Thanachart Insurance Public Company Limited
999/1 The Nine Tower, Rama 9 Road,
Phathanakan, Suanluang, Bangkok 10250
Tel: (662) 308-9300 Fax: (662) 2308-9333
www.thanachartinsurance.co.th
Registration No. 0107555000473

Personal Accident Claim Form

Instruction : Please complete the form and affix your signature and submit documents for further consideration.

Insured's Name : ……..…….…. **Policy No.** : …….

Claimant's Name-Surname : ……..…… Age : ..... Years Nationality : ……
Relationship with the Insured : ☐ Insured ☐ Lawful Heir ☐ Beneficiary ☐ Others (specify) ……
Occupation : …… **ID Card No.** : …….. (in case of alien, show Passport No. or ID Card No.)
Present Address : No. ……..... Village No. …… Road ……..Tambon/Sub-district …….
Amphoe/District ……. Province …….. Postal Code ……. Telephone ……..
Mobile Phone ……..…….. **E-mail** : ……..……

Detail of Claim
Claim in case of : ☐ Death ☐ Loss of Organ/Permanent Disability ☐ Medical Treatment Fee ☐ Income Compensation ☐ Others ……
Occurrence Date of Circumstance : …….. Time ……. Hrs. Admitted Clinic Name : ……
Admission Status : ☐ Inpatient ☐ Outpatient Admission Date: ……... Discharge Date : …..…….
Total : …… Days Number of Receipts ……..… Sheets Total Claim Amount ……..……. Baht
Scene of Circumstance Occurrence : ……..……..……
Cause of Circumstance Occurrence : ……..……
Nature of Bodily Injury : ……..……..……..……..

In case where the Insured has an accident from vehicle : The Insured is ☐ the driver ☐ the passenger ☐ Others ….....
Type of Vehicle: ☐ Motorcycle ☐ Private Automobile ☐ Others ……. Brand …….. Motor Vehicle Registration No. .....
Name of Motor Insurance Company: ……. Policy No. …….

Have you notified to the policeman? : ☐ No ☐ Yes Police Station ……..…… Province ……..…..

Detail of Claim Elsewhere : ☐ No. ☐ Social Security ☐ Road Accident Victims Act at Company …….
☐ Other insurance company Company ……... Policy No. ……..… Amount ……

I hereby certify that the above information and Detail are true in all respects. In case of illness or death, I allow the physician, clinic or institutional organization or any person who have examined and treated me both in the past and present to disclose the Detail relating to history of illness, injury and all treatments to Thanachart Insurance Public Company Limited or the entrusted person. Furthermore, photocopy of this Letter of Consent shall be deemed to be effective and valid as its original.

Nevertheless, the Company can inform me the consideration result by sending message via above mobile phone and can disclose the aforesaid information in whole or in part to the related party for benefit of loss consideration and protection under the condition of Policy.

Signed …….. Insured/Eligible Claimant/Beneficiary

( ) Date ……../……../……

ธนชาตประกันภัย
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Supporting Documents Required for Indemnity Claim and Company Contact

Instruction: For benefit of the consideration under the condition of Policy, please submit complete documents as specified below.

Important Documents Required for Claim (please affix signature to certify true copy of all documents)

- ☐ Form for Detail of Insured
- ☐ Personal Accident Claim Form
- ☐ Copy of ID Card of the Insured and/or Eligible Claimant or Beneficiary
- ☐ Copy of ID Card of the Attorney (in case of proxy)
- ☐ Copy of House Registration of the insured and Claimant or Beneficiary
- ☐ Copy of Daily Police Report (if any or in case of circumstance required according to law)
- ☐ Copy of passbook (to receive indemnity)

  In case of the receipt of indemnity is made through Prompt Pay, please specify the bank's name.....
  Mobile phone no. .....ID Card no. .....
- ☐ *Other additional related documents as the case may be

***Additional Documents Required (as case may be)**

In Case of Medical Treatment Fee/Loss of Organ/Total Permanent Disability

- ☐ Receipt of Medical Treatment Fee (Original)
- ☐ Medical Certificate and/or Medical Document
- ☐ Medical Certificate in the Company's Form (in case of Total Permanent Disability)
- ☐ Disability Certificate (if any, Loss of Organ/Disability)
- ☐ Photo for Loss of Organ/Disability)

In Case of Death

- ☐ Copy of Death Certificate
- ☐ Copy of Autopsy Report (front-back side)
- ☐ Copy of Death Certification
- ☐ Copy of the Insured's House Registration (affixed with seal of "Death")
- ☐ Medical Documents (if treatment prior to death)

In Case of Income Compensation ☐ Copy of Receipt of Medical Treatment and Medical Evidence of Inpatient Treatment

In Case of Policy specifying the Beneficiary or Lawful Heir

- ☐ Copy of ID Card or Birth Certificate (in case of the Minor) of all Beneficiaries or Lawful Heirs
- ☐ Copy of House Registration of all Beneficiaries or Lawful Heirs
- ☐ Marriage Certificate between the Insured and Beneficiary and of the Insured's Father-Mother (if any)
- ☐ Police Daily Record specifying names of all Lawful Heirs (in case of Beneficiary as Lawful Heir)

Remark: The Company shall consider claiming damage under the condition of Policy and reimburse loss within 15 days or in agreed deadline after receiving complete evidential documenters of payment and fact.

Contact/Delivery of Documents : You can contact the Company for delivery of documents and inquiry of claim at:

Non-Motor claims Underwriting, A Building, 3rd Floor, Thanachart Insurance Public Company Limited, No. 999/1 The Nine Tower, Rama 9 Road, Phathanakan, Suanluang, Bangkok 10250, Tel. 02-308-9300 Fax. 02-308-9287

or deliver documents to every branch of Thanachart Insurance Public Company Limited, or every branch of Thanachart Bank Public Company Limited.

For the Officer of Thanachart Insurance Public Company Limited or Thanachart Bank Public Company Limited

Contact Officer's Name ..... Branch ..... Delivery Date .....
Section ..... Department ..... Tel. .....
Verified documents ☐ completely ☐ incompletely and missed .....
Remark .....