Life Insurance Division

Claim Intimation (Death)

*(Please complete in CAPITAL LETTERS and all the fields marked * are mandatory)*

Policyholder Details	
Name*	
CID Number*	

Policy Number*	Sum Assured (Nu)
1.	
2.	
3.	
4.	
5.	

Particulars of Death		
Date *: dd/mm/yyyy		Cause of death *:
Place of Death: Hospital/BHU/Home/Others (Specify) *:		
Country*:	Dzongkhag*:	Gewog/Thromde/City*:
Person who last attended the deceased: Doctor/HA/Drungtsho/Family members/Other (Specify)*:		

Claimant Details			
Name*		CID Number*	
Relationship to deceased*		Contact No.*	
Address*	Village: Gewog: Dzongkhag:	Email	
Nature of title under which the policy benefit is claimed: Nominee/Assignee/Appointee/ Other (Specify)*:			

Bank Account Details of Claimant/Payee			
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. I understand that the corporation cannot be held liable, once the payment is made/delivered to the above account as per the information details

(Signature of the claimant)		(Signature of Witness)	
Designation		Name	
		CID	
Place		Place	
Date	dd/mm/yyyy	Date	dd/mm/yyyy

Seal of Employer (If the claimant is an agency)
(For DKTN, TMN-II, QNLP, GTI, Lotedth)

(FOR OFFICIAL USE BY RICB)				
Branch Name		Date	DD/MM/YYYY	
Received By		KYC of Claimant Completed	(Yes/No)	Verified by (EID No. & Signature)

Document Check List:

a. *Proof of Death.*
b. *CID copy of both the deceased and the claimant.*
c. *Original Policy Document/Policy Closure Form.*
d. *Investigation Report (In case of Early death claim).*
e. *Medical Documents (If required)*
f. *Police Report (required in cases of death due to a Road Traffic Accident (RTA), suicide, or a missing person case).*