

<u>्ञ्शायर्चे वामिजा भेष सीट जना यह बाक्री</u>

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

"Your partner for growth and security"

PROPOSAL FORM WITH NO SPECIFIC PROPOSAL FORM

Form No.5

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

	1. General D	etails					
Branch			Date of	f Proposal			
Sales Executive Name			Previou	us Sum As	sured		
Agent/DO Code			Total S	Sum Assure	ed		
Employee/Sales Executive of RIG	СВ		YES			NO	
	2. Proposer'	s Details					
Full Name of Proposer					Blood P	ressure	
CID No.					Pulse Ra	ıte	
Date of birth					Height		
Father's name					Weight		
Present Occupation					Abdome	n	
Present Employer					Chest		
	3. Policy	Property	y Details	<u> </u>			
Table/Term	Sum Assured			Mode	e	Installn	nent Premium (Nu.)
What is the objective of Assurance	ce?						
State whether you wish to secure	Accident Benefit (AB)?	YES	NO	AB SA re	equired		
	4. (a) Non	ninee(S)	Details				
If the proposer wishes to nominal Please state full name of the nom	-	secured	by the po	olicy appli	ed for are to	be paid in	the event of death.
Name of Nominee	Citizenship ID #	Relat	ionship	Age	% of Shar	e (Contact number
	4 (b) If the	nominee	is minor	r			
Please state the name of the person minority of the nominee. The app			_	-	-	t of the cla	nim arising during the
Name of Nominee	Citizenship ID #	Rela	tionship	Age	Signatu	re	Contact number

Life Form # 5 Page **1** of **5**



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5. If employed in the A	rmed Forced (RB	P, RBG, RBA &	Private Sec	urity) please s	tate		
To which wing you belong	Your	Rank		your Last Med Examination	lical		dical Category ereafter
6. Have you any prospec hazardous pursuit? If		ngaging in Aviatio	on or entering	Naval or Mili	tary Services	or taking up	any other
7. State below the d	etails of your (Pro	pnoser's) previou	s nolicies				

				8. Famil	y History of t	he Proposer		
		LIVING	j	DEAD				
Family	No.	Age	State of Health	Year of Death	Age at Death	Cause of Death	Duration of illness	
Fath	er							
Moth	ner							
	Brothe	ers						
Living								
Dead								
	Sister	rs						
Living								
Dead								
Spouse								
	Childr	en						
Living								
Dead								

9. 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.	

Life Form # 5 Page **2** of **5**



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ur pur	tner for growth and security" 10.	Medical questionnaires (Please tick)		
a.	Has any of your relations living or dead suffasthma, cancer, leprosy, etc	fered from any hereditary disease like diabetics, insanity,	Yes	No
b.	. Persistent cough, asthma, bronchitis, pneumonia, pleurisy, spitting of blood tuberculosis or any diseases of lungs?			
c.	High or low blood pressure. Rheumatic, few palpitation, infection or any other diseases of	ver, pains in chest, number of attacks, dates, breathlessness, of the heart or arteries?	Yes	No
d.	Peptic ulcer, colitis, jaundice, piles, dysente pancreas?	ery or any disease of stomach, liver, spleen, gall bladder or	Yes	No
e.	Any disease of kidney, prostate or urinary s	ystem?	Yes	No
f.	Paralysis, insanity, epilepsy, fits or any kind of nervous breakdown or any other diseases of the brain or the nervous system?			
g.	g. Hernia, hydrocele, varicocele, fistula, varicose veins, skin eruption, filariasis, goiter, gonorrhea, syphilis or any other Venereal disease?			
h.	n. Cancer, leprosy, rheumatism, gout, enlarged glands or tumors?			
i.	. Any disease of the ear, nose, throat or eye including defective sights or hearing and discharge from the ears?			
j.	Have you been suspected of diabetes or are albumin, pus or blood in urine?	you suffering from diabetes or have ever passed sugar,	Yes	No
k.	k. Did you ever have any operation, accident or injury?			
1.	Have you ever had an Electrocardiogram (E examination?	ECG), X-Ray or screening of blood, urine or stool	Yes	No
m.	m. Do you or have you ever used alcoholic drinks, narcotics or any other drugs? If so, what? Also state quantity consumed per day.			
	'describes fully each ailment giving its nature eference to the questions details of Questi	re, the number of attacks, dates, duration, severity, treatment of son #.	f doctors c	onsulted
		11. Income Details		
Your Ed	ducation Qualification, If any	Your Monthly Average income		
State Sc	ource of Income	Are you paying Income Tax? Yes		No

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

DECLARATION BY THE PROPOSER

Srl #	Question	YES	NO
1	Do you want to receive SMS on this?		
If the ar	nswer 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#			

Life Form # 5 Page **3** of **5**



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questions and the same are true, completed in every particulars and that I have not withheld any information. Further, I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me 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.

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
- 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.

ın	WITNESS WHEREOF I mak	te this solemn declaration	i conscientiously and cat	ise it to be executed nerein at
	Dated on	day of	month and year	
		•	·	
	Signature of Witness			
	Name			
	Mobile #			
	Address		Signa	ture or thumb impression of the
				proposer
	CID#		(If it is a t	humb impression, it has to be attested)

If in these 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.

Life Form # 5 Page **4** of **5**



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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

erson of a social standing whose identity can easily be established, t execute the following declaration:
s of the proposal form to the Proposer in (Language) out to the Proposer the answers to the questions dictated by the sion to the proposal form after fully understanding the contents and

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.

Life Form # 5 Page **5** of **5**