



วิริยะประกันภัย
THE VIRIYAH INSURANCE

THE VIRIYAH INSURANCE PUBLIC COMPANY LIMITED 121/28, 121/65 RS Tower, Ratchadapisek Rd., Dindaeng Bangkok 10400 THAILAND Tel. 0 2129 8888 www.viriyah.co.th

Accident and Health Insurance Claim Form

Type of Policy ☐ Personal Accident Insurance ☐ Health Insurance

Type of Claim ☐ Death ☐ Permanent Disability or Permanent Dismemberment ☐ Medical Expense ☐ Hospital Cash Benefit

Detail of Insured

Name ID Card

Policy No Telephone No

Address

Detail of Accident or Illness

For Accident

Date of accident Time Place of accident

Describe and specify cause of the accident

Symptoms or signs

Have you notice? ☐ No ☐ Yes Police Station

For Illness

Symptoms or signs

Have you ever treatment for, or diagnosis of , similar causes of illness, symptoms or diseases earlier?

☐ No ☐ Yes Name of Hospital Date

Have you ever medical expense claim with other insurance company or other welfare ?

☐ No ☐ Yes Please specify

Detail of Treatment

Name of Hospital

Type of Pateint ☐ Out Pateint Department Date

☐ In Pateint Department Admission Date Discharge Date

Payment

☐ Cheque

☐ Receive at Office ☐ Delivered to a postal

☐ Transfer Deposit Account Bank

Branch Account No

I hereby certify that all the information given above is true, and authorize any physician, medical practitioner, hospital or clinic, insurance company, organisation, institution or person with my medical record or history, to disease all particulars, information and document to The Viriyah Insurance PCL. or any fiduciary. A photocopy of this content form shall have the full legal enforcement as original copy.

Signature Insured / Beneficiary / Statutory Heir

(.....)

Date