༄༅།། འབྲུག་རྒྱལ་ཉེན་སྲུང་ལས་འཛིན་ཚད།

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

Life Insurance Division

Rural Life Insurance Claim

1. Details of the deceased / Missing person			
Date of Application: DD/MM/YYYY			
Name		CID No.	
Date of Death/Missing		Cause of Death	
2. Details of the claimant			
Name		CID No.	
Relationship to deceased		Mobile No.	
Address		Bank A/C No.	
Signature		Bank Name	
3. Details of witness			
Name		Signature	
CID No.		Mobile No.	
Place		Date	

Document Required: CID Copy of claimant

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

(FOR OFFICIAL USE BY RICB)				
Branch Name		Date of receipt	DD/MM/YYYY	Verified by (EID No. & Signature)
Policy No.		G2C Application		

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