



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

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Name & Surname ..... Student ID 

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In Faculty / College of .....

Phone No. (Thailand) ..... E-mail .....

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

Type of treatment

☐ Inpatient (IPD) Date of Admission ..... Date of Discharge .....

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

3. .... 4. .... 5. ....

Description of illness .....

Net of Medical fee total amount .....

**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>