

Claim Form (Nok Air)

1. Name of Insured _____ age _____ Certificate number _____
Address _____ Telephone number _____

2. Date of Accident _____ Time _____ Place _____
Describe how the accident occurred _____

Witness's name _____ Telephone number _____

3. 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. I would like to claim for the amount of _____ baht for

- ☐ Loss of life or total permanent disability
- ☐ Medical expenses from accident
- ☐ Trip cancellation
- ☐ Hijacking
- ☐ Travel Delay
- ☐ Third Party Liability
- ☐ Damage/ Loss of baggage and personal effect

Item damaged/lost (brand/model)	Date of purchase	Price
1.		
2.		
3.		
4.		
5.		

I have submitted documents required for each case as stated in the policy for _____ copies and I would like Muang Thai Insurance to pay for the name of _____.

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.

Signature _____ claimant/insured name
Date _____