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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

Rural Life Insurance Claim

(Form No. 2)

1. Details of the deceased / Missing person			
Name		CID No.	
Date of Death/Missing	dd/mm/yyyy	Cause of Death	
G2C Application No.		Date of Application	dd/mm/yyyy
2. Details of the claimant			
Name		CID No.	
Relationship to deceased		Mobile No.	
Address		Bank A/C No.	_____
		Bank Name	_____
Signature		Date	dd/mm/yyyy
3. Details of witness			
Name		Signature	
CID No.		Mobile No.	
Place:	Date: dd/mm/yyyy		

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
Policy No.		G2C Application Status	
EID		Signature	

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