

Tokio Marine Safety Insurance (Thailand) PCL. S&A Building, 2nd - 6th floors, No. 302, Silom Road, Khwaeng Suriyawong, Khet Bangrak, Bangkok 10500 Tel. 0-2257-8000 Fax. 0-2253-3701, 0-2253-4222 Claims Services Tel. 0-2257-8080 Fax. 0-2655-0143

บมจ. คุ้มกัยโตเกียวมารีนประกันภัย (ประเทศไทย) อาคารเอสแอนด์เอ ชั้น 2-6 เลขที่ 302 กนนสีลม แชวงสุริยวงศ์ เขตบางรัก กรุงเทพมหานคร 10500 เลขประจำตัวผู้เสียกาษี / ทะเบียนนิติบุคคลเลขที่ 0107563000011



Personal Accident Compensation Claim Form Personal Accident Claim Form					
on	npany Name Mobile Phone No				
	cy No Mobile Phone No				
an	ne of injured/illness person No in the policy Age Year, Position No in the policy				
1.	The accident date Month Year Time Place of accident				
2.	Details of the accident (What was being done, with whom, how did it happen? Cause of the accident how did you get injured?)				
	Claim compensation according to the insurance plan that receives coverage as follows:				
	Other accident deaths I total permanent disability I Cremation cost (Baht)				
	Death by accident while driving or riding a motorcycle				
	Loss of sight Loss of organ (specify)				
	Cost of mobility assistance equipment (specify equipment)				
	Ambulance service fee (specify from to				
	Hospitalization Cash Benefit Day regular room (Baht) ICU/CCU (Baht)				
	Financial support for families in the event of the insured's death/disability Month Total amount (Baht)				
	Traveling cost for continued treatment according to doctor's appointments, amount				
	In case of illness Have you ever had or have had abnormal symptoms such as was this within the				
	period of 5 years before taking out insurance?				
	Never I used to, but I have been cured.				
	I have and not receives treatment before				
	Payment of compensation				
	Medical expense, payable in name				
	Loss of organs, disability, Payment made in the name of the injured person or as specified in the policy.				
	Name				
	In case of death make payment to the name of beneficiary as specified in the policy or legal heir.				
	Name				
	I certify that the above statement is true in every respect. If I make a false report, pretend to forge documents, distort or conceal any truth. Right to receive compensation or this benefit will immediately expire. Therefore, signed the name for important evidence.				
	For the insured/injured person or beneficiary or relative of the deceased The Producer or Agent or person who agree to have insurance sign the claim.				
	Sign Date Date				
	()				





Part 2 : Consent to disclose information of the insured. Consent document for disclosure of medical information

I agree with my consent to doctors, hospitals, nursing homes, government agencies. Insurance company reveal various information about injuries, illnesses, medical history, treatment any laboratory test results which is related to the above claim and please provide a copy of the medical document my treatment report or deceased persons to Tokio Marine Safety Insurance (Thailand) PCL. or its representatives. To be used in considering my compensation or benefits according to the conditions of the policy specified above.

Furthermore, a photographic copy of this consent document shall be considered to have the same force and effect as the original.

Sian	Date	Sian	Date
		9	
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Insured Person/ Be	neficiary/Consent person	Agent or attorr	ney in the case that the consent person
		is unable to sign this document	

Basic documents supporting compensation claims (Please sign to certify all copies as true)

In the case of claiming medical expenses compensation for loss of organs/permanent total disability, income compensation.

- 1. Personal accident compensation Claim Form completely filled in and signed correctly and completely
- 2. Copy of ID card or government official card with photo of the insured and/or injured person. And the changing, Name or Surname documents (if any).

In the case that the insured is still unable to have the documents according to item 2 above, please attach other documents instead:

- 2.1. Copy of other card with photo of the insured (if any)
- 2.2. Copy of ID card or government official card with photo of the policy holder.
- 3. Copy of house registration / copy of birth certificate (In case of coverage including injured persons who are fathers, mothers, or children)
- 4. Copy of PA insurance card, if any.
- 5. Original medical certificate (attached every time there is treatment)/ in the case of Hospitalization Cash Benefit, use a copy
- 6. Original receipt and medical treatment list / in the case of Hospitalization Cash Benefit, use a copy
- 7. For compensation for loss of organs, permanent disability

7.1. Original medical certificate indicating the degree of dismemberment. Total permanent disability which occurs within 180 days from the date of the incident (In case of total permanent disability, it must continue for not less than 12 months from the date of the accident. Or have medical indications it is clear that the insured person has become totally and permanently disabled.)

8. Certificate of off-site work with supporting documents for work assignment. (In the case of an incident occurring during working hours)



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In the case of death according to the above document, itmes1, 2, 3 and additional documents are :

- 1. Copy of daily police report (Certified true copy by local police) 2. Report on the investigation of the case by the local police (if any).
- 3. A copy of the autopsy report from the local police station where the accident occurred.
- 4. Copy of death certificate from Royal Thai police (In case of death at place of death)
- 5. Copy of death certificate from hospital (In case of death at hospital)
- 6. Copy of death certificate (certified true copy by the beneficiary)
- 7. Copy of the deceased's ID card (Certified true copy by the beneficiary)
- 8. Copy of house registration notifying of death(Certified true copy by the beneficiary)
- 9. Documents of the beneficiary (Please sign to certify all copies as true)
 - Copy of ID card and copy of house registration Copy of marriage registration O Copy of name-surname change
 - Court order specifying the executor of the estate
- O Letter of transfer of claims of the relevant legal heirs.
- O Other

Note : The Company reserves the right to request additional documents as the case may be and is necessary for consideration.