



APPLICATION

Personal Accident Insurance for Individuals and Families

1	Name / surname of applicant:	Mr./Mrs./Ms.				
		Date of Birth		Nationality		
		Weight		kg	Height	
		cm.				
		Passport/ID Card No.		Date of Expiry		
2	Company and position of applicant:	Company name		Position		
		Brief Job Description				
3	Contact address during working hours:		Tel.		Fax	
4	Residence address:		Tel.		Fax	
5	Name / surname of beneficiary:	Mr./Mrs./Ms.		Relationship		
6	Contact address of beneficiary:		Tel.		Fax	
7	Period of insurance:	from		to		
					12.00 hrs	
8	Maximum sum insured	(Sum Insured for Loss of Life, Loss of Organs and sight, Permanent Disability will be increased by 5% in the 2nd -6th renewal year.)				
	Loss of Life, Organs, Sight or Permanent Disability	Baht				
	Murder or Assault					
	Motorcycling					
	Medical Expenses per accident					
	Annual Premium	Baht				
9	Medical history of insured:	Are you or have you ever been suffering form one of the following diseases?				
	Heart disease	<input type="checkbox"/> yes <input type="checkbox"/> no	Epilepsy	<input type="checkbox"/> yes <input type="checkbox"/> no	Cancer	<input type="checkbox"/> yes <input type="checkbox"/> no
	Abnormal blood pressure	<input type="checkbox"/> yes <input type="checkbox"/> no	Diabetes	<input type="checkbox"/> yes <input type="checkbox"/> no	Osteoarthritis	<input type="checkbox"/> yes <input type="checkbox"/> no
	Do you suffer from any organ malfunction/ disability?		<input type="checkbox"/> no <input type="checkbox"/> yes, please specify.			
10	Personal habits of insured:					
	Are you or have you ever been addicted to any kind of drugs?	<input type="checkbox"/> yes <input type="checkbox"/> no				
	Are you consuming alcoholic beverages?	<input type="checkbox"/> yes, regularly. <input type="checkbox"/> yes, sometimes. <input type="checkbox"/> no, never.				
	Are you a driver or passenger of a motorcycle?	<input type="checkbox"/> yes, regularly. <input type="checkbox"/> yes, sometimes. <input type="checkbox"/> no, never.				

11	Previous insurance coverage:
Are you currently having a PA or life insurance with Thai Zurich or any other insurer?	<input type="checkbox"/> no. <input type="checkbox"/> yes, please specify.
Have you ever been declined by Thai Zurich or any other insurer for PA or life coverage?	<input type="checkbox"/> no. <input type="checkbox"/> yes, please specify.
Have you received any payment from any personal accident insurance?	<input type="checkbox"/> no. <input type="checkbox"/> yes, please specify.

12	Your contact to Thai Zurich:	Agent : PROTECTA Insurance Solutions
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Signature **Date**

Message by the Office of the Insurance Commissioner: All information filled-in above must be true. Otherwise, the insurer can decline its responsibility as per Insurance Contract, Civil and Commercial Law, Act. No. 865

For more information, please contact your local Thai ZURICH agent at telephone number 02 714 4177 or fax this application to 02 714 4179, attention Khun Ploenta