

Group Claim Form



For the insured/claimant who has interest in the insured only, please completely fill out the form and sign.

Warning: Any fraudulent claim or false evidence or any activity supported to the fraud would be imprisoned for maximum 3 years or fine for 300,000 Baht or both according to Section 114/4 of the Life Insurance Act 2019.

Company name:		Policy no. G.....	
Insured's name:	Age..... years	Type of member	
	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other.....	
Member no.	Department/Cost center:	Employee no.	Telephone no.

Benefit for reimbursement

IPD (GHS, GNHS) CHB Maternity (GMT)

Hospital name Admission date: Discharge date.....

OPD (GHO) OPD Lab Test (GOL) Dental (GDT) Date of visit :

Other..... Date of visit:

For accident

▪ Date of accident Time..... Place.....

▪ Cause of accident.....

▪ Nature of wound and injured organ.....

Co-insurer or other welfare <input type="checkbox"/> Yes <input type="checkbox"/> No	For this claim <input type="checkbox"/> First claim <input type="checkbox"/> Ongoing or additional / Claim no.	
---	--	--

Personal Data Protection Statement and Consent Request:

I and/or my legal representative acknowledge that the Company will process my and/or the minor's personal data in order to provide claim and life insurance services in accordance with the details set out in the Privacy Policy announced by the Company on <https://www.tokiomarine.com/th/en-life/global/privacy-policy.html> or the QR code below. I hereby certify and guarantee that the personal data of any other person that I disclose to the Company for the purposes stated in this form is correct and complete. In addition, I have obtained the consent from the data subject for the Company to process the data and informed the Company Privacy Policy to such person.

I and/or legal representative

1. Give consent to physicians, medical facilities, other insurance companies or related persons who possess my and/or the minor's past or future personal data e.g. health, disability, sexual behavior, biological, genetic and ethnic information; medical history; or any other information necessary for the consideration of claim payment to disclose such data to the Company or Company insurance agents or Company representatives or insurance brokerage companies or policyholders or other insurance companies for insurance application or payment under the insurance policy or any action related to the insurance policy or for fraud risk management.

2. Give consent to the Company to collect, use, and disclose my and/or the minor's personal data e.g. health, disability, sexual behavior, biological, genetic and ethnic information; medical history; or any other necessary information to legal authorities or reinsurance brokerage companies or reinsurance companies; related persons; Company insurance agents, personnel or representative; or policyholders and/or insurance brokerage companies for insurance application or payment under the insurance policy or for medical use or any action related to the insurance policy.

I understand that if I do not consent or withdraw my consent under item 1 and/or 2, it will affect the underwriting, policy payment, or any services related to the insurance policy, which will result in the Company being unable to comply with the conditions in the insurance policy and I will not be provided the coverage according to the insurance policy. In addition, I acknowledge that my consent will remain effective until I withdraw it or to the extent permitted by law, which if contrary to or inconsistent with the law I agree to proceed in accordance with the law or with the new procedure which will be notified by the Company

Insured/Consenter : (.....) Date.....	Giving consent as <input type="checkbox"/> Father/Mother <input type="checkbox"/> Legal representative/Insured's legal guardian (In the event that the insured is not of legal age)
---	---