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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**



**ANNEX 2: CROP INSURANCE ASSESSMENT CUM CLAIM FORM**

(The issue of this form is not to be taken as an admission of liability. Please answer all the questions carefully)

A. Particulars of the Insured	
Name of the Insured Farmer	
Policy number	
Mobile Number	
Thram no	
Plot (name and ID)	
Village	
Chiwog	
Gewog	
Dzongkhag	

**B. Claim Assessment/Verification**

Crop Type	Total Area Insured (Acre)	Total Sum Insured (Nu)	Total Area/no. of trees loss/Damaged (Acre)	Total Production loss/damage (Kg)	Total Value Loss (Nu.)	Cause of Loss/Damage	Percentage claimed	Date and Time of Occurrence

**Bank Details for issuance of claim payment**

Name of account holder:

Account Number:

Name of the Bank:

Signature/Thumb Print of the claimant

Name:

Place and Date:



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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**



**C. Claim Payable**

1. Gross Assessed Amount (Nu.)	
2. Salvage Value, if any (Nu.) <sup>1</sup>	
3. Recommended Net Claim Payout (Nu.)	

We have checked and verified the above details and found them to be true and correct to the best of our knowledge. We recommend for settlement of the claim for ..... /- (Nu.  
 ..... (In word) only and release the payment in favour of  
 .....

(OR)

The claim is to be declined (reason to be given)

.....  
 .....

The claim assessed by:

RICB Official  
**Sign and Seal**

Gewog Agriculture Supervisor/Dzongkhag Agriculture Officer  
**Sign and Seal**

Gewog Tshogpa  
**Sign and Seal**

Divisional Forestry Official (when relevant)  
**Sign and Seal**

**Verified by:**

Gup/Mangmi/GAO/Officiating Gup  
**Sign and Seal**

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<sup>1</sup> The salvage value mentioned herein shall be decided or agreed upon mutual consent of the insured and insurer.