



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 Test123456@gmail.com

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

Type of treatment

☒ Inpatient (IPD) Date of Admission 13/05/2568 Date of Discharge 23/05/2568

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

3. 4. 5.

Description of illness fell of a bike. oh no!!

Net of Medical fee total amount 6,900.00 Baht

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>