

Travel Insurance 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 : <input type="checkbox"/> Insured <input type="checkbox"/> Beneficiary <input type="checkbox"/> Others (specify)																								
Occupation :					ID Card No./Passport No. :																			
Present Address : No. Village No. Road										Tambon/Sub-district														
Amphoe/District										Province					Postal Code					Contact Telephone				
Mobile Phone										E-mail :														
Detail of Travel : Travel Purpose <input type="checkbox"/> Touring <input type="checkbox"/> Working <input type="checkbox"/> Others, specify																								
Travel to the country :										Departure Date from Thailand :					Return Date									
Claim in case of : <input type="checkbox"/> Medical Treatment Fee <input type="checkbox"/> Others, specify										Occurrence Date of Circumstance :														
..... Time Hrs.														
Scene of Circumstance Occurrence :										Name of City/Country :														
Nature/Cause of Circumstance Occurrence :																								
Detail of Damage or Injury :																								
No.	Items of Damage/Nature of Injury or Illness	Quantity of Damage	Damage Condition	Damage Amount																				
Total Claim Amount ()																				
In Case of Injury or Illness : Clinic's Name										Country														
Result of Medical Treatment/Disease Diagnosis :																								
Admission Date										to Date					Amount of Medical Treatment Fee					Baht				
Other Insurance : Have you insured travel insurance elsewhere? <input type="checkbox"/> No. <input type="checkbox"/> Insured with Company																								

I hereby certify that the above information and details are true in all respects. 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 details 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 original. 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. I therefore have affixed my signature as evidence.

Signed

Insured/Eligible Claimant

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

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:

<u>Supporting Documents for Indemnity Claim (please affix signature to certify true copy of all documents)</u>	
<p><u>Supporting Documents Required for Claim of All Cases</u></p> <p><input type="checkbox"/> Insured's Detail Form</p> <p><input type="checkbox"/> Claim Form</p> <p><input type="checkbox"/> Copy of the Insured's ID Card</p> <p><input type="checkbox"/> Copy of Passport/Visa</p> <p><input type="checkbox"/> Boarding Pass/Ticket</p> <p><input type="checkbox"/> Copy of passbook (to receive indemnity)</p> <p><u>In Case of Injury or Illness</u></p> <p><input type="checkbox"/> Original Receipt of Medical Treatment Fee</p> <p><input type="checkbox"/> Medical Certificate /Medical Treatment History</p> <p><u>In Case of Travelling Delay</u></p> <p><input type="checkbox"/> Letter of Cause Confirmation and Delay Duration of Airline</p>	<p><u>In Case of Death</u></p> <p><input type="checkbox"/> Copy of Case-Related Memo of Local Authority Agencies or Police</p> <p><input type="checkbox"/> Death Certificate and Autopsy Report</p> <p><input type="checkbox"/> Medical Evidence and Death Notice or Death Certification</p> <p><input type="checkbox"/> Postmortem Examination Report of Local Authority Agencies where the circumstance occurred</p> <p><input type="checkbox"/> Copy of the Insured's House Registration (affixed with seal of "Death")</p> <p><input type="checkbox"/> Other evidences as requested by the Company</p> <p><u>In Case of Other Claim</u></p> <p><input type="checkbox"/> Copy of Daily or Case-Related Record of Local Police where the circumstance occurred</p> <p><input type="checkbox"/> Letter of Confirmation and Notification for Detail of Circumstance Occurrence of the Carrier or Airline</p> <p><input type="checkbox"/> Original Receipt in case of purchase of property in replacement of damage</p> <p><input type="checkbox"/> Copy of Letter of Violation Responsibility (if any)</p> <p><input type="checkbox"/> Other evidences as requested by the Company</p>

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, 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