



Por Chor 16
Compensation Claim Form

Por Chor-09-09 / Mar 25

Claim for Compensation

1. Claimant

A claim for compensation must be made by the insured, who must sign the compensation claim form and the consent form for disclosure of personal data, unless:

- 1.1 If the insured is under 10 years old, a guardian or legal representative shall act on behalf of the insured;
- 1.2 If the insured is between 10 and 20 years old, a guardian or legal representative shall give consent;
- 1.3 If the insured is unable to sign, a fingerprint shall be affixed in lieu of a signature, and the signatures of 2 witnesses shall be required;
- 1.4 If the insured is declared incompetent or quasi-incompetent, a legal representative shall act on behalf of the insured (guardian or curator as appointed by court order).

2. Documents Required for Claim

2.1 Basic Claim Documents

- (1) Compensation claim form and consent form for disclosure of personal data in the Company's prescribed form (Por Chor 16)
- (2) Doctor's certificate in the Company's prescribed form (Por Chor 17)
- (3) In case of the minor insured, a copy of the guardian's or legal representative's ID card is **additionally** required.
- (4) In case of a disappeared person, a copy of the court order declaring the person as disappeared is required.

2.2 For **Medical Expense** Claims: Original receipts and a summary of expenses are **additionally** required.

2.3 For Critical Illness/Chronic Disease/Screening Test/Alzheimer Claims: Additional documents are required as follows:

- (1) A certified true copy of the insured's ID card
- (2) Medical documents necessary for consideration of each disease (e.g., pathology report, MRI/CT Scan/X-ray report, laboratory test results, diagnosis report, as applicable)

2.4 For Fracture Claims: X-ray report is **additionally** required

2.5 For ICU Admission Claims: A detailed summary of expenses indicating the number of days of ICU admission is required.

2.6 Documents in a foreign language other than English must be translated into Thai or English by a government agency or certified translation institute at the insured's expense.

3. Contact Information of the Company

Insurance Information Center: 1124

Remark: Copies of documents must be certified as true copies by the insured or the issuing agency. The Company will notify you if additional documents are required on a case-by-case basis.

The undersigned hereby confirms that they have acknowledged the details and conditions as specified in the Personal Data Protection Policy, as informed by Thai Life Insurance Public Company Limited prior to or at the time of personal data collection.

You can read the details of the Company's Personal Data Protection Policy and the rights of the data subject at <https://www.thailife.com/PrivacyPolicy> or by scanning the QR code provided herein.

