



Thai Life Insurance Public Company Limited 123 Ratchadaphisek Road, Din Daeng, Bangkok 10400, Thailand Tel. +66 2247 0247 Fax. +66 2246 9946 www.thailife.com Registration No. 0107555000104

Por Chor 16 Compensation Claim Form

		Compensatio	on Claim Form
Part 1: For your benefit, please complete all sections of this form, and provide your signature and consent for personal data disclosure. Only the insured or an interested person has the right to complete this form, otherwise the Company will consider this claim incomplete.		r personal Branch	
	oe	Recipient	Date
Name-Surname of Insured:			
Claim Type: (can select more than one) O New Claim O Continuing Claim O Accident Compensation O Medical Expenses O Hospital Income Benefit O Critical Illness O Dismemberment/Disability			
Accident Details: Date of Accident:			
Illness Details: Date of Admission:			
Payment Method Preference: I wish to inform the Company as follows: O Transfer via Prompt Pay using the insured's ID card number (This intention to receive benefits via Prompt Pay must have been previously notified to the Company). O Transfer to the insured's bank account (A copy of the bank passbook must be attached) Bank Name: Account Name: O I consent to the Company sending approval notification via SMS to mobile number: O I request the Company to return medical expense receipts/doctor's certificate			
Consent Form I hereby request and consent to any physician, medical facility, other insurance company, or any relevant person, who possesses my personal data, health information, and medical history, whether past or future, to disclose my health information and medical history to Thai Life Insurance Public Company Limited			
("The Company"), reinsurance companies, data exchange between companies, the Company's life insurance agents or representatives, or the policyholder/insured, and/or insurance broker companies, for the purpose of compensation claim assessment in accordance with to the terms and conditions of the insurance policy, or for any actions related to the insurance policy. I consent to the Company collecting, using, and disclosing my personal data, health information, and medical history to any competent authorities, or			
reinsurance companies, relevant persons, or the Company's life insurance agents, personnel or representatives, or the policyholder/insured, and/or insurance broker companies, for the purpose of compensation claim assessment in accordance with to the terms and conditions of the insurance policy, or for any medical benefits, or for any actions related to the insurance policy. A copy of this consent form shall be deemed as valid as the original.			
I have acknowledged and fully and thoroughly understood and accepted the details, conditions, and procedures of the Company as stated in this document. I confirm that the contents provided are correct and reflect my intentions, and I hereby agree to be bound by and comply with the Company's conditions and procedures in all respects. I hereby certify that the information provided in this claim form, as well as all documents and evidence declared and submitted to the Company, are true			
and correct to the best of my knowledge, and I confirm their accuracy in all respects. Remarks: * In case of a minor insured, a guardian is required to sign and indicate their relationship. * In case of a fingerprint affixed, signatures of two witnesses must be provided.			
This form is made O At Thai Life Insurance Public Company Limited, Headquarters/Branch			
Signed: Signed: () (
Signed:Signed:	(in the case of a r		
. () (

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.

ubject at

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.