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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	
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.	
4. Seal & Signature of the competent Local Government Authority <i>(Required only in case of death registration not done through integrated citizens services (ICS) & Bhutan NDI)</i>			
Name:	Seal & Signature		
Designation:			
Place:	Date:		

1. *If death registration is done through ICS using Bhutan NDI: Required CID Copy of Claimant*
2. *If death registration not done through ICS: 1. Copy of signed Death Reporting Form with G2C application No.; 2. 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 submission	dd/mm/yyyy
Receipt No.		Policy No.	
G2C Application No.		EID & Signature	

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

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