Allianz Ayudhya General Insurance Public Company Limited
898 Ploenchit Tower, Ploenchit Road, Khwang Lumpini,
Khet Pathumwan, Bangkok 10330
Tel. +66 2677 0000 Fax. +66 2230 6500

Application Form

Health and Accident for General Group and Organizational Group

Allianz Ayudhya General Insurance Public Company Limited. 898 Ploenchit Tower, Ploenchit Road, Khwang Lumpini, Khet Pathumwan, Bangkok 10330

Suggestion for Completing the Health Insurance Application Form

- Please complete the contents and give your information including medical record by yourself (please provide us your most information for your convenience when there is the consideration to accept your application for health insurance including the consideration on further approving the compensation to you)
- In case of minor, his/her guardian can give the statement of health on his/her behalf by mean of signing to certify that such statements are true.
- If you have any inquiry regarding the completing of this Health Insurance Application Form, please contact our Customers Relations Department, Tel. 0 2232 8666 or email : csc@aetna.co.th

Please fill out the form completely and send to

Allianz Ayudhya General Insurance Public Company Limited. 898 Ploenchit Tower, Ploenchit Road, Khwang Lumpini, Khet Pathumwan, Bangkok 10330

Insured's Information

Company (Insurance Policy Holder) ....

Business Category .... Position .... Division ....

the first date working for the Company ....

Name title (for instance, Mr., Miss, Mrs., Mstr., Miss, M.R., Col.) .... Gender : ◯ Male ◯ Female

Name (the Covered Person) .... Family name ....

Contact language ◯ Thai ◯ English

Convenient Contact Address ....

Postal code .... Telephone (Office) .... (Home) ....

(Mobile No.) .... E-mail ....

ID Card No. .... Date / Month / Year of Birth ....

Age .... years Height (Cm.) .... Weight (Kg.) .... Home country ....

Current residence country ....

Relationship with the employee (in case of the Co-Covered Person not being the employee or officer of the Insurance Policy Holder. Please complete the details and specify the details of the employee or officer of the Insurance Policy Holder) ◯ Spouse ◯ Child

Name of Beneficiary (only the person who selects the benefit scheme with the accident)

Name-Family Name .... Relationship ....

Address ....

Name-Family Name .... Relationship ....

Address ....

1. Have you ever had health, life or accident insurance or other income compensation plan with Allianz Ayudhya and/or any other companies?
   ◯ No ◯ Yes (please state the company name .... and sum insured .... Baht)
2. Have you ever had an application rejected or a policy cancelled, rated or restricted by Allianz Ayudhya and/or other companies?
   ◯ No ◯ Yes (please state the company name .... and sum insured .... Baht)
3. During the past 5 years, have you ever been hospitalized?
   ◯ No ◯ Yes

(English translation for the convenience of foreigner applicant only)

4. Have you ever received treatment or ever diagnosed by physician that you had suffered from Hypertension (high blood pressure), Hyperlipidemia, Diabetes Mellitus (DM), Heart Disease, Epilepsy, Brain and Nervous System Disease, Paralysis, Celebral Atophy, Cerebral Hemorrhage, Tumor, Cyst or all kinds of Cancer, Kidney Disease, Liver Disease, Blood Disease, HIV (AIDS), Bone, Joint and Gouty Arthritis, Thyroid Disease, Lupus Erythematosus (SLE), Respiratory Disorders and Lung Disease, for instance, Asthma, Emphysema, Chronic Obstructive Pulmonary Disease, TB or any other Chronic Disease, or not?

   ◯ No ◯ Yes

5. Have you ever undergone a surgical procedure or ever diagnosed by physician to be undergone a surgical procedure?

   ◯ No ◯ Yes

In case you declared Yes in Clause 3 - 5, please provide the details in the following schedule:-

Disease	Date/Month/Year of treatment (please stipulate whether you received diagnosis or treatment or notice by physician)	Treatment and current symptom	Clinic/Medical Facility (if you can specify the name of physician, please do so)

I hereby certify that all the above statements in this Application Form are true in all aspects. If I give false statement or do not disclose any truth, I hereby consent to the Company to terminate the insurance contract.

I, do hereby, appoint Company, as the Attorney-in-fact to request any kinds of information of my health record or health conditions from any physician or healthcare provider or any other organization (who has my health record or health conditions) on my behalf until completion. A photocopy of this statement of authorization shall be as effective and valid as the original in order to underwrite and claim.

The Company has the right to, at the Company's expense, examine the Insured's history/records of medical treatments and diagnosis as necessary for the purpose of this insurance and has the right to perform an autopsy in necessary cases, provided that it is not against the law to do so. If the Insured refuses to allow the Company to examine the Insured's history/records of medical treatments and diagnosis for consideration of compensation payment, the Company may refuse to provide coverage under this Insurance Policy to the Insured.

I hereby consent to the company's keeping, use, and disclose of the facts about my health and information to the OIC for the benefits of supervision of the insurance business.

Signed (Applicant) .... Date / Month / Year .... (Application Form Completing Date)

(sign on behalf of the child of a person, on completion of 20 years of age who remains single.)

(English translation for the convenience of foreigner applicant only)

Reminder of the Office of Insurance Commision, Ministry of Commerce

The Applicant must truthfully answer all questions. Any concealment or misrepresentation of the truth may result in the insurance company refusing to honor insurance claims, as per Section 865 of the Civil and Commercial Code.

I hereby certify that the Applicant is a real employee of Company (Employer's name and seal) Employer .... by .... (signature) Title	For Officer :

(English translation for the convenience of foreigner applicant only)