redefining / insurance

+66 2118 8000
+66 2679 7429
axathai@axa.co.th
www.axa.co.th

SmartCare Executive
APPLICATION FORM INDIVIDUAL HEALTH AND ACCIDENT

SENIOR SOOKJAI

Particulars of The Insured Person

1. Applicant's Name-Surname: .....

Date of Birth d d m m y y y y Age (Years) ..... (Months) ..... Height (cm) ..... Weight (kg) .....

ID Card No./ Passport No. .....

Marital Status (please advise) ☐ Single ☐ Married ☐ Other .....

Address .....

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☎ Home ..... Mobile ..... E-MAIL .....

Beneficiary Name-Surname: ..... Relationship to the applicant .....

Payor Name-Surname: ..... Relationship to the applicant .....

QUESTIONS FOR APPLICANT PROPOSED FOR INSURANCE (Please ✓ the appropriate box)	NO	YES
1. Does the applicant proposed for insurance have health, life or accident insurance with other insurers?	☐	☐
2. Has the applicant proposed for insurance ever been declined or accepted on special terms for health,life or accident plan?	☐	☐
3. Has the applicant proposed for insurance hereunder ever undergone a surgical procedure of investigative nature or hospitalized or had a major accident in the last 5 years?	☐	☐
4. Has the applicant proposed for insurance ever been advised to have a surgical operation or investigative procedure which has not been performed?	☐	☐
5. Has the applicant proposed for insurance had special treatment with X-Ray, Ultrasound, CT Scan, MRI Biopsy, Electrocardiogram?	☐	☐

Remark : If your answer is "YES" please provide details ; e.g., Insurer Name, reason of decline or details of special terms, nature of surgical procedure, etc.

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CHOICE OF PLAN

☐ Senior 1 : No Deductible

☐ Senior 1 : With Deductible 10,000 Baht

☐ Senior 2 : No Deductible

☐ Senior 2 : With Deductible 10,000 Baht

HEALTH DECLARATION OF APPLICANT PROPOSED FOR INSURANCE

Please ✓ the appropriate box and fill in the information	YES	NO	Name of disease/symptom	Date of Onset	Date of Recovery
1. Any respiratory disorders, lung trouble, asthma, allergy?	☐	☐			
2. Any heart, myocardial or cardiovascular disease?	☐	☐			
3. Any skeletal - muscular system disorders, joint disorders, rheumatism, arthritis, gout or back trouble?	☐	☐			
4. Any digestive disorders?	☐	☐			
5. Any enlarged glands or any form of cancer, tumor, non - malignant tumor or mass or cyst?	☐	☐			
6. Any eye, ear, nose or throat disorders and abnormalities?	☐	☐			
7. Any liver and gall bladder disorder i.e. hepatitis cholecystitis, gallstones?	☐	☐			
8. Any reproductive disorders and sexually transmitted diseases?	☐	☐			
9. Any urinary system disorders?	☐	☐			
10. Any circulatory and blood disorders?	☐	☐			
11. Any thyroid gland disorders i.e. hypothyroid, thyrotoxicosis?	☐	☐			
12. Any brain, nervous system disorders and Cerebrovascular disease?	☐	☐			
13. Are you currently suffering or ever been following disease? Autistic, Epilepsy, Kidney, Diabetes, Tuberculosis, S.L.E, Thalassemia, Dwarfism?	☐	☐			
14. Except item 13, are you suffering or injuries?	☐	☐			
15. Are you currently taking any medication or undergoing any treatment regularly?	☐	☐			

Remark : If your answer is "YES", please give details of the treatment received, name of medical practitioner and the hospitals or clinics providing the medical treatment hereunder :

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I declare that the above answers are full, complete and true and I agree that they shall form part of my application which shall be the basis of the contract of insurance. I also agree that for health insurance handling, both underwriting and claim process, I authorize any hospital, physician or other person who has attended to me, or examined me or is authorized to maintain medical records, to disclose when requested to do so by AXA Insurance PCL, any and all information with respect to any illness or injury, medical history or treatment. A photocopy of this authorization shall be considered as effective and valid as the original. I understand that this insurance will not commence until the company has approved my application.

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Signature of Applicant **Application Date** (DD / MM / YYYY)

WARNING: Office of Insurance Commission (OIC)

The applicant shall disclose all the known facts. Any nondisclosure shall make the policy issued hereunder voidable. The company has the right to void the contract and refuse claims according the Civil Commercial Code Section 865.

Note: A Photocopy of ID Card or Passport will be required to complete the application.