

PROPOSAL FORM FOR PHO-MO JOINT LIFE POLICY

Form No.2

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

1. General Details

Branch		Date of Proposal	
Sales Executive Name		SE/DO Code	
Is proposer employee/sales executive of RICB?	Yes	No	

2. Full details of Lives to be Insured

Details	Proposer	Joint-Life
Full Name		
Valid CID No.		
Date of Birth		
Contact No		
Age proof		

3. Income Details

Your Education Qualification, If any		
State Source of Income		
Your Monthly Average income		

4. Policy Property Details

Table/Term	Sum Assured	Mode	Installment Premium (Nu.)

What is the objective of Assurance?

State whether you wish to secure Accident Benefit (AB)?	YES	NO	AB SA required	
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5. State below the details of proposer's previous policies

Policy No.	Insuring Agency	Sum Assured	Product	Year of Issuance	AB covered?	Policy 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. Family History of the Joint Life							
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							

8. State below the details of Joint life previous policies

Policy No.	Insuring Agency	Sum Assured	Product	Year of Issuance	AB covered?	Policy status

9. Personal History	Proposer	Joint Life
(a) What has been your usual state of health?		
(b) Have you any defect or deformity? If so, give details.		

10. Medical questionnaires (Please tick) for proposer and joint life

Has the Proposer and the Joint Life ever had or been diagnosed, treated or experienced any of the following?	Proposer		Joint Life	
	Yes	No	Yes	No
a. Persistent cough, asthma, bronchitis, pneumonia, spitting of blood, tuberculosis or any other diseases of lungs?				
b. High or low blood pressure. Rheumatic fever, chest pain, breathlessness, palpitation, or any other diseases of the heart or arteries?				
c. Peptic ulcer, colitis, jaundice, piles, chronic diarrhea or any disease of stomach, liver, spleen, gall bladder or pancreas?				
d. Any disease of kidney, prostate or urinary system?				
e. Paralysis, mental illness, epileptic fits, loss of consciousness or any kind of nervous breakdown or any other diseases of the brain or the nervous system?				
f. Hernia, hydrocele, fistula, varicose veins, skin eruption, goiter and sexually transmitted disease (STIs)?				
g. Cancer, leprosy, rheumatism, gout, enlarged glands or tumors?				
h. Any disease of the ear, nose, throat or eye including defective sights or hearing and discharge from the ears?				
i. Have you been suspected of diabetics or are you suffering from diabetics				
j. Are the gums, teeth and tongue healthy? Are there any missing teeth?				
k. Any operation, accident or injury?				
l. Have you ever had an Electrocardiogram (ECG), X-Ray or screening of blood, urine or stool examination?				
m. Do you or have you ever used alcoholic drinks, narcotics or any other drugs?				
n. Has any of your relations living or dead suffered from any disease like diabetics, mental illness, asthma, cancer, leprosy, heart diseases etc..?				
o. Referring the question numbers clearly, provide detailed explanation for each "Yes" answers describing fully each ailment giving its nature, the number of attacks, dates, duration, severity, treatment and doctors consulted:				
Proposer	Joint Life			

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

Wing	Your Rank	Date of your Last Medical Examination	Your Medical Category Thereafter

12. 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. { **Husband:** ☐ **Wife:** ☐ }

13. Additional questions for FEMALE proposer

State the last date of delivery			
Are you Pregnant now? If yes, how many days?	Yes	No	
Did you have any complications related to pregnancy?	Yes	No	
Have you suffered or are you suffering from any diseases of breast, ovaries or uterus	Yes	No	

14. Standing Instruction (provide your bank details for the Standing Instruction (SI) deduction)

Debit from Client Account Number		Credit to RICB Account Number	
Bank Name		Bank Name	
Account Holder's Name		Start Date	
CID No		End Date	

15. If the premium is paid by a person other than the policyholder

Name		Permanent Address	
CID No		Working /Residential Address	
DOB		Occupation	
Mobile No		Designation	
**Politically Exposed Person (PEP)/Linked to PEP (required as per RMA AML/CFT Regulations):		<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of account holder

DECLARATION BY THE PROPOSER

Sl. #	Question	YES	NO
1	Do you want to receive SMS?		
2	Do you want to receive e-mail?		

We, Mr..... & Mrs..... the person whose lives are herein before proposed to be assured, do hereby declare that the statements and answers have been given by us after fully understanding the questions and the same are true, completed in every particular and that we have not withheld any information.

Further, we do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between us and the Royal Insurance Corporation of Bhutan Limited and that if any untrue averment be contained therein, the said contract shall be null and void *ab initio* and all money which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Furthermore, I/We hereby give my full consent to the Corporation for sharing my personal information including the policy details with Royal Monetary Authority for Credit Information Bureau or any statutory authorities established by the laws of the Kingdom or required by the laws of the Kingdom.

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 our health or employment on any kind whatsoever in the policy contract issued to us, we 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 we further agree and declare that we after the date of submission of the proposal but before the issue of the Policy Document:

1. If there is any change in our occupation or any adverse circumstances connected with financial position or general health of ourselves or that of any member of my family occurs; or
2. If proposal for assurance or an application for revival of a policy on our lives 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;

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

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

Signature of Witness		Signature or thumb impression of the proposer	Signature or thumb impression of the Joint Life
Name			
CID #			
Mobile #			
Address	-		

(If it is a thumb impression, it has to be attested) If in this form 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.



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

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:

Name and Address of the declarant	
Signature	

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.

FOR OFFICIAL USE BY RICB			
RICB Branch Name		Date of submission	
Proposal Number		KYC completed (Yes/No)	
Verified by (EID No. & Signature):			

Note: Attach Premium Calculation sheet.