

# CLAIM FORM

Physician's Report for Loss of Life and Disability



1	<b>Injury from Accident</b> <ul style="list-style-type: none"><li>Specify date the patient admitted for the first time : .....</li><li>Specify details of injury : .....</li></ul>
2	<b>Illness</b> <ul style="list-style-type: none"><li>Specify date the patient admitted for the first time : .....</li><li>Specify details or symptoms of illness : .....</li><li>How long has the patient had this illness before receiving the treatment from you : .....</li></ul>
3	<b>Your opinion. What condition does the patient suffer from? (Please tick ✓)</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Loss of life <u>from accident</u></li><li><input type="checkbox"/> Loss of organs (arm or leg or completely blind in both eyes) and permanently incurable <u>from accident</u></li><li><input type="checkbox"/> Loss of organs (arm or leg or completely blind in both eyes) and permanently incurable <u>from injury</u> (Loss of organs means a body part being amputated from the wrist or ankle including the loss of performance of those organs with clear medical indications that they cannot function and required amputation)</li><li><input type="checkbox"/> Permanent Total Disability <u>from accident</u></li><li><input type="checkbox"/> Permanent Total Disability <u>from injury</u> (Total Permanent Disability refers to the severity of the disability that an insured is permanently disabled and unable to fully perform any job in a regular career or other professions.)</li><li><input type="checkbox"/> Suffer from any of the following <u>illnesses</u> or have a <u>condition or more</u> as listed below: ( Please tick ✓ )<ul style="list-style-type: none"><li><input type="radio"/> <b>Stroke</b> Means permanent neurological disability as a result of cerebral vascular malformations causing neurological pathology for more than consecutive 24 hours including a major complex stroke, complete blockage of blood vessels in the brain and brain function failure.</li><li><input type="radio"/> <b>Coma</b> Means an unconsciousness or senseless condition that lasts for at least 96 hours and all of the following symptoms are diagnosed.<ol style="list-style-type: none"><li>No response to any stimulus to internal and external body for at least 96 hours</li><li>Requiring life-saving equipment to support life and no other means of treatment for the patient to breathe by him/herself</li><li>The brain is destroyed, causing the lack of ability to perform any daily activities permanently</li><li>The brain is diagnosed with permanent destruction after 30 days from the first day that the patient is unconscious or in a senseless condition.</li></ol></li><li><input type="radio"/> <b>Respiratory failure</b> Means the body is unable to maintain the oxygen and carbon dioxide exchange in the blood resulting in loss of respiratory function causing the body to be unable to respond to various stimuli, both internal and external body permanently or requiring ventilators or life support machines and no other means of treatment for the patient to breathe by him/herself</li><li><input type="radio"/> <b>Brain Dead and Neurologic Failure</b> Means the brain and nervous system of the body losing its ability to function permanently causing failure to the blood circulation system in the brain, the body does not respond to any stimuli and the condition is incurable.</li><li><input type="radio"/> <b>Other, specify</b> .....</li></ul></li></ul>
4	<b>Was the patient diagnosed with AIDS or HIV?</b> <ul style="list-style-type: none"><li><input type="radio"/> No    <input type="radio"/> Yes, please specify blood test result .....</li></ul>

Physician Name .....  
( ..... )  
Date .....

License No. .... Certificate / Specialized field .....  
(Completion is Compulsory)

บริษัท แปซิฟิก ครอส ประกันสุขภาพ จำกัด (มหาชน)  
3 อาคารจินนาการ์ ชั้นที่ 16 โซนบีซี  
ถนนสาทรใต้ แขวงยานนาวา เขตสาทร กรุงเทพฯ 10120  
โทร : 0 2 401 9189 | โทรสาร : 0 2 401 9187

Pacific Cross Health Insurance PCL  
3 Rajanakarn Building 16th Floor Zone BC  
South Sathorn Road, Yannawa, Sathorn, Bangkok 10120  
Tel. : +66 (0) 2 401 9189 | Fax : +66 (0) 2 401 9187

Tax Number: 0107556000086