

Department / Program.....Faculty / Division.....

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:

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

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.

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