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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.



**RICB**

"Your partner for growth and security"

**FORM 2: DEATH CLAIM FORM**

1. LIFE INSURANCE PROPOSER'S DETAILS			
Name of Insured		CID No.	
2. DEATH DETAILS			
Date of Death		Cause of Death	
3. CLAIMANT DETAILS			
Name of Claimant		CID No.	
Relationship to deceased		Mobile No.	
Address			

*Death Certificate is mandatorily required to process the claim.*

I, ..... do hereby declare that the above information is full and true in each and every respect.

<b>SIGNATURE OF THE CLAIMANT</b>		<b>SEAL &amp; SIGNATURE OF THE COMPETENT LOCAL GOVERNMENT AUTHORITY</b>	
Name			
Date			
<b>SIGNATURE OF WITNESS</b>		Name	
Name		Place	
CID No.		Date	
FOR OFFICIAL USE BY RICB			
RICB Branch Name		Date of submission	
Received By	Name & Signature		