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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

DEATH CLAIM FORM (except RLI)

Form No.24

(Please complete in CAPITAL LETTERS and all the fields marked * are mandatory)

Policyholder Details

Name*:	
ID Number*:	

Policy Number*	Sum Assured (Nu)
1.	
2.	
3.	
4.	

Particulars of Death

Date & Time *:	Cause *:	
Place of Death of Death: Hospital/BHU/Home/Other (Specify) *:		
Country*:	Dzongkhag*:	Gewog/Throm/City*:
Person who last attended the deceased: Doctor/HA/Drungtsho/Family members/Other (Specify)*:		

Claimant Details

Name of Claimant*:	CID Number*:
Relationship to deceased*:	Contact No.*
Address of claimant*:	Email:
Nature of title under which the policy benefit is claimed: Nominee/Assignee/Appointee/ Other (Specify)*:	

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

eMail: contactus@ricb.bt Visit us @ www.ricb.bt Call us @ 1818



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

Bank Account Details

Name of Account Holder*:	Bank Name *:
Bank Account number *:	

Declaration: I hereby confirm that the information provided is true and accurate to the best of my knowledge. If proven to be false, I shall be liable for punishment as per the law of the land. In case of any changes in the information provided, I undertake to inform the corporation promptly. I understand that the corporation cannot be held liable, once the payment is made/delivered to the above account as per the information details provided/declared above.

(Signature of the claimant)

Name:

Designation:

Place:

Date: dd/mm/yyyy

(Signature of Witness)

Name:

Place:

Date: dd/mm/yyyy

Seal of Employer (If the claimant is an agency)

(For DKTN, TMN-II, QNLP, GTI, Lotedth)

(FOR OFFICIAL USE)

Branch Name:	Date of Submission:
Received By:	EID No. & Signature