



CLAIM NOTIFICATION FORM

Personal Accident Workmen's Compensation

1 DETAIL OF MEDICAL TREATMENT		
Subscriber: _____	Policy No.: _____	
Name of Patient: _____	Telephone: _____	
Accident Date: ____/____/____	Time: ____:____	Location: _____
Name of Witness: _____ (If any)	Telephone: _____	
Accident details: (Circumstance) _____		
2 STATEMENT OF EXPENDITURE		
<input type="checkbox"/> Out Patient Department (OPD = no hospitalized) <input type="checkbox"/> In-patient Department (IPD = hospitalized)		
	Amount	Currency
Medical fee Date: _____	_____	_____
3 PAYMENT (AGL will pay in LAK unless customer notify AGL for paying in different currency or unless it's mentioned in the policy)		
<input type="checkbox"/> Cash		
Name and Surname: _____	Relationship: _____	Mobile: _____
<input type="checkbox"/> Bank Transfer		
A/C Name: _____	A/C No.: _____	
Bank name: _____	Currency: <input type="checkbox"/> KIP / <input type="checkbox"/> THB / <input type="checkbox"/> USD	
Note:	- Please copy us the bank account book & we prefer the same currency as actual payment	
	- Incase other representative receive claim reimbursement is requires assigned from the insured	
4 SUPPORTING DOCUMENTS (please make sure you attached below documents for claim processing)		
<input type="checkbox"/> Original Receipt/Invoice. <input type="checkbox"/> Medical Prescription. <input type="checkbox"/> Medical Certificate/Doctor Diagnosis Report.		
<input type="checkbox"/> Other medical treatments if any _____		
<p>Remark: All claims (except Travel Insurance) will receive payment within 14 working days from date that all required documents received by AGL Head Office. Based on regulations of Health Authorities, Hospitals and Clinics in Laos must provide medical documents in Lao language. For medical terminology English or French languages is acceptable if such Hospitals and Clinics are international entities. For other medical terminology languages AGL Claims examination process and approval might take sometime and period might excess Claims approval mentioned in clause 4 above and/or AGL might request more additional information (if needed).</p>		
Date: ____/____/____	Full name: _____	Signature: _____

