



Remark: The English Language used in this plan is merely a translation of Thai version.

Application Form

Group Accident Insurance Dhipaya Extra

APPLICANT INFORMATION

Name ☐ Mr. ☐ Miss ☐ Mrs. Surname Gender ☐ Male ☐ Female

DD/MM/YR (Date of Birth.) / / Age. Year

ID/Passport Number Occupation

Address Tel. No

Company Name/Address Tel. No

BENEFICIARY : Relationship to Insurer

Please select plan of Insurance: การประกันภัยสำหรับพนักงานและครอบครัว พนักงานเกษียณอายุ และครอบครัว

ของสถาบันเทคโนโลยีพระจอมเกล้าเจ้าคุณทหารลาดกระบัง Plan .....

Insuring Agreement (Orbor2)	Sum Insured (Baht)		
	Plan1 Age 1-14 years	Plan2 Age 15-65 years	Plan3 Age 66-70 years
Loss of Life from accident	400,000	400,000	400,000
Total Permanent Disability	400,000	400,000	400,000
Loss of one hand from the wrist joint or one foot from the ankle joint or of sight in one eye (not less than two joints)	400,000	400,000	400,000
Loss of one hand from the wrist joint or one foot from the ankle joint or of sight in one eye	240,000	240,000	240,000
Permanent Loss of hearing or speech	Insuring Agreement (Orbor2)	Insuring Agreement (Orbor2)	Insuring Agreement (Orbor2)
Public accident benefit	400,000	400,000	400,000
Funeral expense from sickness (waiting period 180 days)	40,000	40,000	40,000
Riding or travelling on a motorcycle	400,000	400,000	400,000
Murder and assault	400,000	400,000	400,000
Medical expenses per accident	40,000	40,000	40,000
Total Premium / Person / Year	<input type="checkbox"/> 390	<input type="checkbox"/> 340	<input type="checkbox"/> 390

Period of Insurance From at hours To at 24.00 hours

Health & other health related questions:

I. Do you have or have proposed for Life Insurance or Personal Accident with the company or any other company?

☐ No ☐ Yes/Explain

Company Sum Insure Baht

Company Sum Insure Baht

Company Sum Insure Baht

PQBU2022-AHI-61-2704 Rev.07





Remark: The English Language used in this plan is merely a translation of Thai version.

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

☐ No ☐ Yes/Explain Company \_\_\_\_\_ Sum Insure \_\_\_\_\_ Baht

3. have you ever been admitted or diagnosed in a hospitalized or clinic for the following: Epilepsy, Heart Disease, Hypertension, Diabetes, Bone and/or Muscle Disease, Cancer, AIDS or HIV, Cerebro-Vascular Disease (Stroke), or Alcoholism and Drug Abuse/Addiction?

☐ No ☐ Yes/Explain \_\_\_\_\_

I declare to hereby to apply for the insurance contract with DHIPAYA Insurance Co. (PLC). and certify that the above information are true and completely correct to my knowledge and certify that I am healthy not handicapped. In case any of the above information is found to be false or untrue or misleading or misrepresenting, The Insurer have right to cancel the insurance policy. I hereby authorize all medical institutions that have treated me to provide all and necessary information relating to my medical history and previous treatments and diagnosis, including any results of HIV virus testing as required by this application to DHIPAYA Insurance Co. (PLC).

The Insured hereby authorize the Company to store, use and disclose the information relating to (my health and) information of the Insured to Office of Insurance Commission (OIC) for the benefits of insurance business governance.

The Company has the right to examine the Insured Person's medical records, diagnosis records, laboratory diagnosis results and radiology results, and to request additional evidence or relevant special diagnosis results of the Insured Person as may be necessary for this insurance, and has the right to request that the Insured Person undergo a physical examination conducted by an independent medical expert appointed by the Company, including an autopsy, if necessary and within the limits of the law, at the Company's expense.

According to the tax regulation, should the Insured wish to apply this insurance policy for the income tax reduction?

☐ Yes, I hereby authorize the Company to disclose and forward the information relating to insurance premium to the Revenue Department according to the government regulation.

In case the Insured are Non-Thai Residence who have duty to pay income tax, kindly specify your taxpayer identification No. \_\_\_\_\_

☐ No

The consent to disclose and forward the information to the Revenue Department will be in force until the Insured have an instruction of cancellation or any alternative.

☐ Direct Insured ☐ Agent ☐ Broker \_\_\_\_\_ License No. \_\_\_\_\_

Day.....Month.....Year.....

Applicant Signature.....

( )

**REMINDER OF THE OFFICE OF INSURANCE COMMISSION**

As stated by civil and commercial law clause 865, if any of the answers above are proven to be fictitious or not true then the insurance policy can be immediately terminated and any or all claims declined.

PQBU2022-AHI-61-2704 Rev.07