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ROYAL INSURANCE CORPORATION OF BHUTAN LIMITED
PHUENTSHOLING: BHUTAN



TREKKING INSURANCE CLAIM FORM

Claim No. _____

Policy No. _____

Claim Case No: _____

PARTICULARS TO BE SUPPLIED BY THE TRAVEL AGENT IN
BHUTAN.

Name of the injured person

Nationality:

Passport/ID card NO.:

Profession:

Address:

Date of accident:

Time of accident:

Trekking Route/ Region and period allowed

Brief description of how the accident happened:

Description of injury:

a) Description of the injury:

