

PROPOSAL FORM FOR CHILD'S POLICY

Form No.1

(Answers must be given truthfully for the contract to be valid. Strokes, dots, and dashes will not be accepted as answers)

1. General Details			
Branch		Date of Proposal	
Sales Executive Name		SE/DO Code	
Is proposer employee/sales executive of RICB?		Yes	No

2. Proposer's Details	
Full Name of Proposer (As per CID)	
Valid CID No	
Date of birth	
Age proof of the proposer	
Contact No	

3. Income Details			
Your Education Qualification, If any		Your Monthly Average income	
State Source of Income			

4. Child's Details (Obtain relevant document)			
Full Name of Child		Date of birth	
Age proof of child		Age	
Proposer's relationship with the child (as per document attached)			

5. Policy Property Details			
Table/Term		State whether you wish to secure the following	
Sum Assured		1. Premium Waiver Benefit	Yes/ No
Mode of premium payment		2. Term Rider	Yes/ No
Installment Premium (Nu.)		3. Accident benefit, If yes, please specify the Sum Assured. (Applicable for YEAP)	AB SA. Nu
What is the objective of Assurance?			

6. State below the details of your (Proposer's) previous policies

Policy No.	Insuring Agency	Sum Assured	Product	Year of Issuance	AB Covered?	Policy Status

7. If employed in the Armed Forces (RBP, RBG, RBA & Private Security) please state

Wing	Your Rank	Date of your Last Medical Examination	Your Medical Category Thereafter

8. Do you have any plan or intention of engaging in Aviation or entering Naval or Military Services or taking up any other hazardous pursuit? If so, give details.

9. Family History of the Proposer

LIVING				DEAD			
Family	No.	Age	State of Health	Year of Death	Age at Death	Cause of Death	Duration of illness
Father							
Mother							
Brothers							
Living							
Dead							
Sisters							
Living							
Dead							
Spouse							
Children							
Living							
Dead							

10. Personal History of the Proposer

What has been your usual state of health?	
Have you any defect or deformity? If so, give details.	
State number of missing teeth	
For how many missing teeth denture is worn.	

11. Medical questionnaires (Please tick)

a. Has any of your relations living or dead suffered from any hereditary disease like diabetics, insanity, asthma, cancer, leprosy, etc	Yes	No
b. Persistent cough, asthma, bronchitis, pneumonia, pleurisy, spitting of blood tuberculosis or any diseases of lungs?	Yes	No
c. High or low blood pressure. Rheumatic, fever, pains in chest, number of attacks, dates, breathlessness, palpitation, infection or any other diseases of the heart or arteries?	Yes	No
d. Peptic ulcer, colitis, jaundice, piles, dysentery or any disease of stomach, liver, spleen, gall bladder or pancreas?	Yes	No
e. Any disease of kidney, prostate or urinary system?	Yes	No
f. Paralysis, insanity, epilepsy, fits or any kind of nervous breakdown or any other diseases of the brain or the nervous system?	Yes	No
g. Hernia, hydrocele, varicocele, fistula, varicose veins, skin eruption, filariasis, goiter, gonorrhea, syphilis or any other Venereal disease?	Yes	No
h. Cancer, leprosy, rheumatism, gout, enlarged glands or tumors?	Yes	No
i. Any disease of the ear, nose, throat or eye including defective sights or hearing and discharge from the ears?	Yes	No
j. Have you been suspected of diabetes or are you suffering from diabetes or have ever passed sugar, albumin, pus or blood in urine?	Yes	No
k. Did you ever have any operation, accident or injury?	Yes	No
l. Have you ever had an Electrocardiogram (ECG), X-Ray or screening of blood, urine or stool examination?	Yes	No
m. Do you or have you ever used alcoholic drinks, narcotics or any other drugs? If so, what? Also state quantity consumed per day.	Yes	No
If "Yes" describes fully each ailment giving its nature, the number of attacks, dates, duration, severity, treatment of doctors consulted giving reference to the questions ... details of Question #		
n. Blood Pressure		o. Pulse Rate
p. Height & weight		q. Abdomen & Chest Girth

12. Additional questions for FEMALE proposer

State the last date of delivery		
Are you Pregnant now? If yes, how many days?	Yes	No
Did you have any complications related to pregnancy?	Yes	No
Have you suffered or are you suffering from any diseases of breast, ovaries or uterus	Yes	No

13. Standing Instruction (provide your bank details for the Standing Instruction (SI) deduction)

Debit from Client Account Number		Credit to RICB Account Number	
Bank Name		Bank Name	
Account Holder's Name		Start Date	
CID No		End Date	

14. If the premium is paid by a person other than the policyholder			
Name		Permanent Address	
CID No		Working /Residential Address	
DOB		Occupation	
Mobile No		Designation	
**Politically Exposed Person (PEP)/Linked to PEP (required as per RMA AML/CFT Regulations):		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Signature of account holder	

DECLARATION BY THE PROPOSER

Sl. #	Question	YES	NO
1	Do you want to receive SMS?		
2	Do you want to receive e-mail?		

I/Wefor whom and on whose behalf, proposed to assure the life under this policy herein before, do hereby declare that the statements and answers have been given by me after fully understanding the questions and the same are true, completed in every particulars and that I have not withheld any information. Further, I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Royal Insurance Corporaion of Bhutan Limited and that if any untrue averment be contained therein, the said contract shall be null and void *ab initio* and all money which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Furthermore, I/We hereby give my full consent to the Corporation for sharing my personal information including the policy details with Royal Monetary Authority for Credit Information Bureau or any statutory authorities established by the laws of the Kingdom or required by the laws of the Kingdom.

Proposer's Signature

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital, and/or employer from divulging any knowledge or information about me concerning my health or employment on any kind whatsoever in the policy contract issued to me, I hereby agree, that such authority having such knowledge or informatioun, shall at any time be at liberty to divulge any such knowledge to the Corporation.

And I further agree and declare that I after the date of submission of the proposal but before the issue of the Policy Document:

- I. If there is any change in my occupation or any adverse cirsumstances connected with financial position or general health of myself or that any member of my family occurs; or
- II. If proposal for assurance or an application for revival of a policy on my life made to any Office of the Corporation has been withdrawn or dropped, deferred or declined, or accepted with an increased premium or subject to the lien or on terms other than as proposed;

I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do shall render this assurance and all money, which shall have been paid in respect thereof, shall stand forfeited to the Corporation.



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

In WITNESS WHEREOF I make this solemn declaration conscientiously and cause it to be executed herein at Dated on day of month and year.....

Signature of Witness		Signature or thumb impression of the proposer (If it is a thump impression, it has to be attested)
Name		
Mobile #		
Address		
CID #		

If in these forms 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 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			
RICB Branch Name		Date of submission	
Proposal Number		KYC completed (Yes/No)	
Verified by (EID No. & Signature):			

Note: Attach Premium Calculation sheet.