



Be Life Confident

Proposal Form **SmartCare Cancer**  
CANCER insurance (Section A: Applicant)

- Insurance Plan
- Individual (Section A)
- Family Plan (Section A&B)

1. Name .....  
Current Address.....
2.  Citizen ID  Passport Number..... (Please enclose a copy for our record)
3. Date of Birth..... Gender..... Height (cm.)..... Weight (kg.).....
4. Occupation..... Position.....  
Job Description.....  
income / month (Baht)..... Other income / month (Baht).....  
Employer.....
5. Beneficiary..... Relationship.....  
Address.....
6. Period of Insurance : Start..... to.....

I wish to choose the Cancer Sum Insured of (Baht)

**Medical History : Applicant**

1. Has the Applicant or any family members got cancer or died of cancer?

|                | NO                       | YES                      | Please specify the person and type of cancer |
|----------------|--------------------------|--------------------------|--|
| Applicant      | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Father/Mother  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Brother/sister | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Children       | <input type="checkbox"/> | <input type="checkbox"/> |  |

2. In the past 5 years, has the Applicant had any operations?  NO  YES  
Reason for operation..... When..... Hospital.....

3. Is the Applicant on any regular medical treatments?  
 NO  YES Please specify the disease.....  
Hospital..... when.....

4. Please advise your smoking habits?  
**Past**  NO  YES.....cigarettes/day Starting from the age of.....  
**Present**  NO  YES.....Cigarettes/day

5. Has the Applicant suffered from the following diseases?  
 Hepatitis Type A  Hepatitis Type B  AIDS  
 Chronic pneumonia  Cirrhosis / Inflammation of liver  Chronic inflammation of large intestine  
 Chronic inflammation of cervix uteri  Chronic inflammation of hemorrhoid  None

If you have any disease mentioned above, please clearly define the medical condition  
 Normal  Receiving treatment Hospital.....

6. Presently, are you holding any cancer insurance? Please define  
 NO  YES Company..... Sum insured..... Baht

I request to obtain the insuring agreement according to the terms and conditions of the Smart Care Cancer Insurance Policy. I declare and warrant that the above answers are true and complete. This proposal shall be the basis of the contract between me and the Company.

*This proposal is not insuring agreement, no coverage provided until Company's confirmation.*

Date..... The Applicant's Signature .....

Agent  Broker KANOKWAN DABBS License No. 4904003427

**WARNING: Department of insurance. Ministry of Commerce**

The applicant should disclose all the facts you know. Any nondisclosure shall make the policy issued hereunder voidable. The company has the right to void the contract any refuse the claims according the Civil Commercial Code Section 865.