



**RICB**

# འབྲུག་རྒྱལ་ཁོག་གི་ལམ་འཛིན་ཚོང་ལེན་ལྷན་ཁག་ལུ་

## ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

HEAD OFFICE: THIMPHU

Proposal No.: .....

Agent Code: .....

Name of the Insured: ..... CID No.: .....  
(in block letters)

Present Address: .....

Email Address: ..... Mobile No.: ..... Hypothecated to: .....

### Particulars of Insured Vehicle

Registration No.	Type of vehicle	Cubic Capacity Tonnage	Mfg. Month & Year	Licensed Carrying Capacity	Sum Insured	Value for Extra Fitting

Engine No. .... Chassis No. ....

(1) Please tick the type of permit the vehicle will operate. (A) Public/Goods Carrier (B) Hired Vehicle (Taxi) (C) Passenger (Bus) (D) Private Car (E) Motor Cycle/ Scooter (F) Miscellaneous Vehicle (Agricultural vehicles, road rollers, ambulance, etc.). (G)Excavator

(2) (A) is the vehicle in perfect condition.....? (B) Where will be the vehicle usually garaged?

(3) Tick the type of policy required (A) Comprehensive (B) Zero Depreciation policy (C) Third Party (D) Road Transit

(4) Period of Insurance From ..... To .....

### For Office Use:

Sl. No.	Particulars	Own Damage	Third Party
1	Basic Premium		
2	Fleet Discount if any (Underwriters please attach details)		
3	Wider Liability to paid drivers/cleaners		
4	Wider Liability to Passenger		
5	Premium for extra fittings( as per bills)		
6	Non application for End. For compulsory excess		
7	No Claim Bonus (Please Attach details)		
8	Towing & Recovery		
9	Premium for Add- on cover (Zero Depreciation if opted)		
	<b>Total Premium for each category</b>		

\*Amount of Deductible Excess imposed (if any) \*= .....

Total Premium...../-

I/We hereby declare that the above statement & particulars are correct & complete in every respect & that the motor vehicle referred above which is my/our property will be kept in good condition & repair & I/We agree that such statements & particular shall be basis of the contract between me/us & the Corporation. Further, I/We agree that such statements & particulars are in writing of any other person, such person shall be deemed to have been my/our agent for the purpose of filling in this form & his statement shall be the basis of the contract between me/us & the Corporation & if the risk is accepted. I/We undertake to pay the premium when called upon to do so. **Further, I/We hereby accept that I/We have read the policy & agree to abide by terms & conditions of the motor insurance policy.**

Date: .....

Signature of Proposer: .....

**INSURE WITH RICB TO BE SURE**

Thimphu : Post Box: 315 : + 975-2-321037,322426,321161,323487,324282,321036 Fax : 02-323677  
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