ROYAL & SUNALLIANCE

Forward thinking since 1710™

Royal and Sun Alliance Insurance (Thailand) Ltd.
Agency: Insurance Solutions
1/7 Soi Charoenmitr (Ekamai 10)
10110 Bangkok
tel: 02 714 4177
fax: 02 714 4179
e-mail: trina@loxinfo.co.th

Global Healthcare Insurance – Application Form

Fax this Application Form to: +(66) 2714-4179

- Requirements before submitting this Application Form:
1. You must complete the Medical Declaration and submit with this Application Form;
2. You must read and sign the Declaration at the bottom of all Application Forms;
3. You must advise us if there is anything that you are aware of that may affect us granting you insurance;

- **Insured Person(s)**

Main Applicant: (☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss.)
Surname:…………………………………………. First Name:…………………………………………Date of Birth:…..../…..../…..……
Occupation:………………………….. . Home Country, i.e. the country of which you hold a passport:………………………..
Spouse/Partner: (☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss.)
Surname:…………………………………………. First Name:…………………………………….. Date of Birth:…..../…..../…..………
Occupation:………………………….. . Home Country, i.e. the country of which you hold a passport:………………………..
Dependent Children:
Surname:…………………………………………. First Name:…………………………………….. Date of Birth:…..../…..../…..………
Surname:…………………………………………. First Name:…………………………………..Date of Birth:…..../…..../…..………
Note: If more than two children, complete a second application form and also the show "Main Applicant " Surname and First Name.

- **Current Personal Address**:………
…….....
- **Current Postal Address** (If different from above). …………………………………………………………………………………
……
- **Home Ph**: (……..)……………….… **Work Ph**: (……..)…….………… **Mobile Ph**: (……..)………………..…**Fax:** : (……..)………………
- **Email address**:…………………………………………………………………………
- **Employers Name and Address**:………………………………………………………………………………………………………
……
- **Next of Kin or emergency contact name**: ………………………………Relationship ……..…………… **Ph**: (……..)………………
- **How long have you lived in Thailand?**………yrs? And how long do you intend remain in Thailand?………yrs. (Estimate)
- **<u>If you are not living in Thailand</u>, then what is your current country of residence?** ………………………………………………

  And how many years have your lived here ……….yrs? And how long do you intend to stay here…………yrs? (Estimate)

- **Start Date of Insurance:** …..…/…..…/..…… (Subject to acceptance and receipt of the premium by Royal & Sun Alliance)
- **Insurance Plan:** ☐ **Ultra Care Policy** ☐ **Standard Care Policy**
- **Payment Method:** ☐ **Bank Transfer** ☐ **Cash** ☐ **Cheque** ☐ **Credit Card**
- **Premium**, **Tax & Stamp Duty** will be advised by return fax by Royal & Sun Alliance.

- **Declaration:** To be signed by the Main Applicant on behalf of all persons to be insured:
1. I apply for the Royal & Sun Alliance Insurance (Thailand) Ltd., Global Healthcare Insurance and I declare that to the best of my knowledge and belief that all information given in the Application Form and the Medical Declaration are true and complete.
2. I acknowledge that the Royal & Sun Alliance Insurance (Thailand) Ltd., do not cover any pre-existing conditions unless transferring from another plan, when this is then subject to the discretion of Royal & Sun Alliance Insurance (Thailand) Ltd.
3. I hereby give my authority for Royal & Sun Alliance Insurance (Thailand) Ltd., or their representative to contact my doctor if required, for further information regarding my medical conditions.
4. It is agreed that the information given above, forms the contract between Me and the Royal & Sun Alliance Insurance (Thailand) Ltd.
5. I have read and understood the most recent copy of the Royal & Sun Alliance Insurance (Thailand) Ltd., Global Healthcare Insurance Policy and that the information contained therein supersedes any previous version of the Policy and any other verbal interpretations of the Policy terms and conditions.
6. I understand that if I am not satisfied with the Royal & Sun Alliance Insurance (Thailand) Ltd., Global Healthcare Insurance Policy that I can return the Policy, Certificate and Assistance Card within 30 days of receipt and have a full refund of premium paid provided that I have not and will not make a claim.
7. I agree to provide Royal & Sun Alliance Insurance (Thailand) Ltd., or their representative with any relevant information regarding current or past medical insurance claims and that Royal & Sun Alliance Insurance (Thailand) Ltd., or their Representative may release claims information to any other party.

- **Signature of Main Applicant** ………………………………………………………….. **Date:** ……/……/……

ROYAL & SUNALLIANCE
Forward thinking since 1710™

Royal and Sun Alliance Insurance (Thailand) Ltd.
Agency: Insurance Solutions
1/7 Soi Charoenmitr (Ekamai 10)
10110 Bangkok
tel: 02 714 4177
fax: 02 714 4179
e-mail: trina@loxinfo.co.th

Global Healthcare Insurance – Medical Declaration

Fax this Application Form to: +(66) 2714-4179

- The Main Applicant can complete this certificate on behalf of his / her spouse and children. **Note:** *If more than two children, complete a second application form and also show "Main Applicant " Name.*
- **Have any of the persons applying for Cover had any symptoms or treatment for any of the following conditions in the last two years prior to this application? If Yes, please list the condition(s) and dates under the appropriate person. If No, please ✓ No.**

Name:	**Main Applicant**	**Spouse/Partner**	**Child 1**	**Child 2**
Initials:				
Surname:				
Current Age:				
Options you want to take: ==➔				
Ears, Eyes, Nose, Throat, Teeth	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Gall Bladder, Liver or Pancreas	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Stomach or Oesophagus	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Heart Related Conditions	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Vascular System	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Cerebrovascular / Stroke/TIA	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Psychiatric / Psychological	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Chronic Conditions	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Congenital / Birth Conditions	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Cancer or Related Conditions	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Kidney, Bladder, Bowel, Prostate, Diabetes	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Respiratory (including Asthma)	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Reproductive Systems	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Skeletal / Joints Conditions	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Injuries / Hospitalization	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Neurological	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Blood Pressure / Hypertension	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
Any Other Conditions	Yes ← No ←	Yes ← No ←	Yes ← No ←	Yes ← No ←
If Yes, State Condition				
Expected premium per person per year:				

- **If you have answered *yes* ← to any of the above questions, please provide details and the date of treatment(s):**

Main Applicant...
Spouse..
Child 1..
Child 2..

- **Is there any family history relating to any of the above conditions? Yes ← No ← (If Yes, please give details):**

....

- **Your current Doctor's Name** .... **Ph**: (........)............................**Fax**: (........)...............................
- **Address**...

> **Declaration:** To be signed by the Main Applicant on behalf of all persons to be insured:
> 1. I declare to the best of my knowledge and belief that the information given above is true and complete.
> 2. I accept that the Royal & Sun Alliance Insurance (Thailand) Ltd., - Global Healthcare Insurance Policy does not cover any pre-existing conditions unless transferring from another plan, when this is then subject to the discretion of Royal & Sun Alliance Insurance (Thailand) Ltd.
> 3. I give authorization for Royal & Sun Alliance Insurance (Thailand) Ltd., or their Representatives to contact my Doctor and I agree to provide any relevant information regarding current or past claims and that Royal & Sun Alliance Insurance (Thailand) Ltd., or their Representative may release claims information to any other party.

REMINDER OF THE DEPARTMENT OF INSURANCE, MINISTRY OF COMMERCE. Please give answers to all questions truthfully, otherwise Royal & Sun Alliance Insurance (Thailand) Ltd., may have cause to deny liability under the policy in accordance with Section 865 of the Civil & Commercial Code.

- **Signature of Main Applicant** .... **Date: ....../....../......**