u>		
Main Roof:	<input type="checkbox"/>	Amount:...../-
Jamtho:	<input type="checkbox"/>	Amount:...../-
<u>EXTERNAL WALLS-</u>		
Ground Floor:	<input type="checkbox"/>	Amount:...../-
First Floor:	<input type="checkbox"/>	Amount:...../-
Second Floor:	<input type="checkbox"/>	Amount:...../-
Attic Floor:	<input type="checkbox"/>	Amount:...../-
Jamtho Floor:	<input type="checkbox"/>	Amount:...../-
<u>CEILING-</u>		
Main Ceiling:	<input type="checkbox"/>	Amount:...../-
Jamtho Ceiling:	<input type="checkbox"/>	Amount:...../-
<u>FLOORING-</u>		
Ground Floor:	<input type="checkbox"/>	Amount:...../-
First Floor:	<input type="checkbox"/>	Amount:...../-
Second Floor:	<input type="checkbox"/>	Amount:...../-
Attic Floor:	<input type="checkbox"/>	Amount:...../-
<u>PARTITIONS-</u>		
Ground Floor:	<input type="checkbox"/>	Amount:...../-
First Floor:	<input type="checkbox"/>	Amount:...../-

Second Floor: Amount:...../-
 Attic Floor: Amount:...../-
 Jamtho Floor: Amount:...../-

GROSS LOSS AMOUNT:...../-

DEDUCT 5% AS POLICY EXCESS ON THE SUM INSURED:...../- (FOR TOTAL LOSS ONLY)

DEDUCT 5% AS SALVAGE ON THE GROSS LOSS AMOUNT:...../- (FOR PARTIAL LOSSES ONLY)

DEDUCT 5% AS DEDUCTIBLE EXCESS ON ADJUSTED AMOUNT (AFTER SALVAGE DEDUCTION) :...../- (FOR PARTIAL LOSSES ONLY)

NET LOSS AMOUNT AFTER DEDUCTION OF SALVAGE & EXCESS:...../- (CHECK FRANCHIS LIMIT: 1% OF THE SUM INSURED IN PARTIAL LOSSES)

THEREFORE, THE FINAL PAYABLE AMOUNT (DAMAGE/LOSS) IN FIGURES:...../-

Recommendation:

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 words)) only and release the payment in favor of

.....

(OR)

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

.....

Assessed By:

(Name, Signature, Seal & Designation) Place.....
 (Royal Insurance Corporation of Bhutan Ltd.) Date.....

(Owner's Name & Signature)
 Date:..... Place:.....

(If Required:)

(Name, Signature, Seal & Designation) Place.....
 (Revenue Officer/Gup/Representative of Geog Administration) Date.....