

Claim Form (Personal Accident Insurance)

for Bangkok University's Students and Officer

(Please fill in detail in claim form all item. If have no information, please cross out)

1. Name – Last Name of the insured.....Age.....years
ID No. Faculty..... Class Year.....
Current Address

.....Telephone No.....
Status ☐ Bachelor's Degree Student..... ☐ Master's Degree or Doctorate Student ☐ BUIC's Student
☐ Bachelor's Degree Athlete ☐ Master's Degree or Doctorate Athlete ☐ BUIC's Athlete
☐ University's officer

2. Date of accident occur/...../..... at.....am./pm. Place of accident

At that time, what are you doing?

What is the cause of accident ?

Symptom of InjuryWhich organ.....

Name of eyewitness.....Telephone.....

☐ No ☐ Yes Inform the police, atDate...../...../.....

In case of road accident, please specify the registration No. of car or motorcycle

Had treatment in the hospital nameTelephone.....

3. This injury you ☐ have ☐ no have right to compensate from other company/organization or not? If yes, please specify

4. I would like to claim for the amount ofBaht for

☐ Medical Expenses () first time () follow up ☐ Dismemberment ☐ Disability

☐ Loss of Life from Accident ☐ Loss of Life from Health

I would like the company to pay cheque on the name ofor transfer to deposit account

(please attach the copy of book account which have account no.)

Account Name (The insured).....Account No.

Bank's Name..... Branch..... Type of account.....

And attach document for claim as follow:

☐ Original receipt totalcopy ☐ Original doctor's report totalcopy

☐ Summarize the list of medical expenses totalcopy ☐ X-ray film or result total.....copy

☐ Police's report total.....copy ☐ Copy ID card of the insured

☐ Copy census of the insured ☐ Copy ID Card of the beneficiary

☐ Copy census of the beneficiary ☐ Perform autopsy ☐ Death certificate

☐ Other document

* Remark : 1. In case broken bone or bone fracture, please send result from x-ray film to the company.

2. In case have lawsuit, please send result from police station to the company.

I certify that all detail above is correct. If the company find that the detail is not true, false or hide the truth, the company have the right to refuse or refund any claim. I agree to give my physician or hospital declare the fact of symptom and health record to Muang Thai Insurance PCL.

Signature.....Person inform and give the information

Status ☐ The Insured ☐ Parent ☐ Officer ☐ Attorney

Claims for Medical Expenses from Accident

Evidence

1. Claim form (Personal Accident Insurance) which fill in all detail completely.
2. Medical evidence such as doctor's report, result of treatment or result of x-ray film.
3. Original receipt of medical expenses.
4. In case assault have to attach police's report which informed on the date of accident or immediately.
5. Send the claim form and other evidences to the officer of the university.

Remark

1. Copy of receipt can not use to claims medical expenses. In case use receipt slip, please attach the summary of medical expenses from the hospital.
2. End of coverage :
 - 2.1 Date as specified in the policy or.
 - 2.2 End date of the status of student or officer.
3. In case Loss of Life, please attach 2 sets of all evidences as follow (please sign "correct copy" all page) :
 - 3.1 Copy of ID Card and census of the insured , father and mother (In case the insured is minor, please attach birth certificate).
 - 3.2 Perform autopsy from forensic laboratory.
 - 3.3 Police's report.
 - 3.4 Death certificate
 - 3.5 Change name certificate of the insured, father or mother (if any).
 - 3.6 Other document for considering claim in case the company need.
(The company reserve the right to inform later).