



redefining / insurance

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Application Form

SmartPlan F & B

Proposer Details

Insured's name / Proprietor

Telephone / Mobile Email

Business Details

Name of Outlet Type of Insured Business

Address of Insured Premise

Insured Property Details

1. Premise is occupied by Owner Tenant

2. Details of property insured

Wall	Upper Floor	Roof Beam	Roof
<input type="radio"/> Brick	<input type="radio"/> Concrete	<input type="radio"/> Wooden	<input type="radio"/> Deck
<input type="radio"/> Brick/Wooden	<input type="radio"/> Wooden	<input type="radio"/> Steel	<input type="radio"/> Tile
No. of Storey Floors		No. of Building Unit	
		Internal Area m ²	

3. Insurance Period From at 12.00 hours To at 12.00 hours

4. Sum Insured and Detail of Insured Property for All Risks

4.1 Building (excluding foundation) Baht

4.2 Contents (i.e. Furniture, Fixture, Fitting, Electrical Appliances, etc.) Baht

4.3 Stocks Baht

Please provide more information :

4.4 Other Baht

Please provide more information :

Total Sum Insured **Baht**

5. Is your property currently insured? Yes No

If yes, kindly please provide us the name of your insurer Sum Insured Baht

6. Have you made a claim in the past 5 years? Yes No

I hereby warrant that the declarations herein are true and being a part of the insurance contract between me and the company, and understand that this insurance will not commence until the application is accepted by the company.

Insured's signature Date

Agent Broker License No.

Remark : "You confirm the accuracy of this information and agree that AXA Insurance Public Company Limited ("AXA") and its affiliates may collect, use and retain your information gathered as part of the services that are produced to you and/or for direct marketing purposes and in this connection. AXA may use this information to improve or provide customized services to you and will not disclose this information to unauthorized person except for legal/regulatory requirements. " Consent AXA to use information. Yes No

Reminder of Office of Insurance Commission