



The Manager
Claim Section
Bhutan Insurance Limited
Thimphu

Date _____

Sub: Claim Intimation

1. Type of Loss : Own Damage/Third Party Property Damage & Third Party Vehicle 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 your representative to assess the loss

Yours Faithfully

Signature: _____

Name: _____

Address: _____

Phone/Mobile No: _____

Acc NO.....