



འབྲུག་རྒྱལ་ཁུངས་ལས་འཛིན་ཚོད་  
**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**  
**HEAD OFFICE: THIMPHU**

**CLAIM FORM FOR OVERSEAS TRAVEL POLICY**

(To be submitted to below mentioned address for lodging claim)

Third Party Administrator

Address: .....

Name of Person Claiming : Mr. / Mrs.

Home Address in Bhutan :

Occupation: \_\_\_\_\_ Day : \_\_\_\_\_ Time : \_\_\_\_\_ Tel No. : \_\_\_\_\_

**DETAILS OF POLICY**

HO/RO CODE	PLANS	SL. NO.

**Policy Number**

Date – Policy Issued:

Date – Trip Commenced :

No. of Days :

Scheduled Date of Return:

Geographical Limits	Worldwide Excl. USA / CANADA	Worldwide Incl. USA / CANADA	Asian Countries Excl. Japan
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NAME AND AGE OF EACH PERSON INCLUDED IN THE CLAIM

Date of Birth

Mr. / Mrs. / Miss.	Initials	Surname	___ / ___ / ___ DD    MM    YY
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**POLICY SECTION RELATING TO CLAIM (Tick Boxes)**

- Medical Expenses
- Personal Accident
- Loss of Checked in Baggage
- Delay of Checked in Baggage
- Loss of Passport
- Personal Liability  (Not applicable for plan T3)

DATE OF CLAIM OCCURRENCE: \_\_\_\_\_ TRIP DESTINATION: \_\_\_\_\_

PLEASE COMPLETE APPROPRIATE SECTION OF CLAIM FORM AND READ CAREFULLY THE INSTRUCTIONS RELATING TO SUPPORTING DOCUMENTS REQUIRED. WHEN COMPLETED PLEASE SIGN DECLARATION: I declare that to the best of my knowledge all particulars contained in this form are true. I also authorize TPA to obtain my medical records or information necessary to process the claim.

Signed:

Date:

Place:

**INSURE TO BE SURE**

Phuentsholing: Post Box: 77    ☎ : + 975-5-252482, 252509, 252453, 252868, Fax : 05-252640, 252441, 253141.

Email: [richo@druknet.bt](mailto:richo@druknet.bt), Website: [www.rich.com.bt](http://www.rich.com.bt)

TEL : THIMPHU Post # 315	KHURUTHANG	GELEPHU	TRASHIGANG	MONGAR	BUMTHANG	SAMTSE	S/JONGKHAR	PARO	GEOU
02-321037/322426/321061	02-584310	06-251070	04-521556	04-641166	03-631101	05-385235	07-251095	08-271281	05-282330
☎ 323487/324282/321036									
Fax: 02-323677	02-584310	06-251782	04-521298	04-641446	03-631101	05-385591	07-251492	08-272019	05-282584



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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**  
**HEAD OFFICE: THIMPHU**

**MEDICAL AND EMERGENCY EXPENSES / HOSPITAL  
 BENEFIT / PERSONAL ACCIDENT  
 (INCLUDING ADDITIONAL TRAVEL, ACCOMODATION EXPENSE)**

**I) DOCUMENTS REQUIRED :**

The following documents must be enclosed with your completed claim form:

- ORIGINAL CERTIFICATE OF INSURANCE TOGETHER WITH ANY COPIES OF AIRLINE TICKET
- ORIGINAL BILLS OR RECEIPTS FOR FULL AMOUNT OF CLAIM ( PHOTOCOPIES NOT ACCEPTABLE )
- CONFIRMATION BY HOSPITAL OF DATES OF HOSPITALISATION ( FOR CLAIMS FOR HOSPITAL BENEFITS )
- DEATH CERTIFICATE ( FOR COMPENSATION CLAIM OF DEATH BY ACCIDENT )
- DISABLEMENT CERTIFICATE AND POLICE REPORT ( FOR PERSONAL ACCIDENT CLAIM )
- THE MEDICAL CERTIFICATE DOES NOT NEED TO BE COMPLETED FOR MINOR ACCIDENTS OR ILLNESS
- PHYSICIAN'S REPORT ( ORIGINAL ATTACHED TO THE POLICY IF APPLICABLE )

These documents must be supplied with the completed claim form at the Claimant's expense. Failure to do so will delay the processing of your claim and could result in it being declined.

**II ) TO BE COMPLETED BY THE CLAIMANT OR THE CLAIMANT'S LEGAL REPRESENTATIVE :**

1. Name of Sick or Injured Person :
2. Nature of Injury / Illness :
3. Date of Injury / Illness :
4. Place of Injury / Illness :
5. Circumstances of Injury :
6. If claim was due to hospitalization or confinement, was the Emergency Assistance Department contacted YES / NO. If no, please advice why, on an additional information sheet.
7. Dates of Hospitalization : From - To -
8. Details of Claim :
9. Details of any third parties involved in accidental injury or death of insured person.

Details of Claimed Expenses, Providers Name, Prescription Charges, etc.	Amount Charged in Local Currency	IMPORTANT Has Bill Been Paid By You*
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
<b>TOTAL AMOUNT</b>		*Delete where Applicable

**LOSS OF CHECKED IN BAGGAGE**

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Email: [ricbo@druknet.bt](mailto:ricbo@druknet.bt), Website: [www.ribc.com.bt](http://www.ribc.com.bt)

TEL : THIMPHU Post # 315	KHURUTHANG	GELEPHU	TRASHIGANG	MONGAR	BUMTHANG	SAMTSE	S/JONGKHAR	PARO	GEDU
02-321037/322426/32161	02-584310	06-251070	04-521556	04-641116	03-631101	05-365235	07-251095	08-271281	05-282330
☎ 323487/324282/321036									
Fax: 02-323677	02-584310	06-251782	04-521298	04-641446	03-631101	05-365591	07-251492	08-272019	05-282564



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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**  
**HEAD OFFICE: THIMPHU**

**BAGGAGE DELAY ON OUTBOUND FLIGHTS**

**I) DOCUMENTS REQUIRED :**

- ORIGINAL CERTIFICATE OF INSURANCE (PHOTOCOPIES NOT ACCEPTED)
- AIRLINE TICKETS
- ANY AVAILABLE RECEIPTS FOR THE LOST BAGGAGE. IF UNAVAILABLE SUPPLY ANY OTHER DOCUMENTATION WHICH COULD ASSIST IN GIVING PROOF OF VALUE, eg. VALUATIONS, SALES LITERATURE, ETC.
- ORIGINAL OF ALL WRITTEN REPORTS RECEIVED FROM CARRIER. IF VERBAL REPORT ONLY WAS MADE PLEASE SPECIFY.
- PLEASE SUPPLY PROPERTY IRREGULARITY REPORT AND COPIES OF YOUR CORRESPONDENCE WITH THE AIRLINE
- IF CLAIM IS FOR DELAYED BAGGAGE, PLEASE SUPPLY PROPERTY IRREGULARITY REPORT AND LETTER FROM CARRIER CONFIRMING REASON FOR DELAY AND DURATION OF THE DELAY.

THESE DOCUMENTS MUST BE SUPPLIED WITH THE COMPLETED CLAIM FORM AT THE CLAIMANT'S EXPENSES, FAILURE TO DO SO WILL DELAY THE PROCESSING OF YOUR CLAIM AND COULD RESULT IN IT BEING DECLINED.

**II) TO BE COMPLETED BY THE CLAIMANT OR THE CLAIMANT'S LEGAL PERSONAL REPRESENTATIVE.**

- 1) Time, Date and Place of Loss / Delay :
- 2) Full Circumstances of Loss / Delay :
- 3) Loss / Delay occurred in the custody of an airline.
  - a) Date reported to Carrier :
  - b) Name and address of Carrier :
- 4) Name and Position of any other person in authority to whom the matter was reported.
- 5) Details of Household Contents or All Risks Policy or any other Policy in force which may cover this loss including Private Travel Extension (THIS SECTION MUST NOT BE LEFT BLANK)  
  
Name of Insurer :  
Address :  
Policy No. :  
Tel. No. :

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02-321031/322426/321051	02-584310	06-251070	04-521156	04-644116	03-631101	05-365235	07-251095	08-271281	05-282330
0323487/324282/321036									
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HEAD OFFICE: THIMPHU

LOSS OF PASSPORT

- I) DOCUMENTS REQUIRED :
- ORIGINAL CERTIFICATE OF INSURANCE (PHOTOCOPIES NOT ACCEPTED)
  - AIRLINE TICKETS
  - POLICE REPORT
  - BILLS AND OTHER SUPPORTING DOCUMENTS FOR OBTAINING EMERGENCY TRAVEL DOCUMENT WHILST ABROAD.
- III) TO BE COMPLETED BY THE CLAIMANT OR THE CLAIMANT'S LEGAL PERSONAL REPRESENTATIVE.
- 1) Time, Date and Place of Loss :
  - 2) Full Circumstances of Loss :
  - 3) Name and Position of any other person in authority to whom the matter was reported.

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ADDITIONAL INFORMATION YOU MAY WISH TO GIVE IN SUPPORT  
OF YOUR CLAIM UNDER ANY SECTION OF THE POLICY

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☎: 02-321037/322426/32161	02-584310	06-251070	04-52156	04-64116	03-63101	05-365235	07-251095	08-271281	05-282330
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