

**Property Damage Claim Form**

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

<b>Insured's Name :</b> .....							<b>Policy No. :</b> .....						
<b>Claimant's Name-Surname :</b> ..... <b>Age :</b> ..... <b>Years Nationality :</b> .....													
<b>Relationship with the Insured :</b> <input type="checkbox"/> Insured <input type="checkbox"/> Beneficiary <input type="checkbox"/> Others (specify) .....													
<b>Occupation:</b> ..... <b>ID Card No. :</b> .....(in case of alien, show Passport No. or ID Card No.)													
<b>Present Address :</b> No. .... Village No. .... Road ..... Tambon/Sub-district .....													
Amphoe/District ..... Province ..... Postal Code ..... Contact Telephone .....													
Mobile Phone ..... <b>E-mail :</b> .....													
<b>Claim in Case of :</b> <input type="checkbox"/> Fire <input type="checkbox"/> Other risk (specify) ..... <b>Occurrence Date of Circumstance:</b> ..... at ..... hrs.													
<b>Scene of Circumstance Occurrence :</b> ..... Tambon/Sub-district .....													
Amphoe/District ..... Province .....													
<b>Nature/Cause of Circumstance Occurrence :</b> .....													
.....													
<b>Damaged Properties :</b>													
No.	Items of Damaged Properties	Quantity of Damage	Damage Condition	Purchased Year	Purchased Value	Damaged Amount							
Total Claim Amount (				)									
<b>In Case of Accident Occurred from Third Party as Doer :</b> <input type="checkbox"/> Doer was unknown <input type="checkbox"/> Doer was known (please specify)													
Third Party's Name-Surname ..... ID Card No. ....													
Relationship with the Insured .....													
Contact Address ..... Telephone .....													
<b>Other Insurance :</b> Have you insured property insurance elsewhere? <input type="checkbox"/> No. <input type="checkbox"/> Insured with Company .....													

I hereby warrant the Company that the aforesaid lost or damaged properties have not been deposited as security in accordance with Secured Transaction Law, pledged, mortgaged, or none of other person has better right than me in receiving loss and claim the Company to reimburse loss from the event of such loss or damage. If any, please specify .....

I hereby certify that the above information and details are true in all respects, and properties were damaged as specified above. I therefore have affixed my signature as evidence. Nevertheless, the Company 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

( ..... ) Date ...../...../.....

**Thanachart Insurance Public Company Limited**

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

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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.

<b><u>Supporting Documents for Indemnity Claim (please affix signature to certify true copy of all documents)</u></b>	
<b>A. <u>Natural Person</u></b> <input type="checkbox"/> Insured's Detail Form <input type="checkbox"/> Property Damage Claim Form <input type="checkbox"/> Copy of ID Card of the Insured and/or Eligible Claimant or Beneficiary <input type="checkbox"/> Copy of ID Card of the Attorney (in case of acting on behalf) <input type="checkbox"/> Copy of Title Deed and/or Copy of House Registration for Property Location <input type="checkbox"/> Document of Price and List of Damaged Properties <input type="checkbox"/> Copy of Police Daily Record (in case where the circumstance requires record according to law.) <input type="checkbox"/> Photos of Circumstance Occurrence Area and Damaged Properties <input type="checkbox"/> Copy of passbook (to receive indemnity) In case of the receipt of indemnity is made through PromptPay, please specify the bank's name ..... Mobile phone no. .... ID Card no. .... <input type="checkbox"/> Other related documents (if any)	<b>B. <u>Juristic Person</u></b> <input type="checkbox"/> Insured's Detail Form <input type="checkbox"/> Property Damage Claim Form <input type="checkbox"/> Copy of ID Card of the Authorized Director <input type="checkbox"/> Copy of Company Certificate <input type="checkbox"/> Copy of ID Card of the Attorney (in case of acting on behalf), Copy of Title Deed and/or Copy of House Registration for Property Location <input type="checkbox"/> Document of Price and List of Damaged Properties <input type="checkbox"/> Copy of Police Daily Record (in case where the circumstance requires record according to law.) <input type="checkbox"/> Photos of Circumstance Occurrence Area and Damaged Properties <input type="checkbox"/> Copy of passbook (to receive indemnity) In case of the receipt of indemnity is made through PromptPay, please specify the bank's name ..... Mobile phone no. .... ID Card no. .... <input type="checkbox"/> Other related documents (if any)

**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 documentation 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, 3<sup>rd</sup> 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  Complete  Incomplete and missed .....  
 Remark .....