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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

ANNUITY DEATH CLAIM FORM

Policyholder Details	
Name:	
CID Number:	

Policy Number	Sum Assured/Lumpsum Premium (Nu)
1.	
2.	
3.	
4.	

Particulars of Death		
Date: dd/mm/yyyy	Cause:	
Place of Death: Hospital/BHU/Home/Other (Specify):		
Country:	Dzongkhag:	Gewog/Throm/City:
Death Certificate no.		

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



འབྲུག་རྒྱལ་ཁུངས་ལས་འཛིན་ཚད།
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.

Affix Legal
Stamp

Affix Legal
Stamp

(Signature of the claimant)

(Signature of the witness)

Name:

Name:

Designation:

Designation:

Contact No:

Contact No:

Date: **dd/mm/yyyy**

Date: **dd/mm/yyyy**

FOR RICBL USE

Branch Name

Application Received Date

Received By

Employee Name

Employee ID

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