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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

**RICB**

“Your partner for growth and security”

**Detail of PAI**

Name	Age	Sex	ID No.

**Assignment for Personal Accident Insurance**

I do hereby assign the money payable in the event of my death, to my..... (relation to the insured) Mr./Mrs./Miss.....and I further declare that his/her receipt shall be sufficient discharge to the Company.

Note: -

\*The sum insured stated under each section shall be the maximum limit of liability/indemnity under the policy during the policy period.

\*The liability of the corporation does not commence until the proposal has been accepted by the corporation and the full premium is paid.

\*Only one person shall be covered for Personal Accident Insurance under one shop/policy.

I also declare that the said property is located at the building belonging to Mr. / Mrs. \_\_\_\_\_, flat No. \_\_\_\_\_ under Plot No. \_\_\_\_\_ Street/Road \_\_\_\_\_ town \_\_\_\_\_ Dzongkhag \_\_\_\_\_

I/We hereby declare that the particulars contained herein are true and correct and that no material fact has been withheld, misstated or misrepresented and also that this proposal sum schedule forming part of the Corporation’s standard Policy shall be the basis of the contract between me/us and the Insurance Corporation. I/We further declare that the sum insured herein represent the full value of the property described herein. I/We further declare that all reasonable steps to safeguard the property against loss or damage will be taken and shall maintain required books of accounts and records. I/We also hereby declare that I/We have not filled in this proposal for more than Nu.1, 500,000 and have thoroughly read the policy and abide by the Policy terms and conditions.

PLACE :

DATE :

Signature of Proposer

**(TO BE COMPLETED BY AGENT/FIELD OFFICER OF THE COMPANY)**

The above proposal is duly completed in my presence and verified the same along with the stock in trade with which would like to recommend the same for acceptance by the underwriter.

Name:

Branch:

Date:

Signature of Agent/ Field Officer

\*Stock list has to be submitted.