





**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.

Sign.....Date.....

(.....)

Insured Person/ Beneficiary/Consent person

Sign.....Date.....

(.....)

Agent or attorney 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)



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 name-surname change
  - Court order specifying the executor of the estate
  - Copy of marriage registration
  - Letter of transfer of claims of the relevant legal heirs.
  - Other

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