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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

**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		Previous Sum Assured	
Agent/DO Code		Total Sum Assured	
Employee/Sales Executive of RIBC		YES	NO

2. Full details of Lives to be Insured		
Proposer		Joint-Life
	Full Name	
	CID No.	
	DoB	
	Father's Name	
	Present Occupation	
	Present Employer	
	Blood Pressure	
	Pulse Rate	
	Height	
	Weight	
	Abdomen	
	Chest	

3. 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

4. (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.

**Corporate Office, Thimphu, Post Box No 315 EPABX: +975 02 321161/323487**

**eMail: [contactus@ricb.bt](mailto:contactus@ricb.bt) Visit us @ [www.ricb.bt](http://www.ricb.bt) Call us @ 1818**



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Name of Nominee	Citizenship ID #	Relationship	Age	% of Share	Contact number

**5 (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 Nominee	Citizenship ID #	Relationship	Age	Signature	Contact number

**6. If employed in the Armed Forces (RBP, RBG, RBA & Private Security) please state { Husband:  Wife:  }**

To which wing you belong	Your Rank	Date of your Last Medical Examination	Your Medical Category Thereafter

7. 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:  }

**8. State below the details of Husband's previous policies**

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

**9. State below the details of wife's previous policies**

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



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10. 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							

11. 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							

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



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

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

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

**14 Income Details**

Your Education Qualification, if any		
Your monthly average income		
State source of income		
Do you pay income Tax?	Yes	No

**15. Additional questions for FEMALE proposer/Joint Life**

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

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**DECLARATION BY THE PROPOSER**

Sl.no.	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#			

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. 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.

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.

**Proposer's Signature**

**Joint Life'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 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 .....



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Signature of Witness		<b>Signature or thumb impression of the proposer</b>	<b>Signature or thumb impression of the Joint Life</b>
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.

**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.

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

**Note: Attach Premium Calculation sheet.**