

Claim Form – Travel Insurance

Important Notice: To enable us to process your claim, please submit the duly completed claim form with supporting documents in original as listed in the subsequent section. We reserve the right to request for additional information. All medical reports must be submitted at the claimant's expense. Please mail the claim form and all correspondence to:

Euro-Center (Thailand) Co., Ltd.

Address: P.O. Box 20, Ratchathevi, Bangkok, 10401

24-hour Emergency Hotline: +66 2697 3675

Please complete appropriate sections of this claim form based on the claim type with relevant information requested as accurate as possible.

Information under General Section is mandatory irrespective of claim type.

The issue and acceptance of this form does NOT constitute an admission of liability by ERGO Insurance (Thailand) Public Company Limited or waiver of its rights.

General Section							
Name of Policyholder:		Name of Claimant: (if it differs from the policyholder)		Insurance Policy Number:			
Policyholder / Claimant's Address:		Payee's Name: (if it differs from the policyholder or claimant, please enclose authorization letter & proof of relationship)		Nationality:			
				ID Card / Passport Number:			
Occupation:		Date of Birth:		Sex:			
Telephone Number:		Mobile Number:		Email Address:			
Travel companion(s) is/are insured? Yes No		If insured with ERGO please share the insured name and policy numbers:					
Location of incident, loss or illness:		Date of booking the trip:		Date of departure:		Date of return:	
Provide a detailed description of the incident, loss, accident or illness (continue on a separate sheet if necessary):							
Do you have any other insurance policies that may provide coverage for you for this event? Yes No							
Have you made a claim for this loss to any other insurer? Yes No				If yes, please provide the claim reference number:			
Insurer Address:				Insurer Name:			
				Policy Number:			
				Contact Number:			
Have you made any previous claims on a travel insurance policy or other policy? Yes No If yes, please provide the details:							
Was ERGO Emergency Hotline contacted for assistance? Yes No NA If yes, please specify case / reference number:							
Important: In the event of emergency such as hospitalization or evacuation services, or in the event of any need to return to Thailand early, you are requested to contact ERGO Emergency Hotline.							

Declaration & Authorization

[Declaration] I/we declare that the particulars stated above are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused.

[Authorization] Where applicable, I/we hereby authorize any hospital, clinic, physician or any other person to disclose all information including copies of all hospital or medical records on the patient when requested by ERGO Insurance (Thailand) Public Company Limited. I have noted that any illness, injury, consultations, medical history, prescriptions or treatment the medical report fee incurred will be borne by me. A copy of this authorization shall be considered as effective and valid as the original.

[Personal Data Protection Statement] I/we understand, acknowledge, agree and consent that:

- ERGO Insurance (Thailand) Public Company Limited (ERGO) may/will collect, use, disclose and/or process my/our personal data set out in this form and any other information provided by me or possessed by ERGO for the purpose of enabling ERGO to provide me with services required of an insurance provider, such as evaluating, processing, administering, and/or managing of my relationship and policies with ERGO. This includes among other things policy servicing, processing, investigating, handling, administering and/or settling my/our claim with ERGO or other insurers;
- ERGO may/will disclose and transfer my/our personal data to third parties, including but not limited to its affiliates, representatives, agents and third party service providers, lawyers/law firms, whether located within or outside Thailand, for one or more of the above purposes, and the said third parties may/will subsequently collect, use, disclose and/or process my/our personal data for or more of the above purposes;
- The personal data protection clauses herein are not exhaustive.

If I/we provide personal data of a third party (e.g. information of insured persons, beneficiaries, beneficial owners, dependents, customers, payees and/or employees) to ERGO, I/we represent and warrant to ERGO that prior consents have been obtained from each of the third parties to provide such information.

Date	Date
Name of Claimant:	Name of Policyholder:
ID Card / Passport Number:	ID Card / Passport Number:
Signature of Claimant:	Signature of Policyholder - For minor and group policy: (Please provide Company Stamp for corporate policy)
Primary Contact Number:	Primary Contact Number:
Email Address:	Email Address: