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

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

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 ..... Price ..... Currency .....

Date of Treatment ..... Hospital ..... Price ..... Currency .....

Date of Treatment ..... Hospital ..... Price ..... Currency .....

Date of Treatment ..... Hospital ..... Price ..... 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

Items Lossed/Damaged Claim	Date of Incident	Date of Purchased	Amount of Item	Price	Currency
1.					
2.					
3.					
4.					
5.					
6.					

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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

- ☐ 1. Comprehensive Travel Accident Insurance Claim Form
- ☐ 2. A copy of passport of the covered person
- ☐ 3. A copy of the death certificate of the deceased
- ☐ 4. A copy of the autopsy report
- ☐ 5. A copy of the police daily record and/or police report
- ☐ 6. Original receipts listing medical expense items
- ☐ 7. A medical report indicating key symptoms, diagnosis results, and treatment
- ☐ 8. Airplane tickets or travel evidence
- ☐ 9. Original receipts showing lists of expenses
- ☐ 10. Evidence stating the time frame and the cause of airline or accommodation .....
- ☐ 11. Photos of losses or damage
- ☐ 12. A copy of bank account of the covered person
- ☐ 13. Copy of medical records
- ☐ 14. Refund documents from airline, accommodation or car rental
- ☐ 15. Others ....

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