



# 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 Ad	dress	
Present Occupation							
Nature of Duties							
Present Employer							
Previous Employer							
Fathers Name							
Mobile #					Permanent A	Address	
Email Address				Village			
Date of Birth		Age		Gewog			
Nature of Age Proof				Dzongkhag			
Bank Name				Weight			
Savings Account Number				Height			
	2.	Policy	Property I	Details			
Table/Term	Sum Assure	d		Mode	Am	ount of Deposit	
What is the objective of Assur	ance?				•		
State whether you wish to see	ure <b>Accident Benef</b>	ìt	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	Citize	nship ID #	p ID # Relationship		Signature	Address
4. If (	employed in the A	rmed Forced	(RBP,RBG,RE	BA & Privat	e Security) <sub>]</sub>	please state
To which wing you belong	Your Rank	N	of your Last Medical amination		Medical 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 d	letails of your (1	Proposer's) p	previous polic	ies	
Policy #	Insuring	Sum Assured	Products	Year of	AB	Policy

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# <u>्ञ्शायच्याक्ताने व सुर यथा यहे व कर्</u>।

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Agency		Issuance	Covered?	Status

6. Family History of the Proposer											
		LIVING			DEAD						
Family	No	Ago	State of	Year of	Age at	Cause of Death	Duration of				
	No.	Age	Health	Death	Death	Cause of Death	illness				
Fath	er										
Moth	er										
	Brothers										
Living											
Dead											
	Sist	ters									
Living											
Dead											
Spouse											
	Chile	dren									
Living											
Dead											

	7. Personal History of the Proposer					
What h	nas been your usual state of health?					
Have y	rou any defect or deformity? If so give details.					
State r	number of missing teeth					
For ho	w 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,	Yes	No			
	insanity, asthma, cancer, leprosy, etc	ies	NO			
b.	Persistent cough, asthma, bronchitis, pneumonia, pleurisy, spitting of blood tuberculosis or	Yes	No			
	any diseases of lungs?	ies	NO			
c.	High or low blood pressure. Rheumatic, fever, pains in chest, number of attacks, dates,	Voc	No			
	breathlessness, palpitation, infection or any other diseases of the heart or arteries?					
d.	Peptic ulcer, colitis, jaundice, piles, dysentery or any disease of stomach, liver, spleen, gall Yes No					
	bladder or pancreas?	ies	NO			
e.	e. Any disease of kidney, prostate or urinary system?					
f.	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,	Yes	No			
	gonorrhea, syphilis or any other Venereal disease?	res	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	37	NT -			
	discharge from the ears?	Yes	No			
j.	Have you been suspected of diabetes or are you suffering from diabetes or have ever passed	Yes	No			
	sugar, albumin, pus or blood in urine?	ies	NO			
k.	Did you ever have any operation, accident or injury?	Yes	No			
1.	Have you ever had an Electrocardiogram (ECG), X-Ray or screening of blood, urine or stool	**	3.7			
	examination?	Yes	No			
m.	Do you or have you ever used alcoholic drinks, narcotics or any other drugs? If so, what?		N.T.			
	Also state quantity consumed per day.	Yes	No			

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If "Yes" describes fully each ailment giving its nature, the number of attacks, dates, duration, severity, treatment of doctors consulted giving reference to the questions ... details of Question #.

9. Income Details							
Your Education Qualification, If any		Your Monthly Average income					
State Source of Income		Are you paying Income Tax?	Yes	No			

	10.	Additi	onal que	stions fo	r FEMA	LE pr	oposer			
Married		Yes	No	If yes pl	ease do	fill up	husband's d	letails		
Husband's Name										
His Occupation										
His average monthly income										
Does your husband have any Li	ife insura	nce po	olicies?		Yes	No	If yes give	details		
- 1. "	Insur	ing					Year of	AB	Po	olicy
Policy #	Agen	cy	Sum A	ssured	Products		Issuance	Covered?	St	atus
State the last date of			D: 1	,	1.		1 4 1 4	. 0	37	n.
menstruation		Did you have any complications related to pregnancy? Yes No					No			
State the last date of delivery		Are you Pregnant now					Yes	No		
Have you suffered or are you suffering from any diseases of breast, ovaries or uterus										

## **DECLARATION BY THE PROPOSER**

Srl #	Question	YES	NO
1	Do you want to receive SMS on this?		
	If the answer is YES, Please provide Mobile #		
2	Do you want to receive e-mail on this?		
	If the answer is YES, Please provide e-mail address#		

I/We	for whom and on whose behalf, proposed to
assure the life under this policy herein before, do l	hereby declare that the statements and answers have been given by
me after fully understanding the questions and the	e same are true, completed in every particulars and that I have not
withheld any information. Further, I do hereby ago	ree and declare that these statements and this declaration shall be
the basis of the contract of assurance between me	and the Royal Insurance Corporaion of Bhutan Limited and that if
any untrue averment be contained therein, the said	d contract shall be null and void ab intio and all money which shall
have been paid in respect thereof shall stand forfeit	ted to the Corporation.

#### Proposer's Signature

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital, and/or employer from divulging any knowledge or information about me concerning my health or employment on any kind whatsoever in the policy contract issued to me, I hereby agree, that such authority having such knowledge or information, shall at any time be at liberty to divulge any such knowledge to the Corporation.

And I further agree and declare that I after the date of submission of the proposal but before the issue of the Policy Document:

I. If there is any change in my occupation or any adverse cirsumstances connected with financial position or general health of myself or that any member of my family occurs; or

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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 of the section of the
Name Mobile #	Signature or thumb impression of the
Address	proposer
CID #	(If it is a thumb impression, it has to be attested)
	laration conscientiously and cause it to be executed herein
	day of month and year
declare in his own handwriting above his signaturesponses to the questions were given after fully and	r signature of the proposer are/is in vernacular then he should are(s) that all questions were explained to him and that his d properly understanding the same.  ther than the proposer, such person should make this
I hereby declare that I have fully explained the above answers given by the Proposer	ve questions to the Proposer and I have truthfully recorded the
Name and Address of the declarant	
Signature	
be established, but unconnected with the Corpo declaration:  I hereby, declare that I have explained the configuration and that I have reasonable to the configuration.	tested by person of a social standing whose identity can easily bration and the same person must execute the following tents of the proposal form to the Proposer in (Language) ad out to the Proposer the answers to the questions dictated by
the Proposer, and that the Proposer has affixed understanding the contents and consequence thereo	this thumb impression to the proposal form after fully f.
Name and Address of the declarant	
Signature	
For Me	dical Cases only
	er thumb impression in my presence after admitting that all
the answer to the questions of this form has been co	orrectly recorded.
	Signature of Medical Evaminer
Signature or thumb impression of the Proposer	Signature of Medical Examiner

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