



Division of Scholarships and Student Services,
Office of Student Affairs, Chulalongkorn University
Group Health Insurance Claim Form

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Name & Surname Mr. Nisit FACULTY OF ARCHITECTURE Student ID

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In Faculty / College of FACULTY OF ARCHITECTURE

Phone No. (Thailand) 0123456789 E-mail Test123@gmail.com

Place of Treatment(s) 1. Chula Hospital 2.

Type of treatment

☒ Inpatient (IPD) Date of Admission 13/05/2568 Date of Discharge 16/05/2568

☐ Outpatient (OPD) Date of Treatment 1. 2.

3. 4. 5.

Description of illness fell of a bike

Net of Medical fee total amount 1,230.00 Baht

Documents Required

Documents Required	Amount (Issue(s))
1. Medical certificate
2. Receipt
3. List of medicines and medical expenses details
3. COPY of your BANK account passbook
4. Others (Please specify)

Signature.....

Date/...../.....

*Access to policy benefit details is available at <https://www.sa.chula.ac.th>