Company's name and address

Trade registration number

Tax identification number

**No.**

**Date**

**(Control No.)**

**Barcodes 13 digit**

**THE COMPULSORY MOTOR INSURANCE SCHEDULE/RECEIPT/TAX INVOICE**

Co. Code Policy No.

Item 1. The Insured Name Territorial Limit Covered

Thailand

Address

Item 2. Period Insured From To At 16.30 hours

Item 3. Particulars of Motor Vehicle

| Code | Motor Vehicle Model | License No. | Chassis No. | Body Type | No. of Seats/ C.C./Weight |
|---|---|---|---|---|---|
| | | | | | |

Item 4. Limit of Covered

(1) 80,000 Baht per person for bodily injury or injury to health

(2) 300,000 Baht per person for loss of life or permanent disability.

(3) 200,000 Baht to 300,000 Baht per person dismemberment according to Clause 3.

(4) 200 Baht per day, not more than 20 days for daily compensation in case of hospitalization as an inpatient.

Maximum cover for item (1), (2), (3) and (4) combined shall not exceed 304,000 Baht per person and total cover per accident shall not exceed 5 million Baht for vehicle not more than 7 seats or vehicle carrying not more than 7 persons including driver and not exceeding 10 million Bath per accident for vehicle more than 7 seats or vehicle carrying more than 7 persons including driver.

Item 5. Limit of Preliminary Compensation

Bodily injury not exceeding 30,000 Baht per person or according to the law.

Dismemberment or permanent disability 35,000 Baht or according to the law.

Loss of life 35,000 Baht per person or according to law.

Preliminary Compensation is part of compensation according to Item 4.

Item 6. Premium: (Baht)

| Premium | Premium Discounts | Net Premium | Revenue Stamp | VAT | Total |
|---|---|---|---|---|---|
| | | | | | |

Item 7. Use of Motor Vehicle

| Direct Insurance | Agent | Broker | License No. |
|---|---|---|---|
| ……..…… | …… | …… | …..……..… |

Agreement made on: ..... Policy issued on: .....

To be evidence, the Company by an Authorized Person signed and affixed the Company's office.

| ..... | ..... | ..... |
|---|---|---|
| Director | Director | Authorization Signature/ Cashier |
| | | ...../...../..... |

**Evidence of Insurance under the Protection for Motor Vehicle Victims Act.**

**For a new vehicle registration or annual tax with the Land Transport registrar**

**(Control No.)**

**Barcodes 13 digit**

This document is intended to indicate motor vehicle registration No. .....Chassis No. .....

is insured under the Protection for Motor Vehicle Victims Act B.E. 2535. Period Insured from.....to.....

Insurance Policy No. ..... Insurance Company name .....

| ..... | ..... | ..... |
|---|---|---|
| Director | Director | Authorization Signature/ Cashier |
| | | ...../...../..... |

(ขายผ่านทางอิเล็กทรอนิกส์ (Online)), (Sell through electronics (Online))