



། འབྲུག་རྒྱལ་ཁྲིམ་ཚུལ་ལྷན་ཁག་འཛིན་ཚད།

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.



RICB

"Your partner for growth and security"

FORM 2: RURAL LIFE INSURANCE CLAIM FORM

1. CLAIM DETAILS			
Policy No.		Sum Assured	
Name of Insured		CID No.	
Date of death		Cause of death	
2. CLAIMANT DETAILS			
Name of Claimant		CID No.	
Relationship to deceased			
Address		Mobile No.	

Documents required to process the claim: 1. Copy of Death certificate 2. Copy of signed Death Reporting form 3. CID copy of claimant.

I, do hereby declare that the above information is full and true in each and every respect.

Name		SEAL & SIGNATURE OF THE COMPETENT LOCAL GOVERNMENT AUTHORITY	
Date			
SIGNATURE OF WITNESS		Name	
Name		Place	
CID No.		Date	
FOR OFFICIAL USE BY RICB			
RICB Branch Name		Date of submission	
Receipt No.		Policy No.	
G2C application No.		EID No. & Signature	

Remarks: Claim processor should cross-check other insurance policies in the name of the deceased and process accordingly.