



**R I C B**

*"Your partner for growth and security"*

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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

**PROPOSAL FORM FOR CATTLE TRANSIT INSURANCE**

1. Name of proposer with address:
2. Business or Occupation:
3. Description of animals proposed for Insurance:

<b>Animals identification No. or Mark</b>	<b>Species /Breed</b>	<b>Sex, Colour &amp; Distinguishing mark</b>	<b>Age</b>	<b>No. of calving so far &amp; dated of Last calving</b>	<b>Present Market Value NU.</b>	<b>Sum Insured NU.</b>

(a) Place of Transit: From: \_\_\_\_\_ to \_\_\_\_\_

(b) Period of Transit: From: \_\_\_\_\_ to \_\_\_\_\_

(c) Route: \_\_\_\_\_

(d) Specific transporter details: \_\_\_\_\_

**Declaration by Insured.**

I/We hereby declare that the details given above are true and that all the animals are correctly described and are sound, in good health and free from vice and that they are well cared for and regularly fed. I/We also declare that there is no contagious or infectious disease prevalent in the stable or its vicinity.

Date: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_

**Declaration by Veterinary Surgeon.**

Thimphu Post Box # 315  
Pling Post Box # 77

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The above said animal was carefully examined by me on \_\_\_\_\_ at \_\_\_\_\_ and found to be in sound health. I certify that the animal is free from any pre-existing diseases, injury and in fit condition for Insurance. I certify that cost of the animal mentioned above is reasonably accurate.

Signature of Veterinary Surgeon  
Qualification :  
Name and Address:

**Date of Vaccination for each Disease:-**

Rinderpest :  
Black Quarter :  
Anthrax :  
Foot and Mouth Disease :  
Hemorrhagic Septicaemia :