

Announcement of Ministry of Tourism and Sports
Assistance Scheme for Foreign Tourist Injury and Casualty

The Prime Minister of the Kingdom of Thailand has approved in principle, the compensation payments for tourists in the case of accidents or loss for the fiscal year 2024, thus, the Ministry of Tourism and Sports initiated the Assistance Scheme for Foreign Tourist Injury and Casualty. For foreign tourists traveling to Thailand in the incident of accident, loss, and meets the terms and conditions for compensation as specified by the Ministry of Tourism and Sports, will be able to receive the said compensation.

Those who are eligible to receive compensation must fall under the following criterias;

1. Foreign nationals with valid passports with tourist visas visiting the Kingdom of Thailand between 1st January - 31st August 2024. Except in the case where a visa is not required for certain types of aliens in special cases, this must be for the purpose of not pursuing a career or earning income. or have behavior that shows that they did not come here mainly for tourism

2. Compensation is entitled when any loss or damage occurs that is not caused by the tourist's negligence, intent, illegal act or the tourist is involved in the offense, conspires, or has behavior that risks causing the incident to occur. Including incidents that are under the responsibility of the private sector. The following incidents are entitled to compensation;

- (1) Offenses against body and life
- (2) Accident
- (3) Bodily harm or death caused by theft
- (4) Rape
- (5) Public endangerment
- (6) Other incidents follow boards' resolution

3. Details of compensation to foreign tourists are as follows;

(1) Death, dismemberment, including the cost of cremation outside the country of residence or the cost of repatriating the corpse or bones of the tourist back to the domicile, not exceeding 1,000,000 THB/ person.

(2) Permanent disability which includes amputation from the wrist or ankle down from the body and the loss of ability to function because of the abovementioned amputation, payment of 300,000 THB/person.

/(3) Permanent...

(3) Permanent eyesight loss, payment of 300,000 THB/person.

(4) Permanent and total disability to the extent of being unable to perform any duties in a regular occupation or other occupations, payment of 300,000 THB/person.

(5) Medical expenses including domestic transportation expenses in Thailand shall be paid as actually paid, but not exceeding 500,000 THB /person.

Section (1) and (5); In cases where foreign tourists are covered by other insurance policies, disbursements from such insurance policies must be made. They have the right to request financial assistance in the difference of money received under their insurance policy, however, requesting financial aid must not exceed the specified rate.

4. Requests for compensation must be submitted together with the following documents:

(1) In case of death, following evidence must be submitted within 15 days from the date of death.

- Copy of the deceased's passport with entry stamps into Thailand or other government evidence that can identify individuals and confirm that they are legal incoming tourists

- Copy of death certificate

- Copy of autopsy report or death certificate

- Copy of the police officer's daily report

- Copy of the document specifying the legal heir of the deceased, certified by the embassy

- Letter of Authorization in the case of authorization

(2) In the case of loss of limbs, organs, eyesight, or permanent total disability, the following evidence must be submitted within 15 days from the date the doctor made the diagnosis that the tourist has lost limbs, organs, sight, or is completely and permanently disabled.

- Copy of the tourist's passport with entry stamps into Thailand or other government evidence that can identify individuals and confirm that they are legal incoming tourists

/- Copy...

- Copy of the doctor's report confirming has lost limbs, organs, sight, or is completely and permanently disabled

- Copy of the police officer's daily report

- Letter of Authorization in the case of authorization

(3) In the case of medical treatment, the following evidence must be submitted within 15 days from the date of discharge from the hospital or a medical facility.

- Copy of the tourist's passport with entry stamps into Thailand or other government evidence that can identify individuals and confirm that they are legal incoming tourists

- Copy of doctor's report indicating key symptoms, diagnosis and treatment results

- Copy of receipt or invoices detailing expenses

- Copy of the police officer's daily report

- Letter of Authorization in the case of authorization

5. The Committee decisions on compensation payments to foreign tourist are to be considered final.

6. The eligibility to receive compensation, in addition to the details specified in Paragraphs 1-3, is at the discretion of the Permanent Secretary of the Ministry of Tourism and Sports.

7. Payments for compensation must be authorised by Permanent Secretary of the Ministry of Tourism and Sports.

8. Incidents that occurred from 1st January 2024, which is before the date of this announcement. Therefore, requests for compensation must be made within 15 days from the date of this announcement.

9. The final day for requesting compensation is 15th September 2024.

/10. Compensation...

10. Compensation requests can be at the following;

(1) Ministry of Tourism and Sports, Tourism Safety and Security Standards Division, Monday - Friday, 08.30 - 16.30 hrs.

(2) Provincial Tourism and Sports Office (nationwide), Monday – Friday, 08.30 – 16.30 hrs.

(3) Tourist Assistance Centre at Suvarnabhumi Airport and Don Mueang International Airport, open 24 hours everyday

(4) Email: touristcompensation@mots.go.th

(5) Post: Ministry of Tourism and Sports, Tourism Safety and Security Standards Division, 4 Ratchadamnoen Nok Avenue, Wat Somanas, Pomparbsattrupai, Bangkok 10100 Telephone : +662 283 1603 and +662 2831604

Announced on 2 February 2024

(Sudawan Wangsuphakijkosol)
Minister of Tourism and Sports



Compensation Request Form for Ministry of Tourism and Sports

Date (D/M/Y).....

Name..... Surname..... Age..... Gender.....

Country..... Passport Number..... Passport Issuance date.....

Passport Expiry date..... Date of Arrival

Type of Visa..... Occupation.....

Address in Thailand.....

Address in Hometown.....

Tel..... Mobile..... E-Mail.....

Please specify the reason of your requests.....

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Death

- Copy of Passport and proof of immigration
- Copy of Death certificate
- Copy of Autopsy report
- Copy of Police Report
- Copy of Proof of Statutory heir (Embassy Certified)
- Letter of Authorization

Loss of body parts/ loss of eyesight/ permanent disability/ critical injury

- Copy of Passport and proof of immigration
- Copy of Medical report
- Copy of Police Report
- Letter of Authorization

Hospitalization

- Copy of Passport and proof of immigration
- Copy of Medical report
- Copy of Receipt
- Copy of Police Report
- Letter of Authorization

Remarks:

1. Please follow the instructions carefully and submit required documents within 15 days from the date of the incident, subject to following conditions:

- **Case of Death** : Please submit required documents within 15 days from the date of death.

- **Case of Loss of body parts/ loss of eyesight/ permanent disability/ critical injury** :

Please submit required documents within 15 days from the date of doctor's diagnosis report.

- **Hospitalization** : Please submit required documents within 15 days from the date of being discharged from the hospital.

2. If you are unable to submit required documents within designated timeframe, please contact us at E-mail: touristcompensation@mots.go.th to request an extension for another 15 days.

3. If you wish to authorize a person to proceed on your behalf, please enclose a power of attorney form.

4. The Compensation Request Form must be submitted by 15 September 2024.

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Signature

Compensation Request Form for Ministry of Tourism and Sports

ผู้รับเงิน / Beneficiary	
ชื่อบัญชีผู้รับเงิน Beneficiary's A/C Name	<input style="width: 98%; height: 15px;" type="text"/>
ที่อยู่ผู้รับเงิน Beneficiary's address	<input style="width: 98%; height: 15px;" type="text"/> <input style="width: 98%; height: 15px;" type="text"/> <input style="width: 98%; height: 15px;" type="text"/>
เลขที่บัญชีผู้รับเงิน Beneficiary's A/C No./IBAN No.	<input style="width: 98%; height: 15px;" type="text"/>
ธนาคารผู้รับเงิน / Beneficiary's Bank	
ชื่อธนาคารผู้รับเงิน Beneficiary's Bank Name	<input style="width: 98%; height: 15px;" type="text"/>
สาขาและที่อยู่ธนาคาร Branch & Bank's address	<input style="width: 98%; height: 15px;" type="text"/> <input style="width: 98%; height: 15px;" type="text"/> <input style="width: 98%; height: 15px;" type="text"/>
รหัสธนาคาร SWIFT Code	<input style="width: 98%; height: 15px;" type="text"/>
รหัสธนาคาร FEDWIRE / SORT Code / BSB / Transit No. / Other	<input style="width: 98%; height: 15px;" type="text"/>

Note

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 Officer Signature

.....
 Signature

Pending Documents

<input type="checkbox"/> Copy of Passport and proof of immigration	<input type="checkbox"/> Letter of Authorization
<input type="checkbox"/> Copy of Death certificate	<input type="checkbox"/> Account number and swift code
<input type="checkbox"/> Copy of Autopsy report	<input type="checkbox"/> Bank address
<input type="checkbox"/> Copy of Police Report	<input type="checkbox"/> Copy the next of kin (a statutory heir) passport
<input type="checkbox"/> Copy of Medical Report	<input type="checkbox"/> Copy of Receipt
<input type="checkbox"/> Name of the next of kin (a statutory heir)/ relationship/ home address	
<input type="checkbox"/> Copy of Marriage registration (the case of a spouse) or Birth certificate (the case of legitimate child)	

(For Officer) →

<input type="checkbox"/> Copy of Passport and proof of immigration	<input type="checkbox"/> Letter of Authorization
<input type="checkbox"/> Copy of Death certificate	<input type="checkbox"/> Account number and swift code
<input type="checkbox"/> Copy of Autopsy report	<input type="checkbox"/> Bank address
<input type="checkbox"/> Copy of Police Report	<input type="checkbox"/> Copy of the next of kin (a statutory heir) passport
<input type="checkbox"/> Copy of Medical Report	<input type="checkbox"/> Copy of Receipt
<input type="checkbox"/> Name of the next of kin (a statutory heir)/ relationship/ home address	
<input type="checkbox"/> Copy of Marriage registration (the case of a spouse) or Birth certificate (the case of legitimate child)	



หนังสือมอบอำนาจ
Letter of Authorization

วันที่(Date).....เดือน(Month)..... พ.ศ.(B.E).....
ข้าพเจ้า นาย/นาง/ น.ส.(ชื่อตัว)..... ชื่อสกุล.....
I, Mr./Mrs./Miss (First Name(s)) (Family Name)
อายุ.....ปี สัญชาติ..... ที่อยู่ปัจจุบัน.....
(Age) (Nationality) (Current address)

เลขที่บัตรประจำตัวประชาชน/ เลขที่หนังสือเดินทาง..... ออกให้ที่.....
(ID Card Number/ Passport Number) (Issued at)

วันที่ออกบัตร.....บัตรหมดอายุ.....หมายเลขโทรศัพท์ที่ติดต่อได้.....
(Date of Issue) (Date of Expiration) (Reachable Contact Number)

ขอมอบอำนาจให้นาย/นาง/น.ส. (ชื่อตัว)..... ชื่อสกุล.....
Hereby authorize and appoint Mr./Mrs./Miss (First Names(s)) (Family Name)
อายุ.....ปี สัญชาติ..... ที่อยู่ปัจจุบัน.....
(Age) (Nationality) (Current address)

เลขที่บัตรประจำตัวประชาชน/ เลขที่หนังสือเดินทาง..... ออกให้ที่.....
(ID Card Number/ Passport Number) (Issued at)

วันที่ออกบัตร.....บัตรหมดอายุ.....หมายเลขโทรศัพท์ที่ติดต่อได้.....
(Date of Issue) (Date of Expiration) (Reachable Contact Number)

เป็นผู้ดำเนินการเกี่ยวกับการยื่นคำร้องขอรับเงินเยียวยาให้แก่ นาย/นาง/น.ส./ด.ช./ด.ญอายุ.....ปี สัญชาติ.....
as my representative to submit the compensation application for(Age)..... (Nationality).....
แทนข้าพเจ้าจนเสร็จการ และข้าพเจ้ายอมรับผิดชอบในการที่ผู้รับมอบอำนาจของข้าพเจ้าได้ทำไปตามที่มอบอำนาจนี้ เสมือนหนึ่งข้าพเจ้าได้. ทำการด้วย
ตนเอง เพื่อเป็นหลักฐานข้าพเจ้าได้ลงลายมือชื่อไว้เป็นสำคัญต่อเจ้าหน้าที่และพยาน
and to take any related actions in this regard until completion on my behalf.
What has been done by my representative shall remain in full force and effect as if personally been done by me. In witness
whereof, I hereby sign my names as evidence.

ลงชื่อ..... ผู้มอบอำนาจ

Signed (.....) Grantor Authorization

ลงชื่อ.....ผู้รับมอบอำนาจ

Signed (.....) Authorized Representative

ลงชื่อ..... พยาน

Signed (.....) Witness

ขอรับรองว่า นาย/นาง/น.ส..... ผู้รับมอบอำนาจ ได้ลงนามต่อหน้าข้าพเจ้าจริง

I hereby certify that Mr./Mrs./Miss has signed in my presence.

ลงชื่อ.....

Signed (.....)