

## Data Subject Request Form for Exercising Rights

In accordance with the Personal Data Protection Act B.E. 2562 (2019) ("Personal Data Protection Act"), which stipulates that data subjects have rights related to their personal data as prescribed in the Personal Data Protection Act, and in order for Krungthai Panich Insurance Public Company Limited ("the Company") to fulfill its duties as a personal data controller, the Company has prepared this request form to enable you to exercise your rights. To do so, please provide the following details:

### Part 1: Applicant's Information

Are you the data subject who wishes to exercise your rights under this request?

- Yes, I am the data subject and have the rights under the Personal Data Protection Act to submit this request.
- No, I am acting on behalf of the data subject as a
- Person exercising parental authority over a minor
    - Father
    - Mother
    - Legal guardian
  - Custodian of an incapacitated person
  - Guardian of an incapacitated person
  - Attorney

To verify the applicant's identity, please provide the following information.

First-Last Name \_\_\_\_\_ National ID Card/Passport Number \_\_\_\_\_  
House Number \_\_\_\_\_ Village/Building \_\_\_\_\_ Village No. \_\_\_\_\_ Lane/Alley \_\_\_\_\_ Road \_\_\_\_\_  
Sub-district \_\_\_\_\_ District \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone Number (Landline/Mobile) \_\_\_\_\_ Email \_\_\_\_\_

For the purpose of verifying the applicant's identity, please attach proof of identity. If you are unable to provide sufficient proof of identity, the company reserves the right to refuse to process the requested personal data.

For Personal Data subjects	For Representatives of Data subjects
<ul style="list-style-type: none"> <li>▶ Copy of national identification card (for Thai nationals) or copy of passport (for foreign nationals), with a signed certification of authenticity.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Copy of birth certificate or copy of house registration (if the data subject is a minor).</li> <li>▶ Copy of the document appointing a representative of the data subject (copy of court order) (in the case of a parental authority over a minor, a custodian of an incapacitated person, or a guardian of an incapacitated person).</li> <li>▶ A signed power of attorney document with affixed stamp duty (for the authorized representative).</li> <li>▶ A copy of the national identity card (for Thai nationals) or a copy of the passport (for foreign nationals) <u>of the data subject</u>, with a signed certification of authenticity.</li> <li>▶ A copy of the national identity card (for Thai nationals) or a copy of the passport (for foreign nationals) <u>of the person acting on behalf of the data subject</u>, with a signed certification of authenticity.</li> </ul>

## Part 2: Request Information

What is the status or relationship of the data subject to the company?

- Insured person                       Beneficiary                       Payer under an insurance policy  
 Other (please specify).....

In what manner does the requester wish to exercise the rights of the data subject?

- Right to be informed of the details regarding the collection of personal data (right to be informed)  
 Right to access, request a copy of, or disclose the source of personal data (right of access)  
 Right to withdraw consent (*Available only if you have given your consent to the company*)  
 Right to correct or rectify data (right to rectification)  
 Right to delete or destroy personal data (Right to be forgotten)  
 Right to restrict processing of personal data  
 Right of data portability  
 Right to object to the collection, use, or disclosure of personal data (right to object)

**Remarks** Please be mindful when exercising more than one right, as this may cause confusion for the company in fulfilling your request. If you choose to exercise more than one right, you can provide additional details explaining how you are exercising each right.

What transactions has the data subject conducted with the company?

- Insurance policy.....Policy number.....  
 Other (please specify).....

Please provide details related to your request.

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## Part 3: The Company's Actions after Receiving Your Request

The company thanks you for submitting your request to exercise your rights as a data subject, along with the relevant documents and details. The company will review this matter and contact you within the legally prescribed timeframe. If the company requires further clarification or needs to dispute your exercise of rights, we will contact you using the details you provided in Part 1 within the legally prescribed timeframe. The company reserves the right to refuse or suspend compliance with your request only in the following cases:

- 1) The company does not have any personal information related to you.
- 2) Your request does not clearly demonstrate what rights you are seeking or what rights you have under the Personal Data Protection Act.
- 3) You are unable to clearly demonstrate that the requester is the owner of the data or has the authority to submit the request.
- 4) Due to legal duties or requirements, the company may not be able to provide information or fulfill your request.
- 5) Your request does not meet the conditions stipulated in the Personal Data Protection Act, or the company has grounds to refuse to process your request in accordance with your rights under the Personal Data Protection Act, and the company may legally exercise such grounds.

#### Part 4: Certification

I hereby confirm that I have read and understood the contents and terms and conditions set forth in this request, and I certify that the information I have provided in this document is accurate, complete, and correct. I confirm and warrant that in exercising my rights under this document, I have the proper legal rights. I have no intention of causing harm to any person or to the company. Therefore, I have signed my name as shown below.

\_\_\_\_\_ Requester

(\_\_\_\_\_)

Date \_\_\_\_\_

#### Request Submission Channels

Once you have filled in all request information, please submit your request via the email [dpo@kpi.co.th](mailto:dpo@kpi.co.th) or submit your request by post addressed to: The Personal Data Protection Officer  
Krungthai Panich Insurance Public Company Limited  
Address: 1122, KPI Tower Building,  
New Phetchaburi Road, Makkasan Sub-district,  
Ratchathewi District, Bangkok 10400

#### For the Company's Personal Data Protection Officer Only

Date of receipt of request:

Data recording date:

Date of Response Letter .....

Consideration Results .....

Reason for Refusal (if any) .....

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Operator: