



**Beneficiary Declaration
Death Claim Request Form**

Warning : The beneficiary is required to complete and sign the form because it may affect the claim consideration according to the insurance contract.

Date.....

1. According to the Insurance Contract No.....Name-Surname of the Insured..... Former Name-Surname (if any).....
2. Date of Birth of the Insured.....Birth Place.....
3. Date of Death.....Cause of Death
4. Occupation Before Death.....Work place.....
5. Place of Death.....
6. Before death, the insured used to receive medical treatment from this medical center or others as detailed below.

Disease or Condition	Date of Treatment	Name of Physician	Name of Medical Center

7. Has the insured ever moved to other resident location or workplace before death? No Yes, please specify.....
8. Has the insured held other policies with other companies? No Yes, please specify.....
9. Beneficiary's Information

Beneficiary's Name-Surname	Present Address	Residential address in the country of nationality (in case of non-Thai nationality)	Occupation	Phone Number/E-mail Address
	<input type="checkbox"/> House Registration Address <input type="checkbox"/> Others, please specify.....			
	<input type="checkbox"/> House Registration Address <input type="checkbox"/> Others, please specify.....			

10. Mailing address.....

If you would like the Company to inform the death claim result through SMS on mobile phone, please specify the mobile phone.....

(The Company reserves the right to send information to only one mobile phone no.)

11. Death Claim Collection

- Receive at the Head Office of Muang Thai Life Assurance Public Company Limited Direct mail to the address specified in Item 10
- Receive at Muang Thai Life Assurance PCL, Branch.....
- Via agent Name..... Team/Department.....

Declaration of Personal Data Disclosure

I give consent to Muang Thai Life Assurance Public Company Limited ("Company") to collect and use Personal Data, religion, and race, both provided above at present and in the future (collectively referred to as "Sensitive Data"). This consent also includes disclosure of such Sensitive Data as necessary to executives, employees and life insurance agents of the Company, life insurance brokers, banks, reinsurance companies, other insurance companies, the Thai Life Assurance Association (TLAA), units with duty to collect/pay policy benefits, government agencies, agencies and commissions which are responsible for law enforcement or legally registered, state agencies or regulators, to allow the Company, persons and agencies to collect and use the Sensitive Data as necessary and required by law for the purposes of policy benefit payment, claim payment as a central database of insurance companies in order to examine insured's history and claim record, any operations regarding insurance policies, future insurance application and for any purposes which benefit me.

I acknowledge that by not giving consent and by changing the scope of consent, withdrawing consent, objecting, requesting for erasure or destruction of Personal Information, it may result in the Company being unable to manage or take any necessary action on the insurance contract and may affect services and policy benefit payment. In this regard, I have already acknowledged the Company's Privacy Policy on www.muangthai.co.th/th/privacy-policy. In this regard, the expression of my intention by marking constitutes that I have given explicit consent to collect, use and disclose the Personal Data according to the purposes specified above. Hereby, I have signed as evidence thereof.



Scan for details of Privacy P

Declaration and Authorization of Medical History Disclosure

I, as the beneficiary/legal representative of the beneficiary (in case of minor) of the insured/claimant/authorized person according to the policy insurance of Muang Thai Life Assurance Public Company Limited ("Company"), give consent to the physician(s), medical center(s) or relevant person(s) who has Personal Data, health information and medical record of the insured in the past and information pertaining to the insured's death ("Data") to disclose the Data to the Company, life insurance agents of the Company to act as a legal authorized person to proceed and contact to receive the aforementioned medical history from attending physician(s) or hospital(s) or any medical center(s) that has or had provided me with medical treatment or health checkup as if they were my own actions in all respects. A copy of this letter is regarded as equally effective and complete as the original.

I have explicitly acknowledged the statements above and the Company's Privacy Policy and hereby signed to authorize and give consent to the disclosure of medical history above.

Sign Personal data provider (Beneficiary)/Grantor and consent grantor of history disclosure

Sign..... Personal data provider (Beneficiary)/Grantor and consent grantor of history disclosure

Sign.....Witness
()

Sign..... Witness
()

* Sign..... Consent grantor

Relation

If the beneficiary is a minor (less than 20 years old), a father/mother/legal guardian must sign this section and specify the relationship.
*SignConsent Grantor Relationship with the minor.....

- Remark :
1. In case of signing by fingerprint, signatures of 2 witnesses must be completely provided.
 - *2. In case the beneficiary is a minor (not over 10 years old), a guardian must sign on his/her behalf and specify the relationship.
 - *3. In case the beneficiary is a minor (over 10 years old but less than 20 years old), a guardian must sign together with the minor and specify the relationship.
 4. Before submitting a copy of ID card/passport, please cross out the "religion" or "race" information, as the case may be, until the text cannot be read, and sign to certify. Otherwise, it will be deemed that you allow the Company to cross out the "religion" or "race" information on your behalf.
 5. According to the Notification of the Anti-Money Laundering Office, if the claim amount per a beneficiary is 100,000 Baht and above, the beneficiary is required to identify and verify the identity:
 - At MTL Customer Service Centers nationwide or with the Company's agents, or Verifying the identity at Muang Thai Life Assurance Customer Service Center or with the Company's agents, or
 - Scan the QR code below and download MTL Click Application. Attach a color photograph (taken no more than 6 months) and a photo of ID card via E-KYC menu, or
 - Attach a color photograph (taken no more than 6 months) and a photo of ID card, and mail to Muang Thai Life Assurance Public Company Limited, 250, Rachadaphisek Road, Huai Kwang, Bangkok 10310.
 - If the beneficiary is a minor and has no ID card, a father/mother/legal guardian is required to identify and verify the identity.

For MTL's agent or staff
I hereby confirm that I have met the beneficiary or father/mother/legal guardian of the beneficiary who is a minor and proceeded to verify the identity of such persons completely.
Sign..... (Block letters) Code of MTL's Agent or Staff.....Date.....



MTL Click Application