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

Registration Form Group Accident Insurance Dhipaya Extra

Policy Holder: สถาบันเทคโนโลยีพระจอมเกล้าเจ้าคุณทหารลาดกระบัง

Address: เลขที่ 1 ซอย ฉลองกรุง 1 แขวงลาดกระบัง เขตลาดกระบัง กรุงเทพมหานคร 10520

APPLICANT INFORMATION

Name ☐ Mr. ☐Miss ☐Mrs. Other…… Name_____Surname_____Gender ☐ Male ☐ Female

DD/MM/YR (Date of Birth.) _____/_____/_____ Age. _____Year(s) ID no. /Passport no. _____

Occupation_____Position_____Department_____

Address _____

Telephone no. _____ Mobile no. _____ E-mail _____

BENEFICIARY:

1. Name-Surname _____ Relationship to Insurer _____
2. Name-Surname _____ Relationship to Insurer _____

Period of Insurance From_____ at_____hours To_____at 24.00 hours

Health & other health related questions:

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

   ☐ No ☐ Yes/Explain Company _____Sum Insure _____Baht

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 hereby apply for insurance with Dhipaya Insurance Co. (PLC) and certify that all provided information is true. I confirm that I am healthy and not disabled. If any information is found false, the insurer may cancel the policy. I authorize the release of my medical history, including HIV test results, and allow the Company to disclose my health information to the Office of Insurance Commission (OIC) for regulatory purposes. The Company reserves the right to request medical records, further evidence, or a physical examination, if necessary

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.

บริษัท ทิพยประกันภัย จำกัด (มหาชน) DHIPAYA INSURANCE PUBLIC CO.,LTD. Tel: +66(0) 2239 2200 Call Center 1736
เลขที่ 1115 ถนนพระราม 3 แขวงช่องนนทรี 1115 Rama 3, Chong Nonsi, Fax: +66 (0) 2239 2049
เขตยานนาวา กรุงเทพฯ 10120 Yannawa, Bangkok 10120 Thailand PDPA by TIP www.dhipaya.co.th