



DOMESTIC TRAVEL INSURANCE PROPOSAL FORM

Please ensure that the information in this form material for assumption of risk is true, accurate and complete in all respects as inaccuracy or non-disclosure of the requested information or other material facts could preclude recovery of any claim under the policy.

PROPOSAL NO.

AGENCY CODE:

1. DETAILS OF THE INSURED

Name of the Proposer:

.....

Nationality:

Gender: Male Female Other

Email ID:

Website:.....

CID/Passport No/Work Permit/Trade License:

.....

Contact No:

Emergency Contact No:

Mailing Address:

2. TRAVEL DETAILS

Place of Origin:

Details of Residence in Bhutan:

.....

.....

Purpose of Visit:

Policy Start Date:

Trip Duration (Days):

Return Date:

.....

Mode of Travel while returning from the Country:

Air Road Others (Specify).....

3. PLANS (Please tick the plan which you would like to opt)

STANDARD

GOLD

PLATINUM

4. PLEASE TICK YES or NO AS APPROPRIATE.

i) Would you like to take Add-on 1 cover? YES NO

ii) Would you like to take Add-on 2 Cover (COVID 19 Cover)? YES NO

iii) Would you like this policy to cover other members? YES NO

If yes, please specify the number of members including you

iv) Is there any members travelling below 18 years? YES NO

If yes, please specify the number:

Please attach a separate list of members you wish to cover in the format as per annexure 1.



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Bhutan Insurance Limited

Providing Security, Building Confidence

Your insurer of
CHOICE

- v) Would you like to take Add-on 1 cover for them? YES NO
If yes, please specify the details in Annexure 1
- vi) Would you like to take Add-on 2 Cover (Covid-19 cover) for them? YES NO
If yes, please specify the details in Annexure 1
- vii) Are you and the members travelling in good health and free from physical and mental disease infirmity? YES NO
If NO, please specify
- viii) Is any member suffering or have ever suffered from any longtime illness/ disease / ailment up to the date of making this proposal or suffer from physical defect or deformity? YES NO If yes please specify
- ix) Are the members going to be engaged in any labor works or hazardous sports that are likely to cause bodily injury? YES NO
If yes please specify
- x) Are you having any such insurance protection from any other insurance company? YES NO
If yes please give details

Policy Start Date Policy End Date.....

Total Premium: Nu.

DECLARATION

I/We to the best interest of my/our knowledge hereby confirm that the statement contained in this proposal form are true and correct and I/We have not concealed, misrepresented or misstated any material fact, I/We that the statements and declaration contained in this proposal form shall be the contract of insure with the company and are deemed to be incorporated in the contract.

PROPOSER'S SIGNATURE

SIGNATURE OF REPRESENTATIVE

Name:.....

Name:.....

Date.....

Date.....



ANNEXURE – 2 (NOMINEE)

Sl. no	Insured Name	CID No/Passport of Insured	Name of Nominee	CID No/Passport of Nominee	D.O.B (Nominee)	Gender	SHARE (%)	Relationship	Address & Contact No.
1									
2									
3									