THE VIRIYAH INSURANCE PUBLIC COMPANY LIMITED 121/28, 121/65 RS Tower, Ratchadapisek Rd., Dindaeng Bangkok 10400 THAILAND Tel. 0 2129 8888 www.viriyah.co.th

Accident and Health Insurance Claim Form

Type of Policy ☐ Personal Accident Insurance ☐ Health Insurance

Type of Claim ☐ Death ☐ Permanent Disability or Permanent Dismemberment ☐ Medical Expense ☐ Hospital Cash Benefit

Detail of Insured

Name ..... ID Card .....

Policy No ..... Telephone No .....

Address .....

Detail of Accident or Illness

For Accident

Date of accident ..... Time ..... Place of acciden .....

Describe and specify cause of the accident .....

Symptoms or signs .....

Have you notice? ☐ No ☐ Yes Police Station .....

For Illness

Symptoms or signs .....

Have you ever treatment for, or diagnosis of , similar causes of illness, symptoms or diseases earlier?

☐ No ☐ Yes Name of Hospital ..... Date .....

Have you ever medical expense claim with other insurance company or other welfare ?

☐ No ☐ Yes Please specify .....

Detail of Treatment

Name of Hospital .....

Type of Pateint ☐ Out Pateint Department Date .....

☐ In Pateint Department Admission Date ..... Discharge Date .....

Payment

☐ Cheque .....

☐ Receive at Office ☐ Delivered to a postal .....

☐ Transfer Deposite Account ..... Bank .....

Branch ..... Account No .....

I hereby certify that all the information given above is true, and authorize any physician, medical practitioner, hospital or clinic, insurance company, organisation, institution or person with my medical record or history, to disease all particulars, information and document to The Viriyah Insurance PCL. or any fiduciary. A photocopy of this content form shall have the full legal enforcement as original copy.

Signature ..... Insured / Beneficiary / Statutory Heir

(.....)

Date .....