



Nok Sure Claim Form

1. Policy

- 1.1. Type of Insurance plan purchased One-way plan Round trip plan
- 1.2. Certificate no. _____ Date of insurance plan purchased _____

2. Insured Person Details

- 2.1. Name of Insured _____ Age _____
- 2.2. Address _____
Telephone number _____ Email _____

3. Accident / Incident / Loss Details

- 3.1. Date _____ Time _____ Place of accident _____
- 3.2. Describe how the accident occurred _____

- 3.3. Witness's name _____
- 3.4. This loss
 has not been compensated from other companies or other parties.
 has been compensated from other companies or other parties.
Please specify the name of the company _____
Amount of compensation _____ Baht

4. Claim

- 4.1. Amount Claim _____ Baht

Please tick in the box the type of benefits you are claiming:

- Loss of life, dismemberment (hand, foot), loss of sight or total permanent disability while traveling
- Medical expenses from accident
- Trip cancellation
- Hijacking (2,000 Baht for each 12 hours)
- Travel delay (1,000 Baht for each 6 hours)
- Third Party Liability
- Damage/Loss of baggage and personal effect *(Please describe the detail below)*

Item damaged/lost (brand/model)	Date of Purchase	Price
1.		
2.		



NOK AIR

3.		
4.		
5.		

I have submitted documents required for each case as stated in the policy for _____ copies
I would like the company to make the claim payment to _____

I hereby authorize any hospital, physician, or other person who has attended or examined me, to furnish to the company or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation prescriptions or treatment, and copies of all hospital or medical records, a photo static copy of this authorization shall be considered as effective and valid as the original. Company have right to refuse or refund any claim from insured if Company found that Statements in this report are not true, fraud, or hide important information.

(_____)

Claimant / Insured name

Date _____

Contact information

Muang Thai Insurance Public Company Limited

Tel. 1484 Ext. 5

{Mon - Fri from 8.30 – 17.00}

Or

Dhipaya Insurance Public Company Limited

Claim A&H BU Department

Tel. 02-239-2200 Ext. 1907

E-Mail: claim_ahbu@dhipaya.co.th

{Mon - Fri from 8.30 – 16.30}