



บริษัท กรุงไทยพานิชประกันภัย จำกัด Krungthai Panich Insurance Co., Ltd.

‘มุ่งมั่นให้บริการ สร้างผลงานเพื่อสังคม’

www.kpi.co.th

Head Office: 208 Building Wireless Road Lumpini Pathumwan Bangkok 10330 Fax : 0-2660-6077

Travel Insurance Claim Form	
Policy	Insured: _____ Master Policy No: _____
	Type of insurance plan purchased: _____
	Date of insurance purchased: _____
Flight details	Passenger Name Record (PNR) No.: _____ Period of travel: From _____ To _____
Insured Person	Name: _____ Age: _____
	Address: _____ Post Code: _____
	Occupation: _____ NRIC/Passport No: _____
	E-mail address: _____ Tel No: _____
Details of child if claim is for child	Name: _____ Age: _____
	Gender: _____ Birth Certificate No.: _____ <i>(Please provide copy of the birth certificate)</i>
Accident / Incident / Loss	Date & Time of accident: _____ Place of accident/Country: _____
	Please describe how accident occurred: _____ _____
	Name and address of any witness: _____
	Nature and extent of injuries: _____
	Place of police report made: _____ Police Report No: _____
Please tick in the box the type of benefits you are claiming:-	
<input type="checkbox"/> Personal Accident Benefit <input type="checkbox"/> Accidental Death <input type="checkbox"/> Total Permanent Disability <input type="checkbox"/> Accidental Dismemberment	Amount Claimed
<input type="checkbox"/> Medical Expenses	_____
<input type="checkbox"/> Flight Cancellation	_____
<input type="checkbox"/> Flight Delay	_____



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Travel Insurance Claim Form - Continued			
<input type="checkbox"/>	Baggage or Personal Effects		Amount Claimed
	<u>Description:</u>	<u>Date & Place Purchased</u>	<u>Original Cost</u>
	1)		
	2)		
	3)		
	4)		
<input type="checkbox"/>	Flight Cancellation		
<input type="checkbox"/>	Emergency Medical Evacuation		
<input type="checkbox"/>	Repatriation Expenses		
<input type="checkbox"/>	Travel Curtailment		
	<u>Description</u>	<u>Date & Place</u>	<u>Original Cost</u>
			<u>Amount Claimed</u>
I/We hereby warrant that the above statements are true and correct and that I/We have not withheld from the Company any material information in connection with this claim. I/We further authorise the release of further medical information by the doctor should the Company require it. Any photostat copy of this authorisation shall be as effective and valid as the original.			
Date:		Signature of Insured Person or Legal Representative:	
		Name:	
		NRIC/Passport No:	
		Relationship with Insured Person: (If signed by Legal Representative)	



Claim Supporting Documents Guide for Travel Insurance claims

Basic documents required (original) :-

- 1) Completed Claim Form
- 2) Air Ticket & Boarding Pass

Other documents (original unless stated) and information required for each of the following benefits of claim :-

1) Accidental Loss of Life/ Total Permanent Disability/ Dismemberment:-

- 1.1) Death Certificate (Original or Certified True Copy)
- 1.2) Police Report (Original or Certified True Copy)
- 1.3) Insured Person's Identity Card and House Register with "Dead" stamp (Original or Certified True Copy)
- 1.4) Insured Person's Passport or evidence of the journey (Original or Certified True Copy)
- 1.5) Autopsy Report (Original or Certified True Copy)
- 1.6) Beneficiary's Identity Card and House Register (Original or Certified True Copy)
- 1.7) Report confirming such Total Permanent Disability or Dismemberment from doctor or physician

2) Medical Expense:-

- 2.1) Doctor/ Physician's report describing significant symptoms, diagnosis and result of treatment
- 2.2) Original receipt with description of medical expenses or summary statement of medical expenses and receipt

3) Flight Cancellation:-

- 3.1) Doctor/ Physician's report describing significant symptoms, diagnosis and result of treatment
- 3.2) Death Certificate
- 3.3) Letter from the commercial airline stating the amount charged by the airline
- 3.4) Birth Certificate, Marriage Certificate or other related documents to identify relationship in case caused from spouse, child or relatives

4) Flight Delay:-

- 4.1) Letter stating the delay duration and cause of delay from the airline

5) Baggage or Personal Effects:-

- 5.1) Letter stating the Damage or Loss to baggage/ Personal Effects from the airline
- 5.2) Photos of Damage or Loss of baggage/ Personal Effects
- 5.3) Quotation/ Receipt of Damage or Loss of baggage/ Personal Effects

6) Emergency Medical Evacuation:-

- 6.1) Contact Asia Assistance 24-Hours-Hotline +603-7628-3630 or +603-7841-5770

7) Repatriation Expenses:-

- 7.1) Contact Asia Assistance 24-Hours-Hotline +603-7628-3630 or +603-7841-5770

8) Travel Curtailment:-

- 8.1) Doctor/ Physician's report describing significant symptoms, diagnosis and result of treatment
- 8.2) Death Certificate
- 8.3) Letter from the commercial airline stating the amount charged by the airline
- 8.4) Birth Certificate, Marriage Certificate or other related documents to identify relationship in case caused from spouse, child or relatives