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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**  
HEAD OFFICE: THIMPHU

**PROPOSAL FORM – DHATSIP NGEN-SUNG LEY-CHAR**

**Sales Executive details (To be filled in BLOCK LETTERS)**

Sales Executive Name	Code	
Branch Name (Direct)		

SECTION	LOSS EVENTS	DAYA PLAN	KAREY PLAN	GORTHEY PLAN	DOBJEY PLAN	CHOENDA PLAN	
					<b>Plan wise sub limit of Sum Insured</b>		
I. Insured	Death & Permanent Total Disablement	100,000	200,000	300,000	400,000	500,000	
	Health Cover      Medical Expenses for injuries	50,000	100,000	200,000	300,000.00	400,000	
I. Third Party	Tong (Death & Permanent Total Disablement)		100,000	200,000	300,000	400,000	500,000
	gSo-sMen (Bodily Injury)	Minor	3,000	3,000	3,000	3,000	3,000
		Medium	7,000	10,000	10,000	15,000	15,000
		Major	10,000	20,000	30,000	40,000	50,000
		Third Party Property damage	50,000	100,000	150,000	200,000	250,000
III. Evacuation	By Road	20,000	20,000	20,000	20,000	20,000	
	By Air	50,000	50,000	50,000	50,000	50,000	
<b>Premium</b>	For particular tournament	<b>200</b>	<b>400</b>	<b>600</b>	<b>800</b>	<b>1,000</b>	
	Annual renewable policy	<b>1,000</b>	<b>2,000</b>	<b>3,000</b>	<b>4,000</b>	<b>5,000</b>	

**PROPOSER'S DETAILS: FOR INDIVIDUAL**

Full Name of proposer			
Citizenship ID Card No			
Address (Mailing)			
Date of Birth			
Type of policy (Please tick)	<input type="checkbox"/> Tournament Policy <input type="checkbox"/> Annual Renewable Policy		
If proposed for the Tournament Policy, state the followings:			
a) Archery Tournament: .....			
b) Location of Archery Field:.....			
State the name of the proposed plan :			
<i>(Daya Plan/Karey Plan/Gorthey Plan/Dobjey Plan/Choenda Plan)</i>			
Have you proposed under any other persona accident policy? (Please tick)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If Yes, please state the Name of Insurance Company and Policy No:			

**Assignment:**

In the event of the death of the person to be insured, all the benefits if any that shall become payable under the policy will be paid to the person named as the assignee by the insured person and his/her receipt shall be sufficient discharge to the company.

S/N	Name of the assignee	Relationship (to the person to be insured)	Share in Percentage
1			
2			
3			



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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

HEAD OFFICE: THIMPHU

**PROPOSER DETAILS: FOR GROUP/TEAM**

Name of Team: -

Name of Tournament: -

Location of Archery Field: -

Nos. of Players: -

S/N	Name	Citizen ID Card	Age (18 & above)	Plan Proposed	Other PA Insurance (Yes/No)	Name of Assignee/legal representative	# Contact No.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

**DECLARATION**

I/We hereby declare and warrant that the above statements are true and complete. I consent & authorize the insurer to seek medical information from any hospital/medical practitioner who has at any time attended or may attend concerning any disease or illness which affects my physical or mental health. I agree that the proposal shall form the basis of the contract should the insurance be effected. If after the insurance is affected it is found that the statements, answers or particulars stated in the proposal form and/or other questionnaire are incorrect or untrue in any respect the insurance company shall bear no liability under this policy.

I/We have read the policy and willing to accept the coverage subject to the terms & conditions and expectations prescribed by the insurance company therein.

Place: \_\_\_\_\_

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

**Legal Stamp  
Nu. 10/-**

**(PROPOSER'S SIGNATURE)**