



บริษัท กรุงเทพประกันภัย จำกัด (มหาชน)
Bangkok Insurance Public Company Limited

25 ถนนสาทรใต้ แขวงทุ่งมหาเมฆ เขตสาทร กรุงเทพฯ 10120 Tel. 0 2285 8888
 25 Sathon Tai Road, Thung Maha Mek, Sathon, Bangkok 10120 Fax 0 2610 2100

COMPREHENSIVE TRAVEL ACCIDENT INSURANCE CLAIM FORM

Type of Claims

- | | |
|---|--|
| <input type="checkbox"/> 1. Loss of Life, Dismemberment, Loss of Sight or Total Permanent Disability due to Accident | <input type="checkbox"/> 11. Trip Cancellation |
| <input type="checkbox"/> 2. Medical Expenses | <input type="checkbox"/> 12. Trip Curtailment |
| <input type="checkbox"/> 3. On-going Medical Treatment in Thailand | <input type="checkbox"/> 13. Loss of or Damage to Baggage and/or Personal Belongings inside Baggage |
| <input type="checkbox"/> 4. Hospital Visitation | <input type="checkbox"/> 14. Damage or Loss of Money |
| <input type="checkbox"/> 5. Hospital Income Benefit | <input type="checkbox"/> 15. Damage or Loss of Travel Documents |
| <input type="checkbox"/> 6. Emergency Telephone Charge | <input type="checkbox"/> 16. Baggage Delay |
| <input type="checkbox"/> 7. Emergency Medical Evacuation or Repatriation to Thailand | <input type="checkbox"/> 17. Flight Delay |
| <input type="checkbox"/> 8. Funeral Expenses or Repatriation of Mortal Remains to Thailand | <input type="checkbox"/> 18. Missed Connecting Flight |
| <input type="checkbox"/> 9. Return of Children to Thailand | <input type="checkbox"/> 19. Hijacking |
| <input type="checkbox"/> 10. Third Party Liability | <input type="checkbox"/> 20. Rental Car Excess |
| | <input type="checkbox"/> 21. Others |
| | |

The Insured's Personal Information

Policy No.

Name - Surname

Identification Card No. Passport No.

Date of Birth Age Yrs. Gender Male Female Weight kg. Height cm.

Current Address House No. Village No. / Moo Village/Mooban

Building Room No. / Floor Lane / Soi

Road Sub-district / Tambon District / Amphoe

Province Postcode

Telephone No. Fax e-mail

Travel Information

Date of Traveling Destination



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COMPREHENSIVE TRAVEL ACCIDENT INSURANCE CLAIM FORM

To be completed for claim under Type 1-8

Date of Incident Time (am/pm) Location Country

Chronic Disease Hospital

Cause of Accident/Illness

Medical Diagnosis

Date of Treatment Hospital Amount Currency

Date of Treatment Hospital Amount Currency

Date of Treatment Hospital Amount Currency

Date of Treatment Hospital Amount Currency

To be completed for claim under Type 9-21

Date of Incident Time (am/pm) Location Country

Describe how the loss occurred

.....

.....

.....

Items Lossed/Damaged

.....

.....

.....

Items Lossed/Damaged Claim

1. Date of Incident Amount Currency

2. Date of Incident Amount Currency

3. Date of Incident Amount Currency

4. Date of Incident Amount Currency

5. Date of Incident Amount Currency

6. Date of Incident Amount Currency



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COMPREHENSIVE TRAVEL ACCIDENT INSURANCE CLAIM FORM

Method of Claim Payment

I would like to choose a method of claim payment

- Cheque to
- Bank Account Branch Type of Account Savings Account Current Account
- Account Name Account No.

I hereby declare that the above statements and facts are true, copies of documents are identical with the original one, and that I have not withheld from the Company, any information within my knowledge connected with the accident.

I hereby authorize any hospital, physician, of other person who has attended or examined the injured person or the deceased, to furnish to the company, or its authorized representative, any and all information with respect to any illness or injury, medical records, a photo static copy of this authorization shall be considered as effective and valid as the original.

.....
 (.....)
 Signature of the Insured
 / /
 Date/ Month/Year

In case the Insured cannot settle a claim

.....
 (.....)
 Signature of Representative

 Relationship to the Insured
 / /
 Date/ Month/Year



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COMPREHENSIVE TRAVEL ACCIDENT INSURANCE CLAIM FORM

Require Documents

- | | |
|--|---|
| <input type="checkbox"/> 1. Comprehensive Travel Accident Insurance Claim Form | <input type="checkbox"/> 8. Airplane tickets or travel evidence |
| <input type="checkbox"/> 2. A copy of passport of the covered person | <input type="checkbox"/> 9. Original receipts showing lists of expenses |
| <input type="checkbox"/> 3. A copy of the death certificate of the deceased | <input type="checkbox"/> 10. Evidence stating the time frame and the cause of |
| <input type="checkbox"/> 4. A copy of the autopsy report | <input type="checkbox"/> 11. Photos of losses or damage |
| <input type="checkbox"/> 5. A copy of the police daily record and/or police report | <input type="checkbox"/> 12. A copy of bank account of the covered person |
| <input type="checkbox"/> 6. Original receipts listing medical expense items | <input type="checkbox"/> 13. Others |
| <input type="checkbox"/> 7. A medical report indicating key symptoms, diagnosis results, and treatment | |

Personal Accident and Health Claims Team, Bangkok Insurance Public Company Limited

25 Sathon Tai Road, Thung Maha Mek, Sathon, Bangkok 10120

For more information: Tel. 0 2285 8888 press 3 and press 3 Fax 0 2610 2128