



Proposal No.

Code.....

STUDENT CARE INSURANCE PROPOSAL FORM (INDIVIDUAL)

<p>DETAILS OF PARENTS/LEGAL GUARDIAN</p> <p>Name.....</p> <p>Gender: Male/ Female</p> <p>Mailing Address</p> <p>Email Address.....</p>	<p>Citizenship I/Card</p> <p>Nationality.....</p> <p>Phone /Mobile No.....</p> <p>Relation with Student.....</p> <p>Occupation.....</p>																									
<p>DETAILS OF STUDENT</p> <p>Name.....</p> <p>Birth Certificate Number.....</p> <p>Citizenship I/Card Number</p> <p>Date of Birth.....</p> <p>Name of School/Institution.....</p>	<p>Nationality.....</p> <p>Phone /Mobile No.....</p> <p>Gender: Male/ Female</p> <p>Class.....</p> <p>Details of disability, if any</p>																									
<p>Period of Insurance: From.....To.....</p>																										
<p>Sum Insured Nu.....Total premium Nu.....</p>																										
<p>Other particulars of parents / Guardian</p> <p>(a) Are you in good health free from physical defects yes/ No</p> <p>(b) Have you sustained injury by accident (s) during the last five years? If "YES" please give details.....</p> <p>(c) Have you ever proposed for Accident and/or life insurance? Yes/No.....</p> <p>(d) Do you engaged in any hazardous sport? If "YES" what are they</p> <p>(e) Are you insured? If "YES" state company and amount. 1) company2) Amount of Insurance.....</p>																										
<p>If the proposer wishes to nominate a person to whom the money secured by the policy applied for are paid to in the event of demise /unfortunate, please state the name of the nominee/s</p>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name of the nominee</th> <th style="width: 20%;">I/Card No</th> <th style="width: 20%;">Relationship</th> <th style="width: 10%;">Age</th> <th style="width: 10%;">% share</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Name of the nominee	I/Card No	Relationship	Age	% share																				
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<p>DECLARATION</p> <p>I / We declare that the above answers are true to the best of our knowledge and belief that we have disclosed all the particular effecting the assessment of the risk. We agree that the proposal and declaration shall be the basis of the contract between us and the company.</p>																										
<p>PROPOSER'S SIGNATURE</p>	<p>Date</p>																									
<p>Bhutan Insurance Ltd. • Chorten Lam • Post Box # 779 • EPABX: +975 02 339893/339894 • Fax #: +975 02 339895 • Thimphu : Bhutan • email: info@bhutaninsurance.com.bt • website: www.bhutaninsurance.com.bt</p>																										

