



LOAN PROTECTION CLAIM FORM

The issue of this form is not to be taken as an admission of Liability

Claim No. _____ Policy No _____

PERSONAL DETAILS

Name a) Insured _____

b) Claimant _____

Address _____

Occupation _____ Age _____

LOAN PROTECTION POLICY INFORMATION

Name of the company who sold the policy _____

What is the Policy for _____

How much is the original amount of loan _____

What is the term of loan(in years and months) _____

When was the date of first payment _____

What is your monthly payment _____

What is the outstanding loan Principal _____ Interest _____

CAUSE OF CLAIM

NATURAL DEATH/PERMENANT DISABLEMENT/TERMINATION _____

OCCURRENCE

Time and Date _____

Place and Location _____

Cause of Occurrence _____

Description of Occurrence _____

In case of Termination, if any, criminal proceedings initiated _____

MEDICAL CERTIFICATE

In case of death in Hospital cause of death as certified and Name of medical examiner.

In case of death in remote place/village medical certificate of death from village head/BHU

In case of permanent disablement medical certificate from Doctor

In case of termination, cause and reason of termination from the concerned employer.

Date :

Place :

Signature of the Insured

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Bhutan Insurance Limited
Providing Security, Building Confidence

Your insurer of
CHOICE

YOUR INSURER OF CHOICE
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