

The Manager
Claim Division
Bhutan Insurance Limited
Thimphu

Dated _____

Sub : Claim Intimation

1.Type of Loss : Own Damage/Third Party/Own Damage & Third Party Damage

2. OD Vehicle No _____ Vehicle Type _____

3. TP Vehicle No _____ Vehicle Type _____

4.TP Property damage Details _____

5.TP Injury/Death _____

6.Policy No _____

7.Name of Insured _____

8.Date of Loss _____

9.Location/Place of Accident _____

10.Cause of accident _____

Please arrange to appoint your representative to assess the

loss. Yours Faithfully

Signature _____

Name _____

Address _____

Phone/Mobile No. _____

Email _____

The Managing Director
Bhutan Insurance Limited
Thimphu

Dated _____

Sub : Claim Intimation

1. Policy

No _____

2. Name of
Insured _____

2. Date of
Loss _____

3. Nature of
loss _____

4. Location of
Loss _____

5. Brief Description of Loss _____

—

—

—

Please arrange to appoint your representative to assess the loss.

Yours Faithfully

Signature _____

Name _____

Address _____

Phone/Mobile No. _____