

**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 11 (Page 1/2)****Death Claim Form**

<b>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.</b>	Branch	
	Recipient	Date
Name-Surname of Insured:..... Age:..... ID Card Number:..... Date of Death:..... Time:..... Place of Death: <input type="radio"/> At Home <input type="radio"/> At Medical Facility <input type="radio"/> Place of Incident (in case of unnatural death) All policies with Thai Life Insurance Public Company Limited:..... Policies with other insurance companies (Company Name, Policy Number):.....		
Natural Cause of Death: Death caused by illness:..... Details of illness:..... Illness duration (months/years):..... All medical facilities where treatment was received:.....		
Unnatural Cause of Death <input type="radio"/> Accident <input type="radio"/> Murder <input type="radio"/> Suicide <input type="radio"/> Other Date of incident:..... Time:..... Cause of incident:..... Place of incident:..... Details of incident:..... Police report filed at Police Station:.....		
I hereby certify that the information provided in this claim form, as well as all documents and evidence declared and submitted to Thai Life Insurance Public Company Limited, are true and correct to the best of my knowledge, and I confirm their accuracy in all respects.  This form is made <input type="radio"/> At Thai Life Insurance Public Company Limited, Headquarters/Branch ..... <input type="radio"/> Address: No..... Village No..... Road..... Sub-district..... District..... Province.....  Signed:..... Beneficiary / Legal Representative / Claimant Date..... (.....) Telephone Number.....		
<b>Part 2: Service Provider's Certificate</b>  I have examined the information on date..... and hereby certify that the insured died on the date, at the time, and from the cause stated above. Name-Surname of Service Provider's Representative..... Representative Code..... Mobile Phone Number..... Signature of Representative Manager/Examiner..... Mobile Phone Number.....		

Por Chor-09-01 / Mar 25

## Death Benefit Claim

### 1. Claimant

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

- 1.1 If the beneficiary is under 10 years old, a guardian or legal representative shall act on behalf of the beneficiary;
- 1.2 If the beneficiary is between 10 and 20 years old, a guardian or legal representative shall give consent;
- 1.3 If the beneficiary 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 beneficiary is declared incompetent or quasi-incompetent, a legal representative shall act on behalf of the beneficiary (guardian or curator as appointed by court order).

### 2. Documents Required for Death Benefit Claim

#### 2.1 Basic Claim Documents

- (1) Death claim form in the Company's prescribed form (Por Chor 11) for each beneficiary
- (2) Beneficiary's or hire's consent form for disclosure of personal data
- (3) Copy of death certificate (**original must be provided**)
- (4) Copy of beneficiary's ID card and house registration
- (5) Copy of ID card and house registration indicating the death of the insured

#### 2.2 **Additional** Documents required for Death caused by Accident or Other Causes

- (1) Copy of the police daily report certified true copy by a police officer
- (2) Copy of the autopsy report
- (3) Photos or a map of the incident (if available)
- (4) In case of a disappeared person, a copy of the court order declaring the person as disappeared

#### 2.3 **Additional** Documents required for Death occurring at a Medical Facility within 2 years from the policy effective date or the latest renewal date, or Death caused by Critical Illness under the critical illness insurance policy

- (1) Doctor's certificate in the Company's prescribed form (Por Chor 17) or medical report
- (2) Pathology report or MRI/CT Scan/X-Ray reports, laboratory test results, or diagnosis report, as applicable

#### 2.4 **Additional** Documents required in relation to Beneficiary

- (1) If the beneficiary is a minor and both parents are deceased, a copy of the court order appointing a guardian is **additionally** required.
- (2) If the beneficiary died before or at the same time as the insured and there are no other beneficiaries, a copy of the court order appointing the insured's estate administrator is **additionally** required.
- (3) If the beneficiary died after the insured, a copy of the court order appointing the beneficiary's estate administrator is **additionally** required

2.5 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 beneficiary's expense.

### 3. Contact Information of the Company

Insurance Information Center: 1124

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

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**Por Chor 11 (Page 2/2)****Death Claim Form**

Name-Surname of Insured:.....Age:.....ID Card Number:.....  
 Policy Number:.....

Name-Surname of Beneficiary:.....Age:.....ID Card Number:.....  
 Relationship with Insured:.....Occupation:.....Telephone Number:.....E-mail:.....  
 Current Address: No..... Village No..... Road..... Sub-district .....  
 District ..... Province..... Postal Code.....

Payment Method Preference: I wish to inform the Company as follows:

☐ Transfer to the Beneficiary's bank account (A copy of the bank passbook must be attached) Bank name:.....

Account Name:..... Account Number:.....

☐ Receive payment at the Headquarters/Branch.....

☐ I consent to the Company sending approval notification via SMS to mobile number:.....

**Remark:** If you are a U.S. citizen or U.S. national, please provide the required information on the reverse side of this document.

**Consent Form**

I, as the Beneficiary or Legal Representative of the Beneficiary of the Insured/Claimant/Authorized Person of Consenting Party under the insurance policy of Thai Life Insurance Public Company Limited ("Company"), hereby request and consent to any physician, medical facility, other insurance company, or policyholder/insured, and/or insurance broker company or any relevant person, who possesses personal data, health information, and medical history of the Insured, whether past or future, to disclose the Insured's health information and medical history to the Company, the Company's life insurance agents, reinsurance companies, data exchange between companies, or the Company's representative, for the purpose of compensation claim assessment in accordance with the insurance policy or any actions related to the insurance policy.

I, as the Beneficiary or Legal Representative of the Beneficiary, consent to the Company collecting, using, and disclosing personal data of myself and/or the Beneficiary (in the case of a minor) and the Insured, including health information and medical history of the Insured, to any competent agencies or reinsurance companies, relevant persons, or the Company's life insurance agent, personnel or representatives, or the policyholder/insured, and/or insurance broker companies, for the purpose of compensation claim assessment under 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 the case of a minor beneficiary, a guardian is required to sign and indicate their relationship.**

**\* In case of fingerprint affixed, signatures of two witnesses must be provided.**

Signed:.....

(.....)

Beneficiary/Claimant

Signed:..... Consenting Signatory (in the capacity of.....)

(.....) ☐ Father/Mother

☐ Legal representative of the Beneficiary  
(in the case of a minor beneficiary)

Signed:.....

(.....)

Witness/Insurance Agent/Insurance Broker

Signed:.....

(.....)

Witness

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.



**Status Declaration for Compliance with the Agreement between the Government of the Kingdom of Thailand and the Government of the United of America for the Cooperation to Improve the Compliance with Foreign Account Tax Compliance Act (FATCA)**

Name-Surname of the Beneficiary: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**1. Status Declaration**

a. Do you have a nationality, country of birth connected to the U.S. ?

☐ No    ☐ Yes(please specify)    ☐ I hold U.S. nationality

☐ I was born in the U.S.    ☐ I hold U.S. nationality and was born in the U.S.

b. Are you now, or have you ever held the U.S. Green card?

☐ No    ☐ Yes    ☐ Former holder but status no longer in effect

c. Are you responsible for any tax obligations to the U.S. Revenue Department?

☐ No    ☐ Yes

d. Do you have the status of a U.S. resident for U.S. tax purposes (for example, by residing in the U.S. for at least 183 days in the previous calendar year)?

☐ No    ☐ Yes

**2. Certification under FATCA**

(1) I have acknowledged that Thai Life Insurance Public Company Limited ("Company") is obligated to comply with FATCA.

(2) I have acknowledged that the Company is required to collect, use, and disclose my personal data, to disclose such data to government authorities in both domestic and foreign jurisdictions, as required under FATCA.

(3) I agree to provide any additional information requested by the Company in a timely manner in order to ensure compliance with FATCA.

(4) I agree to notify the Company of any changes in status or any information previously provided to the Company, particularly if such changes are related to the United States of America, within 30 days from the date the status or information has changed.

(5) In the event that I fail to disclose information as required under clause (3) and (4), I hereby authorize the Company to report my information to relevant government authorities, whether domestic or foreign, in compliance with FATCA.

**3. Declaration of Acknowledgment and Confirmation**

I hereby certify and confirm that I have fully and thoroughly acknowledged and understood all the relevant facts and information. I consent to the Company collecting, using, or disclosing any of my information to government authorities, both domestic and foreign, that oversee compliance with FATCA. I also grant the Company the right to proceed in accordance with the requirements of FATCA.

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Signature ..... Beneficiary

Signature ..... Legal Representative of Beneficiary (in case of a minor beneficiary)

Date .....

**Remark: One claim form per beneficiary**