

## DEATH CLAIM CHECKLIST

Policy No. \_\_\_\_\_ Insured name: \_\_\_\_\_

Dear Customer,

It is with profoundly grief that we came to know the loss of your beloved. Please accept our sincere condolences for this unexpected and sad news. We, Prudential Life Assurance (Thailand) PCL pray to give you and your family the strength and courage to cope with this loss.

In order to supply the claim evaluation for reimbursement, please read this form carefully and provide us with the below requirements and mark on the checkbox in front of document list that you are submitting with this claims.

### Natural Death Claim Document List

- Death claim requisition form
- Physician statement and Medical Certification of Death (if occurred in a hospital)
- Death Certificate (Original document and copy that certified by authorized person)
- Copy of insured's house registration with "Death stamp", *certified the copy by beneficiary and attach original document*
- Copy of insured's Identification Card or Passport (foreigner), *certified by beneficiary(s) – 5 copies*
- Copy of ID card/Passport of all beneficiaries, *certified the copy by beneficiary(s)– 4 copies*
- Copy of house registration of all beneficiaries, *certified the copy by beneficiary himself/herself*
- Copy of Life Assurance policy(s)
- Authorization form (Consent to disclose medical history), signed by beneficiary or legal heir
  - a. If the death occurred within 1 year of insured – 5 copies
  - b. If the death occurred after 1 year but before 2 years after insured – 3 copies

### Unnatural Death Claim Document List (Accident/Criminal or another incident)

- All document listed above
- Copy of police report and investigation, *certified by authorized person*
- Copy of postmortem examination report by police, *certified by authorized person*
- Autopsy report (if available), *certified by authorized person*

### If the beneficiary is a minor, please submit additional information below

- Copy of parent's or legal guardian's identification with prove document from court

### Additional requirement for special cases only

- Copy of name or last name change certificate (if any)
- Copy of saving account passbook for all beneficiaries (for Unit-Link claim)
- Outstanding debt statement at date of death, if the assurance cover for credit loan

You may walk-in and drop document at Prudential Life Assurance (Thailand) Public Company Limited reception desk, Fl. 24<sup>th</sup> or at any Prudential branches. Mailing to Claim Department - Prudential Life Assurance (Thailand) PCL  
9/9 @Sathorn Building 20th-27th Floor, South Sathorn Road, Yannawa Sathorn Bangkok 10120 Thailand

Document sent by : \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



## DEATH CLAIM REQUISITION FORM

Policy No. \_\_\_\_\_ Insured Name \_\_\_\_\_

Life sum assured \_\_\_\_\_ Baht Date of insured (DOI) \_\_\_\_\_ (DD/MM/YY)

### 1. Insured's information

Name – Last name.....Age.....Years

Latest address details: .....

.....Postal code..... Country.....

Last Occupation..... Position.....Duration/.....years

### 2. Claimant's information

Name – Last name.....Age.....Years Occupation.....

Mailing address.....

.....Postal code.....Country.....

Contact number.....Email.....

Relationship with insured.....

Are you the beneficiary under this policy?  Yes  No

If no, please explain your relationship with the insured.....

### 3. Details of death

Date of death.....Place.....

Cause of death.....

### 4. Details of illness and precipitating factors

Main diagnosis..... Date of first onset symptoms.....

Signs and symptoms from your observation.....

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When did the insured last seen by physician?.....

Name of physician (Doctor).....Clinic/Hospital.....

### 5. Details of physician(s) and hospital(s) that the insured has been recently visited.

Physician name	Clinic/Hospital	Date of visit	Diagnosis

**6. Other life insurance or assurance that the insured may have**

Company	Policy Number	Date of insured	Sum assured

**Declaration & Consent of Claimant**

1. I, hereby certify that above information is true and correct to the best of my knowledge.
2. I acknowledge and agree the below reimbursement condition of Life assurance with Unit Link as per below statements;
  - Should the company (Prudential Thailand PCL) receive this requisition form, all requirements document and authorization before 4 p.m., the redemption will be proceeded on next working day. In case that the company receive the request and document after 4 p.m. it is deemed that the receive date is next working day. If the date that wish to redeem fund is fallen to public holiday(s) the company will process redemption and transaction on next working day.
  - For any policy(s) that have domestic mutual funds and international mutual funds, the company will reimburse domestic funds first and to follow by international funds .
  - The reimbursement will be paid to beneficiary(s) within 5 working days after the redemption completed unless the redemption and transaction process from investment company is under postponement by the order The securities and Exchange Commission, Thailand.

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Signature.....Beneficiary  
( )

Signature.....Beneficiary  
( )

Signature.....Beneficiary  
( )

Signature.....Beneficiary  
( )

Signature.....Witness  
( )

Signature..... Witness  
( )

Date: (DD/MM/YYYY).....

## Treating Physician Statement (Death Case)

Patient name.....Age.....Years Occupation.....

National ID .....Present Address.....

Clinic/Hospital Name.....Treating Physician.....

Hospital Number (HN).....Admission Number(AN).....

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1. Date that declare death..... Time.....

Place.....

Cause of death.....

Precipitating cause.....

Comorbidity .....

2. How long have you know this patient?.....

In your opinion, how long did the patient affected by this disease?.....

Did you aware of any underlying diseases of this case? (informed by patient or relative).....

If yes, please identify .....

.....

3. Was the patient died by suicide? .....

Was the patient consume any alcohol and drugs.....

Was alcohol or drugs by any chances precipitating the death?.....

Was the blood sample collected for Alcohol and drugs test?.....

If yes, what is the result?.....

Was there any test for drugs and toxins? .....

If yes, please specify details of samples collected and laboratory provider.....

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By any chances the cause of death related to patient's habits, occupation or resident?.....

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4. Did the forensic sciences or other medical investigations involved? If so, please provide details and report.

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5. Did the patient went to other clinic/hospitals before visiting you? If yes, please provide information below.

Date of visit	Physician/Hospital	Disease/Illness

6. Patient's height..... Weight..... Permanent lesion scars.....

7. Other opinion.....

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I, \_\_\_\_\_ (Doctor of Medicine), License number \_\_\_\_\_

Hospital/Clinic \_\_\_\_\_ Address \_\_\_\_\_

Hereby certify that the above information provided is true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Name ( \_\_\_\_\_ )

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Clinic/Hospital's stamp)

( \_\_\_\_\_ )

The claimant is responsible for any fees if applicable



## AUTHORIZATION FOR DISCLOSE OF HEALTH INFORMATION

(On behalf of insured)

I, Mr./Ms./Mrs. \_\_\_\_\_ Age \_\_\_\_\_ years,  
as \_\_\_\_\_ (Descript relationship) of Mr./Ms./Mrs. \_\_\_\_\_

a policyholder of Prudential Life assurance (Thailand) Public Company Limited (“Prudential Thailand”), hereby consent and authorize treating physician (doctor), clinic, hospital and other insurance where medical record and health information of above named insured available, to disclose and release of such information to Prudential Thailand and its representative for their assessing of claim and reimbursement under this policy. By this consent, I authorize Prudential Thailand to keep and store, use and disclose this personal data, health information and policy information to other insurance, re-insurance company, person in authority including but not limited to healthcare provider and hospital, to beneficial of claims evaluation and reimbursement.

By signing this consent, I expressly waive my legal right to sue and prosecute against Prudential Thailand, its employee or representative and will not request any additional compensation from whom which may disclose the mentioned information under this agreement and circumstance as stated above.

Signature.....Policyholder (Authority)

(.....)

Date: .....

Signature.....Witness

(.....)

Signature.....Witness

(.....)