Travel Insurance Claim Form

Claim Submission Guidelines

1. Please complete all required information with supporting documents specified as specified for the purpose of claim consideration. Kindly provide your mobile phone number and email address for updating the claim status.
2. Please submit claim document to ERGO through any of the following channels:
   - 2.1 Postal Mail: Accident and Health Claims Team, ERGO Insurance (Thailand) Public Company Limited, 126/2 Krung Thon Buri Rd., Bang Lamphu Lang, Khlong San, Bangkok 10600
   - 2.2 Email: Taclaim@ergo.co.th (Applicable only to claims which not require original documents and/or original receipts)
   - 2.3 Insurance Agent or Broker
3. Upon receipt of the claim documents, ERGO will send an email for claim submission acknowledgment.
4. The list of claim documents specified are the preliminary documents required. ERGO reserves the right to request additional information and/or documents as necessary for claim assessment.
5. In case of incomplete information and/or supporting documents, ERGO will contact you within five (5) business days from the date of receipt of your claim submission.
6. In case of complete information and/or supporting documents, ERGO will assess the claim within fifteen (15) days and will inform you of the claim determination.
7. For claims exceeding THB 100,000, please verify your identity by submitting a photograph of yourself or beneficiary holding your identification card or passport, ensuring both your face and the ID are clearly visible. Please mask the religion and blood group (if any). The identity verification photo must be submitted together with the claim form by the insured or beneficiary.

General Information (This section shall be completed in full)

Insured Name _____ Policy Number _____

ID card / Passport Number _____ Gender _____ Date of Birth (DD/MM/YYYY _____

Address _____

Mobile Phone Number (for claim status updates) _____ Email Address _____

In case the insured name is different from the policyholder, please specify the policyholder's name: _____

Have you submitted a claim to any other insurer? ☐ Yes ☐ No

If "Yes," please specify the name of the insurer: _____

Travel Period (DD/MM/YYYY) From _____ / _____ / _____ To _____ / _____ / _____ Destination Country _____

Claim Payment Method

☐ Bank Transfer to Savings Account: Please attach a copy of bank passbook and a copy of the account holder's ID card or passport.

Account Name _____ Account Number _____ Bank Name _____ Branch _____

Declaration / Authorization

I hereby certify that the information provided in this claim form is true, correct, and complete in all respects

I hereby ☐ "give" consent ☐ "do not give" consent

to ERGO Insurance (Thailand) Public Company Limited (the "Company") or its authorized representatives to request (collect) my personal data relating to this claim processing from other insurance companies, and to use such data for the purpose of processing this claim, including transferring (disclosing) my personal data relating to this claim processing to other relevant entities for the purpose of claim processing.

I acknowledge that I have the right to "give" or "not give" my consent. In case I do not give consent or choose to withdraw my consent, I understand that such action may cause the Company to require additional time to assess my claim or may impede the provision of services related to my insurance policy. Furthermore, should I withdraw my consent, I accept that such withdrawal shall not affect the collection, use, and/or disclosure of my personal data by the Company or its authorized representatives that has already been carried out based on the consent previously given.

I hereby ☐ "give" consent ☐ "do not give" consent

to ERGO Insurance (Thailand) Public Company Limited (the "Company") to collect any statements or information containing my personal data and/or the injured party's and/or the claimant's personal data, including information relating to illness, injury, medical history, consultations, prescriptions, treatments, insurance details, and claims compensation from any hospital, medical facility, or physician who has examined or treated me/the injured party/the claimant in order for the Company to use such information for the purpose of claim processing. A copy of this authorization/consent form shall be deemed as valid and effective as the original.

I acknowledge that I have the right to "give" or "not give" my consent. In case I do not give consent or withdraw my consent, I acknowledge that such action may impede the Company's ability to assess my claim. Furthermore, should I withdraw my consent, I accept that such withdrawal shall not affect the collection, use, and/or disclosure of my personal data that has already been carried out based on the consent previously given.

I hereby ☐ "give" consent ☐ "do not give" consent

to any hospital, medical facility, or physician who has examined or treated me/the injured party/the claimant to disclose any information containing my personal data and/or the injured party's and/or the claimant's personal data relating to illness, injury, medical history, consultations, prescriptions, treatments, including providing copies of the complete medical records, insurance details, and claims compensation to the Company for the purpose of claim processing. A copy of this authorization/consent form shall be deemed as valid and effective as the original.

I acknowledge that I have the right to "give" or "not give" my consent. In case I do not give consent or withdraw my consent, I acknowledge that such action may impede the Company's ability to assess my claim. Furthermore, should I withdraw my consent, I accept that such withdrawal shall not affect the collection, use, and/or disclosure of my personal data that has already been carried out based on the consent previously given.

I hereby give my consent for ERGO Insurance (Thailand) Public Company Limited providing the claim assessment result via ☐ Registered postal mail ☐ Electronic mail (please select one option)

I hereby ☐ "give" consent ☐ "do not give consent

to ERGO Insurance (Thailand) Public Company Limited (the "Company") to collect, use, or disclose sensitive personal data of myself, my spouse, my family members, or any other persons necessary for the purpose of reinsurance, underwriting assessment, premium calculation, the declination of any type of insurance, or claim compensation in accordance with the terms of the insurance policy.

I acknowledge that I have the right to consent "give" or "not give" my consent. In case I do not give consent or withdraw my consent, I acknowledge that such action may impede the Company's ability to assess my claim. Furthermore, should I withdraw my consent, I accept that such withdrawal shall not affect the collection, use, and/or disclosure of my personal data that has already been carried out based on the consent previously given.

I hereby ☐ "give" consent ☐ "do not give" consent

to the Office of Insurance Commission to disclose information relating to my insurance policy, which constitutes my sensitive personal data, to ERGO Insurance (Thailand) Public Company Limited (the "Company") for the purposes of underwriting, claims assessment and compensation, or for any services related to my insurance policy.

I acknowledge that I have the right to "give" or "not give" my consent. In case I do not give consent or withdraw my consent, I acknowledge that such action may impede the Company's ability to assess my claim. Furthermore, should I withdraw my consent, I accept that such withdrawal shall not affect the collection, use, and/or disclosure of my personal data that has already been carried out based on the consent previously given.

I acknowledge that I could study and acknowledge the Privacy Notice of ERGO Insurance (Thailand) Public Company Limited in order to understand the methods that the Company collects, uses, and discloses my personal data, together with my rights under the Personal Data Protection Act, at https://www.ergo.co.th/en/privacy-policy

Insured / Injured person	Date	Authorized Representative's signature	Date
		(In the event that the insured / insured person is unable to sign)	

ERGO Travel Guard

Please select and complete only the section(s) relevant to your claim

- ☐ Section 1 : Medical Expense / Hospital Confinement
- ☐ Section 2 : Compensation for Damage or Loss of Personal Money / Damage or Loss of Travel Document / Golf Equipment and Hole-in-One / Damage or Loss of Personal Baggage and Personal Effects / Damage or Loss of Personal Effects due to Pickpocket / Home Guard / Damage or Loss of Personal Baggage and Personal Effects due to Vehicle Break in / Damage or Loss of Photographic Equipment, Sports Equipment and Musical Instrument / Fraudulent Payment Card Usage
- ☐ Section 3 : Travel Delay / Missed Connecting Flight / Baggage Delay / Flight Diversion / Overbooking / Pet Care
- ☐ Section 4 : Trip Postponement or Cancellation / Trip Curtailment and Aircraft Hijacking / Trip Interruption
- ☐ Section 5 : Death, Dismemberment or Total Permanent Disability
- ☐ Section 6 : For any other claims e.g. Third Party Liability / Rental Vehicle Excess / Hospital Visitation / Child Guard / Emergency Telephone Charges

Section 1 : Medical Expense / Hospital Confinement

Date and Time of Injury/Illness (DD/MM/YYYY) _____ / _____ / _____ Time _____ First visit to doctor date (DD/MM/YYYY) _____ / _____ / _____

Have you received any medical treatment previously? ☐ No ☐ Yes If "Yes", was the treatment received ☐ Outside the country ☐ Within the country

If "Yes", please specify the hospital name and date of visit _____

In the event of an injury, please describe the nature of the incident and the loss location / For an illness, please describe the symptoms experienced

_____

Amount of Claim _____ Baht (_____)

Preliminary claims supporting documents are as follows:

- Copy of passport with certified true copy, including the page with the immigration stamp showing leaving/entering Thailand by Immigration Bureau. In case you are leaving/entering through the automatic immigration channel, please provide the Flight Itinerary or E-ticket indicating the travel dates and times

Claims supporting documents under this specific coverage are as follows:

Medical Expense	Hospital Confinement
- Original Medical Receipts - Copy of Medical Reports	- Copy of Medical Receipts or Invoices - Copy of Medical Reports

Section 2 : Compensation for Damage or Loss of Personal Money / Damage or Loss of Travel Document / Golf Equipment and Hole-in-One / Damage or Loss of Personal Baggage and Personal Effects / Damage or Loss of Personal Effects due to Pickpocket / Home Guard / Damage or Loss of Personal Baggage and Personal Effects due to Vehicle Break in / Damage or Loss of Photographic Equipment, Sports Equipment and Musical Instrument / Fraudulent Payment Card Usage

Date of Incident (DD/MM/YYYY) _____ / _____ /_____ Location of the Incident (Location / City / Country) _____

Please describe the incident in full detail, including all relevant circumstances

_____

_____

_____

Details of lost / damaged items

List of Lost or Damaged Items	Purchase date (DD/MM/YYY)	Purchase price / Repair cost

Preliminary claims supporting documents are as follows:

- Copy of passport with certified true copy
- Copy of the travel ticket or boarding pass or passport with certified true copy, including the page with the immigration stamp showing leaving/entering Thailand by Immigration Bureau
- Official damage report issued by the police/hotel/transportation provider/golf course
- In case the hotel or transportation provider has offered any compensation, including repair or replacement, please provide a copy of the compensation letter

Claims supporting documents under this specific coverage are as follows:

Compensation for Damage or Loss of Personal Money/Damage or Loss of Travel Document/Damage or Loss of Personal Effects due to Pickpocket/Damage or Loss of Personal Baggage and Personal Effects due to Vehicle Break in/Fraudulent Payment Card Usage

- Police report issued within 24 hours from the time of the incident
- Receipts for travel expenses, accommodation costs, new passport and visa issuance fee (in case of Damage or Loss of Travel Document)
- Statement of payment card usage and document showing financial loss resulting from the use of payment card (in case of Fraudulent Payment Card Usage)

Golf Equipment and Hole-in-One

- Police report issued within 24 hours from the time of the incident (in case of Damage or Loss of Golf Equipment Occurred in a public place)
- A written statement of loss or damage issued within 24 hours by an authorized representative, including but not limited to the management of the hotel, airline, golf course, or public driving range overseeing the place where loss or damage occurred
- Hole-in-One certification with the signature of the golf course manager or authorized representative

Damage or Loss of Personal Baggage and Personal Effect/Damage or Loss of Photographic Equipment, Sports Equipment and Musical Instrument

- A written statement, document, or other evidence issued by transportation provider or hotel specifying the details of the damage, in cases where the damage occurred under the supervision / responsibility of the hotel staff or the transportation provider
- Police report issued within 24 hours from the time of the incident n case loss by robbery, burglary, gang robbery or any act involving violence or intimidation by another person against the Insured for the purpose of taking the baggage and/or personal belongings
- Copy of the receipt related to the loss or damage of the property

Home Guard

- Policy report
- Document from Central Police Forensic Science Division
- Valuation report of the damaged property and photographs

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Section 3 : Travel Delay / Missed Connecting Flight / Baggage Delay / Flight Diversion / Overbooking / Pet Care

Travel Delay / Missed Connecting Flight / Flight Diversion / Overbooking / Pet Care

Please describe the incident in full detail, including all relevant circumstances _____

_____

_____

Location of the Incident (Location / City / Country) _____

_____

_____

Original travel schedule: DD/MM/YYYY _____ / _____ /_____ Departure time _____ Arrival time _____ Flight number _____

New travel schedule: DD/MM/YYYY _____ / _____ /_____ Departure time _____ Arrival time _____ Flight number _____

Baggage Delay

DD/MM/YYYY (on which the delayed baggage) _____ /_____ /_____ Time _____ Location (City / Country) _____

DD/MM/YYYY (on which the returned baggage) _____ /_____ /_____ Time _____

Preliminary claims supporting documents are as follows:

- Copy of passport with certified true copy, including the page with the immigration stamp showing leaving/entering Thailand by Immigration Bureau. In case you are leaving/entering through the automatic immigration channel, please provide the Flight Itinerary or E-ticket indicating the travel dates and times.

Claims supporting documents under this specific coverage are as follows:

Travel Delay / Missed Connecting Flight / Flight Diversion / Overbooking / Pet Care
- Airline ticket and boarding pass, or any document indicating or a proof of leaving/entering the country
- Documentation from the airline confirming the missed flight due to overbooking
- Documentation from the transport provider or airline specify the reason for the flight diversion
- Receipt of the pet boarding facility (in case of Pet Care)

Baggage Delay
- Documentation from the airline confirming the baggage delayed
- Document confirming receipt of the Baggage from the airline or transportation provider

Section 4 : Trip Postponement or Cancellation / Trip Curtailment and Aircraft Hijacking / Trip Interruption

Please describe the reasons for Trip Postponement or Cancellation or Trip Curtailment and Aircraft Hijacking or Trip Interruption

_____

_____

_____

Original travel schedule From: (DD/MM/YYYY) _____ / _____ / _____ To: (DD/MM/YYYY) _____ / _____ / _____

New travel schedule From: (DD/MM/YYYY) _____ / _____ / _____ To: (DD/MM/YYYY) _____ / _____ / _____

Please list the expenses and the amounts incurred from Trip Postponement or Cancellation or Trip Curtailment and Aircraft Hijacking or Trip Interruption

_____

_____

_____

Please fill in the details below if the cause of Trip Postponement or Cancellation or Trip Curtailment and Aircraft Hijacking or Trip Interruption arising from the illness, injury, or death of the insured family member and/or a traveling companion in case of Trip Curtailment and Aircraft Hijacking or Trip Interruption.

Name - Surname	Relationship to the Insured	Date of Incident (DD/MM/YYYY)

Preliminary claims supporting documents are as follows:

- Copy of passport with certified true copy, including the page with the immigration stamp showing leaving/entering Thailand by Immigration Bureau. In case you are leaving/entering through the automatic immigration channel, please provide the Flight Itinerary or E-ticket indicating the travel dates and times

Claims supporting documents under this specific coverage are as follows:

Trip Postponement or Cancellation
- Receipt from the tour company or airline for tickets, accommodation, or meals, indicating the charges, and documents confirming reimbursement or non-refundable
- Medical Reports (In case of Trip Postponement or Cancellation due to the injury or sickness of the insured, or the serious injury or sickness of a family member)
- Copy of death certificate (In case of the death of the insured or insured's family member)
- Legal documents proving family relationship e.g. copy of house registration, copy of birth certificate, copy of marriage certificate (In case of insured's family member becomes sick, is injured, or death)
- Document of the court writ (in cases the insured is summoned as a witness or receives any official notice from the court)
- Documentation from the airline (In case of an airline staff strike)
- Police report and copy of the house registration at the incident location (in cases the insured's residence in Thailand has been damaged by fire or a natural disaster)

Trip Curtailment and Aircraft Hijacking
- Receipt for expenses arising from trip curtailment and aircraft hijacking, and documents confirming reimbursement or non-refundable
- Medical Reports (In case of Trip Curtailment due to the injury or sickness of the insured, or the serious injury or sickness of a family member or travel companion)
- Copy of death certificate (In case of the death of the insured or family member or travel companion)
- Legal documents proving family relationship e.g. copy of house registration, copy of birth certificate, copy of marriage certificate (In case of insured's family member becomes sick, is injured, or death)
- Evidence of travel companion status
- Documentation from the airline (In case of the aircraft carrying the insured is hijacked)
- Evidence of the natural disaster occurring at the location specified in the travel itinerary (in cases of the insured is unable to continue the trip due to the natural disaster)
- Copy of the original flight ticket and copy of the newly purchased flight ticket, together with receipts for expenses arising from trip curtailment and aircraft hijacking

ERGO Travel Guard

Trip Interruption
- Receipts for expenses incurred from rescheduling or changing the return trip to Thailand, or for the cost of newly economy class flight, train, or boat tickets used for returning to Thailand
- Receipts for prepaid travel deposits, advance purchase of transportation ticket and/or accommodation paid in advance, and documents confirming reimbursement or non-refundable
- Copy of passport with certified true copy of family member or travel companion who hospitalized in the hospital
- Copy of passport showing leaving/entering Thailand by Immigration Bureau. In case you are leaving/entering through the automatic immigration channel, please provide the Flight Itinerary or E-ticket indicating the travel dates and time of family member or travel companions who hospitalized in the hospital
- Medical Reports of family member or travel companions who hospitalized in the hospital
- Copy of the original flight ticket and copy of the newly purchased flight ticket, together with receipts for expenses arising from trip interruption

Section 5 : Death, Dismemberment or Total Permanent Disability

Date of Incident (DD/MM/YYYY) _____ / _____ /_____ Time _____ Location_____

Please describe the incident in full detail, including all relevant circumstances

_____

_____

_____

Preliminary claims supporting documents are as follows:

- Copy of personal ID card with certified true copy
- Copy of passport with certified true copy, including the page with the immigration stamp showing leaving/entering Thailand by Immigration Bureau. In case you are leaving/entering through the automatic immigration channel, please provide the Flight Itinerary or E-ticket indicating the travel dates and times.

Claims supporting documents under this specific coverage are as follows:

Death, Dismemberment or Total Permanent Disability
- Medical reports confirming dismemberment, loss of eyesight, or permanent disability
- Photographs evidencing disability or dismemberment
- Copy of death certificate
- Copy of the autopsy report / post-mortem examination report
- Copy of policy report
- Copy of personal ID card and copy of the insured's house registration bearing the "deceased" stamp
- Copy of personal ID card and copy of the beneficiary's house registration with certified true copy

Section 6 : For any other claims e.g. Third-Party Liability / Rental Vehicle Excess / Hospital Visitation / Child Guard / Emergency Telephone Charges

Date of Incident (DD/MM/YYYY) _____ / _____ /_____ Time _____ Location_____

Please describe the incident in full detail, including all relevant circumstances.

_____

_____

_____

Amount of Claim _____ Baht

Preliminary claims supporting documents are as follows:

- Copy of personal ID card with certified true copy,
- Copy of passport with certified true copy, including the page with the immigration stamp showing leaving/entering Thailand by Immigration Bureau. In case you are leaving/entering through the automatic immigration channel, please provide the Flight Itinerary or E-ticket indicating the travel dates and times.

Claims supporting documents under this specific coverage are as follows:

Third-Party Liability
- Copy of personal ID card or passport with certified true copy of third-party and witness.
- Written confirmation from the third-party specified the details of the incident and the list of property lost or damaged, duly certified by the third-party and witness.
- Copy of medical reports and receipt (In case the insured causes bodily injury to another person)
- Receipt and Confirmation letters issued by the shop must be provided, in case the property can be repaired, or where replacement is necessary due to the damage.

Rental Vehicle Excess
- Receipt for the rental vehicle excess made to the car rental company
- Car rental agreement
- Car rental policy schedule with specified rental vehicle excess

Hospital Visitation
- Receipts for actual travel, accommodation, and meal expenses incurred by family members or friends for hospital visitation
- Medical Reports from the insured treating doctor specified the number of days of hospitalization
- Copy of the passport of the family members or friends of the Insured for hospital visitation
- Copy of flight ticket of the family members or friends of the Insured for hospital visitation

Child Guard
- Receipts for travel, accommodation, and meal incurred by family member who escort the child back to Thailand - Medical Reports
- Copy of passport of family member who escorted the child back to Thailand
- Copy of flight ticket of family member who escorted the child back to Thailand
- Travel Itinerary of the insured and child

Emergency Telephone Charges
- Statement / itemized invoice indicating the emergency assistance provider's contact number

** For any other claims, please visit our website at www.ergo.co.th/th **

Postal Address

Accident and Health Claims Team

ERGO Insurance (Thailand) Public Company Limited

126/2 Krung Thon Buri Rd., Bang Lamphu Lang, Khlong San, Bangkok 10600

Claim inquiry

Email: Taclaim@ergo.co.th

Feedback and complaint channel:

Tel. 1219

Email: Customer.service@ergo.co.th

Website: www.ergo.co.th