DISCOVER. EMBRACE. INSPIRE.

CRESTVIEW INTERNATIONAL SCHOOL

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AD-F19

STUDENT INSURANCE ENROLLMENT FORM

Blank form · please print clearly in capital letters or type

INSURED STUDENT

Full name (English, as on ID / passport) _____ Full name (Thai) _____

Date of birth _____ Gender _____

Nationality _____ Thai ID no. (if any) _____

Passport no. (if any) _____ Grade _____

Home address _____

POLICY HOLDER AND BENEFICIARY

Parent / guardian name _____ Relationship _____

Mobile _____ Beneficiary name _____

Beneficiary relationship to student _____ Beneficiary Thai ID / passport no. _____

HEALTH AND OTHER INSURANCE

Does the student have a condition the insurer should know about? _____

Details _____

Does the student have other health or accident insurance? _____

Company and policy no. _____

☐ I agree that Crestview may share these details with the school's insurance company to arrange student accident insurance, in line with the PDPA.

Parent / guardian: type your full name to sign _____

_____ _____

Parent or guardian Received by (Registrar)

Date: _____ Date: _____