

Life Insurance Division

Ordinary Revival Form (Personal Statement Regarding Health)

All answers need to be filled legibly. Answers must be given in words (Strokes of pen or dots or dashes will not be accepted as replies). Fill this form if the premium is due for more than 6 months but before 12 months from the date of the last unpaid premium, the policy can be revived upon payment of all arrear premiums by filling up this ordinary revival form.

Office		Policy No.	
Sales Executive Name		SE/Branch Code	

1. Proposal Details			
Policy Number		Sum Assured	
Name			
Address			
2. Medical Questionnaires			
Since the date of your last medical examination for the above-mentioned policy			
a. Have you suffered from any physical or mental illness, injury or disability? If so, give details.			
b. Have you been required to take medical treatment? If so, give details (such as duration of illness, effect of treatment) etc.			
c. Has there been any change in your mode of life, habits and occupation? If so, give details.			
d. Has any proposal on your life or an applicant for revival of a policy on your life made to this Corporation of any insurer ever been withdrawn/ dropped/ deferred/declined, accepted with an extra premium or lien or on term otherwise than those proposed? If so, give details.			
e. Do you have any policy/ies issued or revived on non-medical basis with any office of the Corporation? If so, please give the number of policy/ies and/or proposal/s and the sums and/or proposed there under.			
f. Are you at present in sound health? If no, provide details.			
3. Additional questions to be answered by female policy holders			
Are you pregnant? Yes ☐ No ☐ If Yes, How many months:			

I hereby declare that the foregoing statements and answers are true in every particular. This declaration along with my proposal for insurance for myself (Includes Life Assured/ Joint Policyholder) shall be the basis of revival of the lapsed policy between me and Royal Insurance Corporation of Bhutan Limited. I also declare that the health of my Life Assured/ Joint Policyholder is in good condition. I agree that If any untrue averment be contained therein the said contract shall be absolutely null and void and all money which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Signature of Witness		Signature of Proposer	
Name			
Address			
CID #			
Mobile #			

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;

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.

Name and Address of the declarant	
Signature	

FOR OFFICIAL USE BY RICB					
Receipt No.		Receipt Date	DD/MM/YYYY	Receipt Amount	
RICB Branch Name		Date of submission	DD/MM/YYYY	KYC completed	Yes ☐ No ☐
Verified by (EID No. & Signature):					

Note: Kindly submit the KYC documents if it has not been submitted earlier.