

申请表

健康和意外伤害保险“新常态生活系列”

Application Form for Health
and Personal Accident Insurance

New Normal
Lifestyle Series



个人和家庭的健康保险

English - Chinese Language Version

申请表

健康和意外伤害保险“新常态生活系列”



Application Form for Health and Personal Accident Insurance “New Normal Lifestyle Series”

被保险人类别 / Type of Insured				
<input type="radio"/> 被保险人: Insured				
<input type="radio"/> 被保险人配偶: Spouse of Insured (被保险人配偶姓名: Name of Spouse of Insured)				
<input type="radio"/> 被保险人子女: Child of Insured (被保险人子女姓名: Name of Child of the Main Insured)				
<input type="radio"/> 被保险人配偶的子女: Spouse's child of Insured (被保险人配偶的子女姓名: Name of Spouse's child of Insured)				
申请人资料 (需与身份证或护照上的资料一致) Applicant's Details (as stated on ID Card or Passport)			PCHI ID No. PCHI 号码	
<input type="radio"/> 先生: Mr.	<input type="radio"/> 女士: Mrs.	<input type="radio"/> 小姐: Miss	身份证/护照号码: ID / Passport No.	
<input type="radio"/> 男生: Master	<input type="radio"/> 女士: Ms.	<input type="radio"/> 其他: Other	
申请人全名: Applicant's Full Name			到期日期: Expiry Date	
名字: First Name	中间名: Middle Name	姓: Family Name	DD - MM - YYYY	
<input type="text"/>	<input type="text"/>	<input type="text"/>		
保险起始日期: Policy Commencement Date DD - MM - YYYY				
性别: Gender		婚姻状况: Marital Status		
<input type="radio"/> 男: Male	<input type="radio"/> 女: Female	<input type="radio"/> 单身: Single	<input type="radio"/> 已婚: Married	<input type="radio"/> 寡妇: Widowed
<input type="radio"/> 离婚: Divorced				
年龄: Age	国籍: Nationality	体重 (公斤): Weight (kg.)	身高 (厘米): Height (cm.)	腰围 (厘米): Waist (cm.)
.....
出生日期: Date of Birth DD MM YYYY				
职业: Occupation		职位: Position	工作类型: Type of Work	
(如已退休, 请说明最后一份工作) (If retired please specify your last occupation)		
现居地址: Current Address				
.....				
公司名称, 工作地址: Your Company Name, Work Address				
.....				
联系地址 (请标明): Contact Address (Please identify)				
<input type="radio"/> 现居地址: Current Address <input type="radio"/> 工作地址: Work Address				
手机号码: Mobile Number	座机号码: Telephone Number	电子邮件: E-mail		
.....		
用于理赔支付的银行帐户资料: Bank Account Details for the Payment of Claims				
银行: Bank		帐户名称: Account Name		
分行: Branch		帐户号码: Account No.		

受益人资料 (需与身份证或护照上的资料一致) Beneficiary Details (as stated on ID Card or Passport)		
受益人姓名1 : Beneficiary Name 1 <input type="radio"/> 先生 : Mr. <input type="radio"/> 女士 : Mrs. <input type="radio"/> 小姐 : Miss <input type="radio"/> 男生 : Master <input type="radio"/> 女士 : Ms. <input type="radio"/> 其他 : Other..... 名字 : First Name 中间名 : Middle Name 姓 : Family Name <input type="text"/> <input type="text"/> <input type="text"/>		身份证/护照号码 : ID / Passport No. 电子邮箱 : E-mail
性别 : Gender <input type="radio"/> 男 : Male <input type="radio"/> 女 : Female		国籍 : Nationality
受益人完整地址 : Beneficiary Full Address		
出生日期 : Date of Birth <u>DD</u> - <u>MM</u> - <u>YYYY</u>	电话号码 : Contact Phone No.	与申请人关系 : Relationship to the Applicant <input type="radio"/> 配偶 : Spouse <input type="radio"/> 子女 : Child <input type="radio"/> 其他 : Other
受益人姓名2 : Beneficiary Name 2 <input type="radio"/> 先生 : Mr. <input type="radio"/> 女士 : Mrs. <input type="radio"/> 小姐 : Miss <input type="radio"/> 男生 : Master <input type="radio"/> 女士 : Ms. <input type="radio"/> 其他 : Other..... 名字 : First Name 中间名 : Middle Name 姓 : Family Name <input type="text"/> <input type="text"/> <input type="text"/>		身份证/护照号码 : ID / Passport No. 电子邮箱 : E-mail
Geschlecht : Gender <input type="radio"/> Männlich : Male <input type="radio"/> Weiblich: Female		国籍 : Nationality
受益人完整地址 : Beneficiary Full Address		
出生日期 : Date of Birth <u>DD</u> - <u>MM</u> - <u>YYYY</u>	电话号码 : Contact Phone No.	与申请人关系 : Relationship to the Applicant <input type="radio"/> 配偶 : Spouse <input type="radio"/> 子女 : Child <input type="radio"/> 其他 : Other
1. 选择保障计划 (Select your Protection Plan)		(基本保费) 泰铢: Base Premium (Baht)
<input type="radio"/> Standard <input type="radio"/> Premier <input type="radio"/> Maxima <input type="radio"/> Ultima <input type="radio"/> Standard Plus <input type="radio"/> Premier Plus <input type="radio"/> Maxima Plus <input type="radio"/> Ultima Plus <input type="radio"/> Standard Extra		
2. 选择折扣选项 (Premium Discount Options)		
门诊福利 / OPD Benefit	<input type="radio"/> 门诊福利 (免赔额/每人/每年) : Exclusion of Outpatient Benefit	- 20%
Deductible/Person/Policy Year *** 备注 *** 标准计划和标准加计划不提供免赔额选项 *** Remark *** Deductible options are not available for the Standard and Standard Plus Plans	<input type="radio"/> 免赔额 20,000泰铢 : THB 20,000 Deductible <input type="radio"/> 免赔额 40,000泰铢 : THB 40,000 Deductible <input type="radio"/> 免赔额 100,000泰铢 : THB 100,000 Deductible <input type="radio"/> 免赔额 200,000泰铢 : THB 200,000 Deductible <input type="radio"/> 免赔额 300,000泰铢 : THB 300,000 Deductible <input type="radio"/> 家庭折扣 : Family Discount	- 15% - 25% - 32.5% - 40% - 50% - 5%
这些保费折扣将按照以上基本保费逐步应用 (适用时) These premium discounts are to be applied progressively from the base premium above (Where applicable)		小计 Sub-Total
3. 额外福利 (Additional Benefits)		基本保费 (泰铢) : Base Premium (Baht)
*** 备注 *** 标准计划不提供牙科和视力福利。 *** Remark *** Dental and Vision Benefits are not available for all types of Standard Plans	牙科福利 / Dental Benefit <input type="radio"/> 保护 / Cover <input type="radio"/> 未覆盖 / Not Cover 视力福利 / Vision Benefit <input type="radio"/> 保护 / Cover <input type="radio"/> 未覆盖 / Not Cover <input type="radio"/> 购买更多个人意外险 (PA) / Buy More Personal Accident (PA) 泰铢 / Baht (请填写金额/ Insert Amount) 额外保费145泰铢/ 10万泰铢保障 所购买的金额将添加到所选计划中的现有金额。此项保障是在所选保险计划金额之外的。 *保险公司保留接受、限制或拒绝此要求的权利。 The amount bought is to be added to the existing amount within the selected plan This coverage is in addition to the selected insurance plan amount. *The Insurer reserves the right to accept, limit or decline this request.	
4. 年度保费 (Annual Premium)		
净保费小计 (Net Premium Sub-Total)		(泰铢 / Baht)
印花税0.4% (Stamp Duty 0.4%)		(泰铢 / Baht)
总保费 (Total Premium)		(泰铢 / Baht)

医疗问题 (Medical Questions)

请回答以下问题。对于每个“是”的答案，请说明提供者的名称（医院或诊所），以及地址、伤病状况、治疗日期、当前的临床治疗或随访以及其他相关信息。请在第 8 问题 中具体说明。

Kindly answer the questions below. For each "Yes" answer, please identify the provider's name (hospital or clinic), along with the; address, injury or illness condition, date of treatment, current clinical treatment or follow ups and other relevant information. Please Specify in Question 8

1. 您目前是否已购买其他医疗保险？（如果是，请附上保单和福利计划的副本）

Are you currently covered by any other Health Insurance policy? (If Yes, please enclose a copy of the policy and benefit schedule)

否 / No

是 (请具体说明) / Yes, (please specify)

2. 您是否曾经被拒保、延期、调整保费、限制或取消医疗或寿险保单？如果是，请详细说明。

Have you ever had any Health or Life Insurance policy declined, postponed, rate adjusted, restricted or canceled policy? If yes, please clarify

否 / No

是 (请具体说明) / Yes, (please specify)

3. 您是否曾经出现下列任何疾病或疾病症状？请在具体疾病或疾病症状下划线

Have you ever had symptoms of, or been made aware of, or diagnosed with, or treated for any diseases or disorders of any of the following? Please underline the specific diseases or disorders.

3.1 - 头痛、偏头痛 / Headaches, Migraines

否 / No 是 (请具体说明) / Yes, (please specify)

- 脑血管疾病或疾病 / Cerebrovascular Diseases or Disorders

否 / No 是 (请具体说明) / Yes, (please specify)

- 垂体疾病或疾病 / Pituitary Gland Diseases or Disorders

否 / No 是 (请具体说明) / Yes, (please specify)

- 癫痫或癫痫症 / Seizures or Epilepsy

否 / No 是 (请具体说明) / Yes, (please specify)

- 帕金森病 / Parkinson's Disease

否 / No 是 (请具体说明) / Yes, (please specify)

- 昏厥或晕厥 / Fainting or Blackout Spells

否 / No 是 (请具体说明) / Yes, (please specify)

- 任何其他神经系统疾病或疾病 / Any other Neurological System Diseases or Disorders

否 / No 是 (请具体说明) / Yes, (please specify)

- 胸痛 / Chest Pain

否 / No 是 (请具体说明) / Yes, (please specify)

- 心脏疾病 / Heart Disease

否 / No 是 (请具体说明) / Yes, (please specify)

- 心悸 / Palpitations

否 / No 是 (请具体说明) / Yes, (please specify)

- 心脏心律失常 / Cardiac Arrhythmias

否 / No 是 (请具体说明) / Yes, (please specify)

- 任何肺、心脏、循环系统疾病或疾病 /

Any Lungs, Heart, Blood Circulation System Diseases or Disorders

否 / No 是 (请具体说明) / Yes, (please specify)

- 静脉曲张、栓塞、静脉血栓 / Varicose Veins, Embolism, Vein Thrombosis

否 / No 是 (请具体说明) / Yes, (please specify)

- 蜂窝织炎、坏死性筋膜炎 / Cellulitis, Necrotizing Fasciitis

否 / No 是 (请具体说明) / Yes, (please specify)

- 糖尿病或高血糖水平(请说明胰岛素使用) /

Diabetes or High Blood Sugar Levels, Please specify insulin use

否 / No

是 (请具体说明) / Yes, (please specify) 注射胰岛素 / Insulin Injected 非胰岛素注射 / Non Insulin Injected

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医疗问题 (Medical Questions)

	- 高血压病 / Hypertension or High Blood Pressure <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 脂质代谢异常 / Dyslipidemia <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 贫血 / Anemia <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 淋巴结疾病 / Lymph Nodes Diseases or Disorders <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 血液疾病、激素或内分泌失调 / Blood Diseases, Hormonal or Endocrine Disorders <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
3.2	- 白内障、青光眼、眼翼状隆起、结膜翼状隆起 / Cataracts, Glaucoma, Pinguecula, Pterygium <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 角膜、视网膜、玻璃体疾病 / Cornea, Retinas, Vitreous Disorders <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 失明或视力丧失 / Blindness or Visual Loss <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 任何其他眼部疾病或疾病, 请具体说明 / Any other Eye Diseases or Disorders, please specify <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
3.3	- 扁桃体、鼻窦疾病或疾病 / Tonsil, Sinus Diseases or Disorders <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 耳鼻喉疾病或疾病, 包括相关异常结构 / Ears, Throat, Nose Diseases or Disorders, including Related Abnormal Structures <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 呼吸道过敏 / Respiratory Allergy <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 慢性阻塞性肺疾病、肺气肿 / COPD, Emphysema <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 哮喘、支气管反应增强 / Asthma, Bronchial Hyperresponsiveness <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 肺结核 / Pulmonary Tuberculosis <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 肺炎、慢性咳嗽、咳血、气胸 / Pneumonia, Chronic Cough, Hemoptysis, Pneumothorax <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 冠状病毒病毒株感染史 (COVID-19感染后) / Post COVID-19 infection <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 任何其他呼吸道疾病或疾病, 请具体说明 / Any other Respiratory Diseases or Disorders, Please specify <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
3.4	- 精神病 / Psychosis <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 压力、焦虑、强迫症 / Stress, Anxiety, Obsessive Compulsive Disorders <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 失眠 / Insomnia <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 情绪障碍 / Mood Disorders <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)

医疗问题 (Medical Questions)

	- 惊恐症 / Panic Disorders <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 恐惧症 / Phobic Disorders <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 抑郁症、自残意念或企图自杀 / Depression, Self-harm Ideas or Attempted Suicide <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 注意力缺陷多动障碍 (ADHD)、自闭症、智力障碍 / Attention Deficit Hyperactivity Disorder (ADHD), Autistic Disorder, Intellectual Disability <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 药物或精神药物滥用或成瘾 / Use or Addiction of Drugs or Psychotropic Substances <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
3.5	- 胃食管反流病 (GERD)、酸逆流 / Gastro Esophageal Reflux Disease (GERD), Acid Reflux <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 胃或肠溃疡、胃肠道出血 / Stomach or Intestinal Ulcers, Gastrointestinal Bleeding <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 肠易激综合征 (IBS)、炎症性肠病 (IBD)、结肠憩室病、肠梗阻、克罗恩病 / Irritable Bowel Syndrome (IBS), Inflammatory Bowel diseases (IBD), Diverticular Disease, Intestinal Obstruction, Crohn's Disease <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 肝硬化、胰腺炎、肝炎、脂肪肝 / Cirrhosis, Pancreatitis, Hepatitis, Fatty Liver <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 酒精中毒、酒精性肝炎、腹水 / Alcoholism, Alcoholic Hepatitis, Ascites <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 胆囊疾病、胆石病、胆管疾病 / Gallbladder Diseases, Gallstones, Bile Duct Disorder <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 黄疸 / Jaundice <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 疝气 / Hernias <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 痔疮、肛裂、肛门瘻 / Hemorrhoids, Anal Fissure, Anal Fistula <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 食物过敏 / Food allergy <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 其他食道、胃、肝或肠道疾 / Other Esophagus, Stomach, Liver or Intestine Diseases or Disorders, please specify <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
3.6	- 肾脏、输尿管、膀胱疾病或疾病 / Kidneys, Ureters, Bladder Diseases or Disorders <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 肾结石、输尿管结石、膀胱结石 / Kidney Stones, Ureteral Stones, Bladder Stones <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 前列腺或生殖系统疾病或疾病 / Prostate or Genital System Diseases or Disorders <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
3.7	- 颈痛、肩痛、上背痛或下背痛 / Neck Pain, Shoulder Pain, Upper Back or Lower Back Pain <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 纤维肌痛 / Fibromyalgia <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)
	- 肌筋膜疼痛综合征 / Myofascial Pain Syndrome <input type="radio"/> 否 / No <input type="radio"/> 是 (请具体说明) / Yes, (please specify)

医疗问题 (Medical Questions)

- 椎间盘突出或疝 / Bulging or Herniated Discs
 否 / No 是 (请具体说明) / Yes, (please specify)

- 肌肉、关节或骨骼疾病或疾病 / Muscle, Joint or Bone Diseases or Disorders
 否 / No 是 (请具体说明) / Yes, (please specify)

- 关节疼痛、关节炎、退行性关节 / Joint Pain, Arthritis, Degenerative Joints
 否 / No 是 (请具体说明) / Yes, (please specify)

- 痛风或高尿酸水平 / Gout or High Uric Acid Level
 否 / No 是 (请具体说明) / Yes, (please specify)

- 类风湿性关节炎 / Rheumatoid
 否 / No 是 (请具体说明) / Yes, (please specify)

- 其他肌肉骨骼系统疾病或疾病, 请具体说明 / Other Musculoskeletal System Diseases or Disorders, please specify)
 否 / No 是 (请具体说明) / Yes, (please specify)

3.8 - 艾滋病、艾滋病相关综合征、HIV / AIDS, AIDS Related Complex, HIV
 否 / No 是 (请具体说明) / Yes, (please specify)

- 性传播疾病 / Sexual Transmitted Disease
 否 / No 是 (请具体说明) / Yes, (please specify)

- 免疫缺陷、自身免疫性疾病 / Immunodeficiency, Auto-Immune Disease
 否 / No 是 (请具体说明) / Yes, (please specify)

- 系统性红斑狼疮 (SLE) / Systemic Lupus Erythematosus (SLE)
 否 / No 是 (请具体说明) / Yes, (please specify)

3.9 - 皮炎、湿疹、皮疹、荨麻疹 / Urtikaria / Dermatitis, Eczema, Rash, Urticaria
 否 / No 是 (请具体说明) / Yes, (please specify)

- 特应性皮炎 / Atopic Dermatitis
 否 / No 是 (请具体说明) / Yes, (please specify)

- 痣、结节或肿块、皮肤标记、脂溢性角化病 / Moles, Nodules or Lumps, Skin Tag, Seborrheic Keratosis
 否 / No 是 (请具体说明) / Yes, (please specify)

- 其他皮肤疾病或疾病, 请具体说明 / Other Skin Diseases or Disorders, please specify)
 否 / No 是 (请具体说明) / Yes, (please specify)

3.10 先天畸形和异常、遗传病、任何其他慢性疾病或疾病。请具体说明诊断、病因、症状、调查或治疗、治疗结果等，而不是在医学问题3.1-3.9中指定。 /
 Birth Defects, Congenital Anomalies and Abnormalities, Genetic Diseases, Any other Chronic Diseases or disorders rather than specify in medical questions number 3.1 - 3.9, if yes please specify diagnosis, etiology, symptom, investigation or treatment, results of treatment, etc.)
 否 / No
 是 (请具体说明) / Yes, (please specify)

3.11 您是否有过恶性肿瘤（癌症）、囊肿、肿块或肿瘤、肿块或结节的症状，咨询、建议、调查、诊断或治疗? /
 Have you ever had symptoms, been consulted, advised, investigated, diagnosed, or treated for malignancies (cancer), cyst, mass or tumor, lump or nodule?
 否 / No
 是 (请具体说明) / Yes, (please specify)
 种类 / Type/Kind 身体部位 / Organ
 目前正在接受治疗, 请具体说明治疗类型 / Currently being treated, please specify the type of treatment)

 已切除/治愈, 请具体说明治疗类型 / Removed/Cured, please specify type of treatment

 请具体说明治疗日期和最后一次随访 /
 Please specify the treatment date and last follow up visit
 活检/病理结果 / Biopsy/pathological result

医疗问题 (Medical Questions)

3.12 您目前是否正在接受医生推荐或开处方的药物或治疗? 如果是, 请具体说明。
 Are you currently undergoing medications or treatment, recommended or has been prescribed by a physician? If yes, please specify.
 否 / No
 是 (请具体说明) / Yes, (please specify)

4. 您曾在医院、医疗中心、诊所或疗养院接受治疗吗? 如果是, 请提供医疗机构名称和地址、受伤或患病情况、治疗日期、住院时间和服务部门 (住院/门诊)。
 Have you ever been treated at a hospital, medical center, clinic or sanitarium? If yes, please provide the name and address of the healthcare provider, the injury or illness, date of treatment, length of stay for hospitalization, and department of services (Inpatient/Outpatient)
 否 / No
 是 (请具体说明) / Yes, (please specify)

治疗日期 (日/月/年) Treatment Date (DD/MM/YYYY)	住院/门诊 (请具体说明) IPD/OPD (Please Specify)	住院时间 Length of Stay for hospitalization	医疗机构名称 Medical Provider Names	诊断 Diagnosis	治疗 Treatment	最后的随访日期 Latest Follow-up date

5. 仅限女性 / FOR WOMEN ONLY :		否 / No	是 / Yes
5.1	您现在是否怀孕? 如果是, 请指定怀孕的周数 / Are you currently pregnant? If yes, please specify number of weeks of the pregnancy	<input type="radio"/>	<input type="radio"/> 周 / Weeks
5.2	您是否患有乳房、子宫、卵巢、输卵管、宫颈、月经、生殖系统、怀孕或分娩并发症、流产或流产后诊断和/或治疗不孕不育等疾病或疾病? 如果是, 请指定诊断、治疗和时间。 / Have you had any diseases or disorders of the breast, uterus, ovaries, fallopian tubes, cervix, menstruation, reproductive system, pregnancy or childbirth, including complications, abortion or miscarriage or have been diagnosed and/or treated for infertility? If yes, please specify diagnosis, treatment, and when	<input type="radio"/>	<input type="radio"/>
5.3	- 您是否有过分娩经历? / Have you ever had a prior child delivery?	<input type="radio"/>	<input type="radio"/> 年 / Year
	- 您是否进行过剖腹产手术? / Have you ever had a surgical delivery / C-Section?	<input type="radio"/>	<input type="radio"/> 年 / Year

6. 您是否曾被建议进行任何医学检查、健康和体检或调查程序, 以调查除上述内容以外的其他问题, 包括年度检查? 如果是, 请指定并附上医学或身体检查报告。 /
 Have you ever been advised to have any medical tests, health and physical check-ups or procedure to investigate other than as noted above, including annual check-ups? (If yes, please specify and enclose the medical or physical examination report)
 否 / No
 是 (请具体说明) / Yes, (please specify)

6.1 您现在是否吸烟或吸烟斗、你每天多少根烟?
 Do you currently smoke a pipe, cigars, cigarettes of other type of tobacco?
 否 / No
 是 (请具体说明) / Yes, (please specify amount) 卷菸 / per day, wie lange rauchen Sie schon/how long have you been smoking 年 / year
 (如果您已戒烟, 请指定原因、每天吸烟的数量和吸烟时间多长?)
 (If you already quit smoking, please specify the reason, quantity per day and how long did you smoke?)

6.2 您喝酒吗? / Do you drink alcohol?
 否 / No
 是 (请具体说明) / Yes, (please specify alcohol type)
 如果是, 请指定酒精种类和每周平均消耗单位 /
 average units per week consumed 单位/周。 / units per week.

医疗问题 (Medical Questions)

7. 您是否进行过任何特殊的医学检查（如磁共振、CT扫描）或任何外科手术或程序，例如内窥镜？如果是，请指定程序列表、完成时间以及结果。请附上特殊医学检查报告。/

Have you ever had any special medical examination (such as MRI, CT Scan), or any surgical or procedures e.g. endoscopy?

If yes, please specify a list of procedures, when was this completed, and what were the results? Please enclose the special medical examination report

否 / No

是 (请具体说明) / Yes, (please specify)

8. 当您在此表格中回答“是”时，请在下面的空格中提供详细信息或在附加纸张上提供详细信息。/

When you answered “Yes” to any questions in this form, please provide details in the space below or include on an additional piece of paper.

.....
.....

9. 您当前是否生病或有任何未经医生治疗或咨询的异常症状（例如疼痛、肿块、出血障碍等）？/

Are you currently sick or have any abnormal symptoms (such as pain, lump, bleeding disorder, etc.) that has not been treated or consulted from a doctor?

否 / No

是 (请具体说明) / Yes, (please specify)

备注 / Remark

申请人在此请求公司根据其标准政策提供保险单及条款。申请人声明上述陈述完整且属实，并同意将此申请表格包含在申请人和公司之间的合同中。如有任何虚假陈述或隐瞒真相，申请人同意让公司无效该保险单。

The Applicant hereby requests the Company to provide the insurance policy together with the terms and conditions according to their standard policy and the Application declares that the above statements are complete and true. The Applicant agrees to have this application form included in the contract between the Applicant and the Company. Should there be any false statement or any truth being concealed, the Applicant agrees to let the Company void this insurance policy.

除此之外，申请人授权公司从任何医师、医院、诊所或任何其他机构请求有关其个人健康治疗或健康状况记录的任何信息，包括 HIV 检测结果，以获得福利和/或补偿支付。

The Applicant, besides this, assigns the Company to request any kind of information regarding their personal health treatment or health condition records from any physician, hospital, clinic or any other organization which has any of their health information or records including the testing results of HIV for the payment of benefits and/or compensation.

公司有权在索赔人声称有权利受益于该政策时对其进行医学检查，并在法律范围内对死亡案件进行尸检，费用由公司承担。如果申请人不允许公司调查其索赔或不允许公司访问其医疗记录或诊断，公司保留不支付此类索赔的权利。

The Company has the right to medically examine any Applicant who is claiming a benefit under this policy and has the right to conduct an autopsy, within the limits of the law, in case of death, and the expense incurred will be paid by the Company.

If the Applicant does not allow the Company to investigate his/her claim or does not give permission to access his/her medical records or diagnosis, the Company reserves the right not to pay such claims.

申请人允许公司向保险委员会公开其医疗记录和其他信息，以规范保险行业。

The Applicant allows the Company to collect, use and reveal the truth about the Applicant's medical records and other information to the Office of Insurance Commission (OIC) in order to regulate the insurance industry.

您希望通过哪个渠道收到保单?

Would you like to receive the insurance policy by way of which channel?

电子保单将通过电子邮件发送给您 / Your e-policy will be emailed to you

保单将通过邮寄寄送给您。/ Your policy will posted to you at your address stated

税务扣除 (Tax Deduction)

是否要申请个人所得税扣除?

Would you like to claim for Personal Income Tax Deduction with this health insurance premium?

是, 我允许保险公司将关于此保险费的信息发送并公开给国家税务局。如果申请人是非泰籍居民, 请输入国家税务局提供的纳税人识别号:

Yes, and I permit the insurer to send and reveal the information about this insurance premium to the Revenue Department.

If the applicant is a non-Thai resident, please enter the taxpayer ID Number given by the Revenue Department :

否 / No

.....

(.....) (.....)

申请人签名
Applicant's Signature

监护人签名
(代表未成年人申请)
Guardian's Signature
(Applicant on behalf of a Minor)

日期/月份/年份
Date/Month/Year

直销 / Direct

许可证号

代理商 / Agent

License No.

经纪人 / Broker

保险委员会 (OIC) 的警告

申请人必须真实回答所有问题。任何隐瞒或不实陈述可能导致根据民商法第8865条款, 保险合同无效, 从而导致保单被取消。

WARNING BY OFFICE OF INSURANCE COMMISSION (OIC)

The applicant must truthfully answer all questions. Any concealment or misrepresentation of the truth may result in the insurance contract becoming void under Clause 865 of the Civil and Commercial Code resulting in the cancellation of the policy.

Pacific Cross Health Insurance PCL

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