

Covid-19 Insurance Plan for Non-Thai Nationals
Navakij Personal Health Specific Disease Insurance

1. Details of the Insured

First NameSurname.....

☐ Male ☐ Female

Date of Birth ageyears Weight/Height/.....Race / Nationality/.....

ID Card No./Passport No.

Contact Address

Telephone No. Mobile No.....e-mail address.....

Occupation.....Workplace.....

Name of Beneficiary.....Relationship to insured.....

2. Period of insurance : Effective DateTime.....Expiry Date.....Time 24.00 PM.
3. Insurance Plan and/or details that you select

- | | | |
|---------------------------------|---|--------------|
| <input type="checkbox"/> Plan 1 | Premium per person/per year (Include Duty and 7% Vat) | Baht 1,460.- |
| <input type="checkbox"/> Plan 2 | Premium per person/per year (Include Duty and 7% Vat) | Baht 1,600.- |
| <input type="checkbox"/> Plan 3 | Premium per person/per year (Include Duty and 7% Vat) | Baht 2,000.- |

Question for the health history of the insured
1) Do you have or ask for life insurance or health insurance with the company or other company?

- ☐ No ☐ Yes (Please list detail)
- Company Name..... Sum insured Baht.....

2) Do you have or ask for Corona infectious disease (COVID-19) with company or other company?

- ☐ No ☐ Yes (Please list detail)
- Company Name..... Sum insured Baht.....

3) Have you ever been denied for life insurance or health insurance or reject renewal or is called additional premiums for such insurance?

- ☐ No ☐ Yes (Please list detail)
- Company Name..... Sum insured Baht.....

4) Do you have underlying disease or take medicine or injection any medicine on a regular basis?

- ☐ No ☐ Yes (Please list detail).....

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The applicant wishes to choose to receive insurance policy through any channel.

- ☐ receive an e-policy via e-mail address specified
- ☐ receive as a document by sending post mail according to the specified address

Would you like to claim for personal income tax deduction with this insurance?

- ☐ No
- ☐ Yes, and I permit the insurer to send and reveal the information about this insurance premium to the Revenue Department, if the applicant is a non-Thai resident, please enter the taxpayer ID number given by the Revenue Department.....

I hereby give my consent to The Navakij Insurance Public Company Limited to save, collect, utilize and disclose my health information to The Office of Insurance Commission (OIC) for the purpose of Insurance Industry regulation.

The applicant wishes to request insurance with the company according to the terms of the insurance policy that the company has used for this insurance and the applicant certified that the details of the above are correct and complete. The applicant agree to give this insurance request as the basis of the insurance contract between me and the company, if the details of the applicant are false or concealed, the applicant allow the company to void the insurance contract according to the Civil and Commercial Code Section 865.

The company has right to check your medical history and the diagnosis as much as necessary for this insurance and have the right to make an autopsy in the event that there is a necessity and is not contrary to the law by the company's expenses.

In the event that the insured does not allow the company to check the medical history and the diagnosis of the insured in order to consideration of compensation payment, the company may deny coverage under this insurance policy to the insured.

The consent for the company to save, collect, utilize or disclose information (Please give consent to save, collect, utilize or disclose information about health)

- ☐ I allow to doctor, infirmery, insurance company, organization, institute or any person who has recorded my illness including facts about my medical history reveal all the facts to The Navakij Insurance Public Company Limited or those assigned.
- ☐ I allow the company or representative has been authorized from the company to collect, utilize and disclose information about my health information to the insurance company or reinsurer or the organization in authority or those assigned for requesting insurance or payment according to the policy or medical use.

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“This document is not an insurance contract.
The coverage will be effective when confirmed by the company”

.....
()
Writer or print signature

.....
()
Applicant signature

.....
()
Legal representative signature

Date/...../..... (Apply Date)

☐ Direct Insurance

☐ Non-life insurance agent ☐ Non-life insurance broker..... License No.

Warning of The Office of Insurance Commission (OIC)

The applicant must truthfully answer all questions. Any concealment or misrepresentation of the truth may result in the insurance company to void the insurance contract as per Civil and Commercial Code Section 865.