



RICB

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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.  
HEAD OFFICE: THIMPHU

PROPOSAL FORM FOR LOAN CARE INSURANCE III

Full Name of the Proposer:	
Citizenship ID Card No. :	
Address (Mailing) :	
Mobile No. /Phone No :	
Nationality :	
Date of Birth :	
Loan availed from (Name of the Financial Institute)	
Name of Employer/Department	
Period of Insurance (Loan Term)	

- Documents Required: ID Card copy

SUM INSURED: \_\_\_\_\_ (Maximum Limit up to One million five hundred thousand only)

Loan Account Number \_\_\_\_\_

Premium .....

The insurance coverage is payable as under:

- Death due to accidents and natural or unnatural causes:** The amortized loan amount or the outstanding loan balance or the Sum insured whichever is lesser as on the date of misfortune.
- Total Permanent Disablement:** The amortized loan amount or the outstanding loan balance or the Sum insured whichever is lesser as on the date of misfortune.

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**Permanent Disablement**

- Permanent disablement including Paralysis, Permanent Paraplegia, Permanent Quadriplegia, Hemiplegia
  - Loss of 2 Limbs
  - Total Loss of Sight of both Eyes
  - Total Loss of Hearing together with Total Loss of Speech.
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INSURE WITH RICB TO BE SURE

Thimphu: Post Box: 315 EPABX ☎ +975-2-321037, 322426, 321161, 323487, 324282, 325858, 323993, 336267, 336758

Fax: 02-323677, 336086, 336085, 325725

Email: richb@drubnet.bt Website: www.ricb.com.bt Toll Free No: THIMPHU 181, BHUENTSHOLING 151



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

- c) **Sickness or illness resulting to the Loss of Employment after 3 years of insurance subject to the condition that the insured is up to 45 years of age at the time of a claim:** The amortized loan amount or the outstanding loan balance whichever is lower or the Sum insured whichever is lesser as on the date of misfortune.

**Declaration:**

I hereby declare and warrant that the above statements are true and complete to the best of my knowledge. I agree that the proposal shall form the basis of the contract should the insurance be affected. If after the insurance is affected it is found that the statements, answers or particulars stated in the proposal form and/or other questionnaire are incorrect or untrue in any respect the insurance company shall bear no liability under this policy.

I am also aware that I will be not entitled for any refund of the premium paid in case of early liquidation of loan or after I have made a claim. I have read and understood the policy and I am willing to accept the coverage subject to the terms & conditions and exclusions prescribed by the insurance company therein.

Name of the Proposer: \_\_\_\_\_

Date .....

**(PROPOSER'S SIGNATURE)**

- The Insurance policy will not be in force until the proposal has been accepted by the insurer and the premium fully paid.

**INSURE WITH RICB TO BE SURE**



Date:.....

**LETTER OF CONSENT**

To:

The National Pension and Provident Fund  
Thimphu

**Ref.: Consent on Loan Care Insurance**

Sir,

I would like to avail the Loan Care Insurance provided by the Royal Insurance Corporation of Bhutan Limited (RICBL). Therefore, I authorize the National Pension and Provident Fund(Lender) to deduct the insurance premium as applicable from my Loan sanctioned by the NPPF and make upfront payment in lump sum to the RICBL for the entire loan term.



Signature

Name:.....

Address:.....

Contact No:.....