

## IN CASE OF DISABILITY

1. Copy of the insured's ID Card / Passport
2. Medical history from the beginning to the present
3. X-ray film (if available)
4. Recent photo of injuries
5. Doctor's Report in case of death and disability (PCHI-CL-F-02)
6. Doctor's Report in case of disability assessment (PCHI-CL-F-04)
7. Copy of bank account page (savings / current) of the Insured
8. Copy of daily Policy Report regarding the case certified by the Duty Investigation Officer (in case of accident)
9. Claim Form (PCHI\_CL-F-01)

### NOTES:

1. Documents which are copies must be certified as true copy every time
2. In the case of name or surname not matching to the information filed at The Company. The claimant must submit the evidence of the name or surname change or the marriage certificate of the Insured or beneficiary
3. In the event that the beneficiary is a minor, the Father or the Mother or the Guardian appointed by The Court shall receive the benefit from The Company on behalf of the minor
4. In the event that the Insured dies, The Company will pay the benefit to the person appointed by the Court as the Executor
5. The period of consideration for payment of benefit is within 15 days after receiving the complete documentation

If any documents listed above are not delivered to The Company, the claimant must notify The Company, so The Company will consider it as appropriate