

Personal Accident Insurance Application

1. The proposer: Name Gender ☐ Male ☐ Female
 Address
 Post Code..... Tel.
☐ Identity card ☐ Government card ☐ Alien certificate ☐ Passport
 No. Issued at Province..... Country.....
 Age Date of birth Height Weight Nationality
 Present occupation Position
 Job description Occupation class
 Salary / Wage Baht per year
 Others income Baht per year Source
 (The sum insured will be set based on proposer's income; Please declare the annual income.)
 Employer's name Employer's business
 Employer's address
 Post Code..... Tel.
2. Beneficiary: Name Age Relationship to the proposer
 Address
 Post Code..... Tel.
3. Period of insurance required: From At To At 12.00 AM
4. Sum insured required Baht

(Company fill in)

Insuring agreement	Sum insured	Deductible	Premium
For coverage in item 1 please choose coverage either P.A.1 or P.A.2 <input type="checkbox"/> Item 1. Loss of life, dismemberment, loss of sight or total permanent disability (P.A.1)			
<input type="checkbox"/> Item 1. Loss of life, dismemberment, loss of sight, hearing, speech or permanent disability (P.A.2)			
Item 2. Total temporary disability max. weeks			
Item 3. Partial temporary disability max. weeks			
Item 4. Medical expenses each accident			
Additional premium			
Premium discount			
Net premium			
Tax			
Stamps			
Total premium			

5. Please include coverage on additional hazards as follows:

- ☐ Driving of or riding as a passenger on motorcycles
- ☐ Traveling as a passenger in aircraft not operated by a commercial airline
- ☐ Strike riot and civil commotion
- ☐ Playing or racing dangerous sport
- ☐ War

6. Do you have or have proposed for personal accident insurance or life insurance with company or any other company?

- ☐ No
- ☐ Yes Company Sum insured Baht
- If yes, please provide details (additional information may be attached)

7. Have you ever been cancelled life insurance or personal accident insurance or had insurance cancelled or had renewal declined or had additional premium imposed for such insurance?

- ☐ No
- ☐ Yes Company Sum insured Baht

8. Do you drive or ride as a passenger on motorcycle? ☐ No ☐ Occasionally ☐ Regularly

9. Do you take or consume alcoholic drinks? ☐ No ☐ Occasionally ☐ Regularly

10. In the past two years, have you ever sustained accidental bodily injury that required to be hospitalized?

- ☐ No
- ☐ Yes if yes, please state
- Period of treatment
 - Nature of injury
 - Result of treatment
 - Physician / Hospital of polyclinic

11. Do you have or have ever been treated for?

- | | | |
|---------------------------|-----------------------------|------------------------------|
| A. Epilepsy or convulsion | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| B. Heart disease | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| C. Hypertension | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| D. Diabetes Melitus | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| E. Musculaskeletal | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| E. Cancer | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| E. Aids or HIV positive | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

12. Do you have defects in eyesight or hearing? ☐ No ☐ Yes if yes, please state:

13. Do you have any disabled part of you body? ☐ No ☐ Yes if yes, please state:

14. Have you ever taken narcotic drugs? ☐ No ☐ Yes if yes, please state:

15. Have you ever been sentenced for dealing with narcotic drugs? ☐ No ☐ Yes if yes, please state:

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

☐ 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:

For tax year ☐ Only ☐ Onwards

☐ No

I / We warrant that the above statements are true and correct and agree that this proposal shall be the basis of the contract between me / us and the company.

.....

(.....)

Written by

.....

(.....)

Proposer's signature

.....

(.....)

Legal representative's signature

Date

☐ Agent

☐ Broker ☐ License no.

Warning: Office of insurance commission (oic.)

The applicant should disclose all the facts you know. Any nondisclosure shall make the policy issued hereunder voidable.

The company has the right to void the contract and refuse the according the civil commercial code section 865.