



ལྷན་ཁུངས་ཀྱི་ལཱ་སྒྲུབ་ལས་འཛིན་ཚོང་ལེ

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

“Your partner for growth and security”

PROPOSAL FORM FOR OTHER LIFE

(Answers must be given truthfully for the contract to be valid. Strokes, dots, and dashes will not be accepted as answers)

Office		Proposal #	
Sales Executive Name		SE/DO/Branch Code	

1. Proposer's details

Full Name of Proposer			
Citizenship ID Card #	Mailing Address		
Present Occupation			
Nature of Duties			
Present Employer			
Previous Employer			
Fathers Name			
Mobile #	Permanent Address		
Email Address		Village	
Date of Birth		Age	
Nature of Age Proof		Gewog	
Bank Name		Dzongkhag	
Savings Account Number		Weight	
		Height	

2. Policy Property Details

Table/Term	Sum Assured	Mode	Amount of Deposit
What is the objective of Assurance?			
State whether you wish to secure Accident Benefit		YES	NO

3. (a) Nominee(S) Details

If the proposer wishes to nominate a person whom the money secured by the policy applied for are to be paid in the event of death. Please state full name of the nominees.

Name of Nominee	Citizenship ID #	Relationship	Age	% of Share	Address

(b) If the Nominee is minor

Please state the name of the person whom you wish to appoint to receive the policy money in the event of the claim arising during the minority of the nominee. The appointee must sign below to show his/her consent to the appointment.

Name of Appointee	Citizenship ID #	Relationship	Age	Signature	Address

4. If employed in the Armed Forced (RBP, RBG, RBA & Private Security) please state

To which wing you belong	Your Rank	Date of your Last Medical Examination	Your Medical Category Thereafter	Were you below A-1, if so when?

Have you any prospect or intention of engaging in Aviation or entering Naval or Military Services or taking up any other hazardous pursuit? If so give details

5. State below the details of your (Proposer's) previous policies

Policy #	Insuring	Sum Assured	Products	Year of	AB	Policy



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Agency	Issuance	Covered?	Status

6. Family History of the Proposer

		LIVING			DEAD		
Family	No.	Age	State of Health	Year of Death	Age at Death	Cause of Death	Duration of illness
Father							
Mother							
Brothers							
Living							
Dead							
Sisters							
Living							
Dead							
Spouse							
Children							
Living							
Dead							

7. Personal History of the Proposer

What has been your usual state of health?	
Have you any defect or deformity? If so give details.	
State number of missing teeth	
For how many missing teeth denture is worn.	

8. Medical questionnaires (Please tick)

a. Has any of your relations living or dead suffered from any hereditary disease like diabetics, insanity, asthma, cancer, leprosy, etc	Yes	No
b. Persistent cough, asthma, bronchitis, pneumonia, pleurisy, spitting of blood tuberculosis or any diseases of lungs?	Yes	No
c. High or low blood pressure. Rheumatic, fever, pains in chest, number of attacks, dates, breathlessness, palpitation, infection or any other diseases of the heart or arteries?	Yes	No
d. Peptic ulcer, colitis, jaundice, piles, dysentery or any disease of stomach, liver, spleen, gall bladder or pancreas?	Yes	No
e. Any disease of kidney, prostate or urinary system?	Yes	No
f. Paralysis, insanity, epilepsy, fits or any kind of nervous breakdown or any other diseases of the brain or the nervous system?	Yes	No
g. Hernia, hydrocele, varicocele, fistula, varicose veins, skin eruption, filariasis, goiter, gonorrhoea, syphilis or any other Venereal disease?	Yes	No
h. Cancer, leprosy, rheumatism, gout, enlarged glands or tumors?	Yes	No
i. Any disease of the ear, nose, throat or eye including defective sights or hearing and discharge from the ears?	Yes	No
j. Have you been suspected of diabetes or are you suffering from diabetes or have ever passed sugar, albumin, pus or blood in urine?	Yes	No
k. Did you ever have any operation, accident or injury?	Yes	No
l. Have you ever had an Electrocardiogram (ECG), X-Ray or screening of blood, urine or stool examination?	Yes	No
m. Do you or have you ever used alcoholic drinks, narcotics or any other drugs? If so, what? Also state quantity consumed per day.	Yes	No



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II. If proposal for assurance or an application for revival of a policy on my life made to any Office of the Corporation has been withdrawn or dropped, deferred or declined, or accepted with an increased premium or subject to the lien or on terms other than as proposed;

I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do shall render this assurance and all money, which shall have been paid in respect thereof, shall stand forfeited to the Corporation.

Signature of Witness		Signature or thumb impression of the proposer (If it is a thumb impression, it has to be attested)
Name		
Mobile #		
Address		
CID #		

In WITNESS WHEREOF I make this solemn declaration conscientiously and cause it to be executed herein at Dated on day of month and year

If in this forms the answers to the questions and/or signature of the proposer are/is in vernacular then he should declare in his own handwriting above his signature(s) that all questions were explained to him and that his responses to the questions were given after fully and properly understanding the same.

1) If the person filling in the form is other than the proposer, such person should make this declaration.

I hereby declare that I have fully explained the above questions to the Proposer and I have truthfully recorded the answers given by the Proposer

Name and Address of the declarant	
Signature	

2) In case the Proposer is illiterate

The thumb impression of the proposer should be attested by person of a social standing whose identity can easily be established, but unconnected with the Corporation and the same person must execute the following declaration:

I hereby, declare that I have explained the contents of the proposal form to the Proposer in (Language) and that I have read out to the Proposer the answers to the questions dictated by the Proposer, and that the Proposer has affixed this thumb impression to the proposal form after fully understanding the contents and consequence thereof.

Name and Address of the declarant	
Signature	

For Medical Cases only	
I certify that the proposer has signed/caused his/her thumb impression in my presence after admitting that all the answer to the questions of this form has been correctly recorded.	
Signature or thumb impression of the Proposer	Signature of Medical Examiner