

्ञीयर्चे<u>त्रा</u>मीण.धेर्यःसीट.जरायहूर्य.क्र्री

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

"Your partner for growth and security"

SHEEP AND GOAT INSURANCE - CLAIM FORM

| Policy No. | | | Claim No. | | | |
|---|---------------------------------|---------------------|---|--------------------------|-------------------------------|--|
| Name of Insured (in full): | | | | | | |
| Address: | | | | | | |
| DESCRIPTION OF ANIMAL CLAIMED FOR | | | | | | |
| Description (State whether sheep, goat | Identification Tag No. Color | Specie s & Breed | Sex (If female whether pregnant calf at foot, freshly calved or heifer) color & full distinguishing marks | Exact age in years | Value prior to illness Nu. | |
| | | | | | | |
| 1. When was the animal first seen ill? | | | | | | |
| 2. When was notice sent to the veterinarian? | | | | | | |
| 3. When first and last seen by the Veterinarian? | | | | | | |
| 4. Date of attendence: | | | | | | |
| 5. Name and address of veterinarian surgeon who attended? | | | | | | |
| 6. Place of death, with date and hour? | | | | | | |
| 7. Cause of death: If from disease, how do you account for it? | | | | | | |
| If from accident, how did it occur and who was in-charge? | | | | | | |
| If operated upon recently, state nature & data, also name of Surgeon: | | | | | | |



Date:

Place:

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

| Your partner | for arouth | and | securitu | , |
|--------------|-------------|-----|----------|---|
| Tour puriner | 101 GIOWIII | unu | securuy | |

| ner for growth and security | | | | | | |
|--|--|--|--|--|--|--|
| 8. Purpose for which used or employed when last at work: | | | | | | |
| 9. Did you breed or buy the animal? | | | | | | |
| 10. Date of last calving: State whether the animal is dry or pregnant. If pregnant what is the stage of pregnancy? | | | | | | |
| | | | | | | |
| 11. Amount of claim in Nu,: | | | | | | |
| 12. Is the Ear tag of the animal enclosed? Yes / No | | | | | | |
| 13. When was premium paid? | | | | | | |
| | | | | | | |
| I / We the above named do hereby to the best of my / our knowledge and belief warrant the truth of the foregoing statements in every respect and affirm that proper treatment and care were given to the animal. I/ We agree that if I / we have made or in any further declaration the Company may require in respect of the said accident shall make any false statement or any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited. | | | | | | |
| Date : Place: Signature of Insured. | | | | | | |
| | | | | | | |
| VETERINARY CERTIFICATE | | | | | | |
| Total No. of sheep or goat died: | | | | | | |
| Percentage of mortality: | | | | | | |
| Identity No. or tag no. | | | | | | |
| 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. | | | | | | |

INSURE WITH RICB TO BE SURE

Signature:

Qualification: Name & Address:



ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

"Your partner for growth and security"

Details of the Claim Assessment

| 1. Total cost of Sheep and Goat in N | u. | | | |
|--|---|--|--|--|
| 2. Less value of the carcass in case of if any, in Nu. | of death, | | | |
| 3. Net Claim recommended in Nu. | | | | |
| knowledge. We recommend for | e details and found them to be true and correct to the best of our settlement of the claim for Nu/- (Nu | | | |
| | (OR) | | | |
| The claim is to be declined (reason to be g | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| The claim assessed by: | | | | |
| The claim assessed by. | | | | |
| | | | | |
| | | | | |
| RICB Official Geog Vet | terinary Officer/Dzongkhag Veterinary Officer | | | |
| Seal and Seal and | sign | | | |
| | | | | |
| | | | | |
| Cun/Mangan/Cowog Tchogna/Coog Adm | ninictrativo Officar | | | |
| Gup/Mangap/Gewog Tshogpa/Geog Administrative Officer Seal and sign | | | | |
| Sear 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.