

URGENT

งานนิติการ	
รับที่	403/2540
วันที่	18 ส.ค. 2540
เวลา	14.01 น. <i>[Signature]</i>

ส่วนอำนวยการ มทส.	
รับที่	915/2540
วันที่	18 ส.ค. 2540
เวลา	9.00 น. <i>[Signature]</i>

Memo
Suranaree University of Technology
Center for International Affairs

Ref. No. 5136/379

15 August 1997

① ATTN : Assoc. Prof. Dr. Prasart Suebkha,
Vice Rector for Administration

RE : INSURANCE CLAIM FOR MRS. IRENE JURANKA

Attached please find the faxed letter from Mrs. Irene Juranka. I will appreciate it very much if the legal officer could have the cheque as requested under her name by Mrs. Juranka before August 27th, as Dr. Stalin Bector from Ryerson Polytechnic University will visit SUT on the date.

Thank you for your kind attention and consideration.

(Prof. Dr. Ruben C. Umaly)
Director, Center for International Affairs

① ผศ. ดร. ประสพ (ฝ่ายบริหาร)
ผู้อำนวยการกองนิติการ
[Signature]

15 ส.ค. 2540

③ ผศ. ดร. ประสพ
15/8/2540
[Signature]
18 ส.ค.

FROM: IRENE JURANKA
126 GLENROSE AVE.
TORONTO, ONT. M4T-1K8
CANADA

ON APRIL 14th 1997.

TO SURENAREE UNIVERSITY OF TECHNOLOGY
CENTER OF INTERNATIONAL AFFAIRS
NAKHON RATCHASIMA
THAILAND, 30000

RE: INSURANCE CLAIM

DEAR PIN,

I LEARNED THAT DR. STALIN BOCTOR PROFESSOR OF
RYERSON POLYTECHNIC UNIVERSITY IS TRAVELING TO
THAILAND SOON AND YOU WILL MEET WITH HIM.
NOW I WOULD LIKE TO ASK YOU THE FOLLOWING:
WOULD YOU BE SO KIND TO GIVE MY BMTA CHEQUE
TO DR. BOCTOR? HE OFFERED TO BRING IT TO ME.
ALSO COULD YOU MAKE SURE THAT THE CHEQUE IS
IN CANADIAN DOLLARS?

THANK YOU FOR ALL YOUR HELP AND CO-OPERATION
Menc

HEAD OFFICE FOR CANADA - TORONTO

This Certificate is proof of a contract of insurance between the named insured and the insurer subject in all respects to the Ontario Automobile Policy (OAP 1). In return for the premium charged and the statements contained in the application, the contract provides the coverage outlined in this Certificate. You only have a particular coverage for a specific automobile if this Certificate shows a premium for it, or shows the coverage is provided at no cost. All other terms of the Policy remain the same unless stated otherwise in this Certificate.

Your insurer will provide you with a copy of the Policy if you request it.

ALL TIMES ARE LOCAL TIMES AT THE NAMED INSURED'S POSTAL ADDRESS SHOWN ON THIS CERTIFICATE.

POLICY EFFECTIVE DATE	DAY/MONTH/YEAR 23/02/97	TO EXPIRE 12:01 A.M.	DAY/MONTH/YEAR 23/02/98
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(416) 494-7700

POLICY NO. AP 9450464

NAMED INSURED AND POSTAL ADDRESS	
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LESSOR'S NAME AND POSTAL ADDRESS

IRENE JURANKA
126 GLENROSE AVENUE
TORONTO ONTARIO
M4T 1K8

DESCRIBED AUTOMOBILE(S)

AUTO NO.	AUTO CODE	MODEL YEAR	MAKE/MODEL	C.C.	BODY TYPE	NO. CYLS.	GROSS WEIGHT IN KILOGRAMS	AUTOMOBILE IDENTIFICATION NO. V.I.N./SERIAL NO.	PURCHASE PRICE INCLD. OPTIONS	LIST PRICE NEW
01	0341	94	MAZDA 323		2D			JM1BG2317R0760184		
LIENHOLDERS (TO WHOM LOSS MAY BE JOINTLY PAYABLE) NAME AND ADDRESS										

RATING INFORMATION FOR THIS POLICY IS LISTED ON THE BACK OF THIS PAGE

INSURANCE COVERAGES

INSURANCE COVERAGES		AUTOMOBILE 1	PREMIUM	AUTOMOBILE	PREMIUM
LIABILITY	BODILY INJURY PROPERTY DAMAGE	LIMIT 1,000,000	157 4	LIMIT	
ACCIDENT BENEFITS (BASIC BENEFITS)	LIMIT AS STATED IN SECTION 4 OF THE POLICY		228		
OPTIONAL INCREASED ACCIDENT BENEFITS		LIMIT UP TO		LIMIT UP TO	
INCOME REPLACEMENT		PER WEEK		PER WEEK	
CAREGIVER & DEPENDANT CARE	LIMIT AS STATED IN SECTION 4 OF THE POLICY				
MEDICAL, REHABILITATION & ATTENDANT CARE	LIMIT AS STATED IN SECTION 4 OF THE POLICY				
DEATH & FUNERAL	LIMIT AS STATED IN SECTION 4 OF THE POLICY				
INDEXATION BENEFIT	LIMIT AS STATED IN SECTION 4 OF THE POLICY				
UNINSURED AUTOMOBILE	LIMIT AS STATED IN SECTION 5 OF THE POLICY		12		
DIRECT COMPENSATION - PROPERTY DAMAGE *		DEDUCTIBLE NIL	169	DEDUCTIBLE	
* THIS POLICY CONTAINS A PARTIAL PAYMENT OF RECOVERY CLAUSE FOR PROPERTY DAMAGE IF A DEDUCTIBLE IS SPECIFIED FOR DIRECT COMPENSATION - PROPERTY DAMAGE.					
LOSS OR DAMAGE **		DEDUCTIBLE		DEDUCTIBLE	
* * THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE THERE IS NO DEDUCTIBLE FOR LOSS OR DAMAGE DUE TO FIRE, LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE.	SPECIFIED PERILS	} EXCLUDING COLLISION OR UPSET			
	COMPREHENSIVE				
	COLLISION OR UPSET		300	181	
			300	243	
	ALL PERILS				
OPCF 44 FAMILY PROTECTION	LIMIT IS THE SAME AS UNDER LIABILITY UNLESS OTHERWISE SPECIFIED	LIMIT 1,000,000	19	LIMIT	
POLICY CHANGE FORMS - OPCF NUMBER AND NAME		DETAILS		DETAILS	
27	DAMAGE TO NON-OWNED AUTOS & DRIVE OTHER AUTOS	PER 27	25		
PDE	ZURICH "DELUXE" LOSS OR DAMAGE EXTENSION	PER PDE	25		
TOTAL PREMIUM PER AUTOMOBILE			1063		

TOTAL POLICY PREMIUM	\$ 1,063.00
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**THIS CERTIFICATE CONTAINS IMPORTANT INFORMATION
ABOUT YOUR AUTOMOBILE INSURANCE.**

PLEASE READ THE REVERSE SIDE

21/12/96

08/96

RATING INFORMATION

DRIVER NO.	DRIVER NAME			AGE	MARITAL STATUS	YRS. LIC.	DRIVER TRAINING	CONVICTIONS			ASSIGNMENT TO AUTOMOBILE					
	CRIMINAL	MAJOR	MINOR	PRINCIPAL	SECONDARY	OCCASIONAL	EXCLUDED									
01	JURANKA, IRENE			65	M	27					1					
AUTO NO.	*CHARGEABLE CLAIMS (DATE AND TIME)															
	DAY/MON/YR	BI/PD	AB	COLL.	DAY/MON/YR	BI/PD	AB	COLL.	DAY/MON/YR	BI/PD	AB	COLL.	DAY/MON/YR	BI/PD	AB	
01																
AUTO NO.	DISCOUNTS (PERCENTAGE & DESCRIPTION)								SURCHARGES (PERCENTAGE & DESCRIPTION)							
	PERCENT	DESCRIPTION	PERCENT	DESCRIPTION	PERCENT	DESCRIPTION	PERCENT	DESCRIPTION	PERCENT	DESCRIPTION	PERCENT	DESCRIPTION	PERCENT	DESCRIPTION		
01																
AUTO NO.	KMS. DRIVEN ANNUALLY		TO WORK ONE WAY		CLASS CODE	CLASS IS DEVELOPED FROM DRIVER DETAILS AND USE OF THE AUTOMOBILE AS STATED IN THIS CERTIFICATE										
01	5000				14A	PREFERRED CLASS - PLEASURE USE										
AUTO NO.	DRIVING RECORD					RATING TERRITORY										
	BI/PD	DCPD	AB	COLL/AP	RATE GROUP	TERR. CODE	DESCRIPTION									
01	10	10	10	10	11	717	01 METROPOLITAN TORONTO									

*CHARGEABLE CLAIMS DESCRIPTION : BI - BODILY INJURY, PD - PROPERTY DAMAGE, AB - ACCIDENT BENEFITS, COLL - COLLISION (INCLUDES A COLLISION UNDER ALL PERILS)

This is a brief explanation of the insurance outlined in this Certificate.

LIABILITY

Provides coverage for you or other insured persons if someone else is killed or injured or their property is damaged in an automobile incident. It will pay for legitimate claims against you or other insured persons up to the limit of your coverage, and the cost of settling claims.

ACCIDENT BENEFITS

Your insurance company is obligated to explain details of the accident benefits coverage to you.

Provides benefits that you and other insured persons are entitled to receive if injured or killed in an automobile accident. These benefits include: income replacement for persons who have lost income; payments to non-earners who suffer complete inability to carry on a normal life; payment of care expenses to persons who cannot continue to act as a primary caregiver for a member of their household; payment of medical, rehabilitation and attendant care expenses; payment of certain other expenses; payment of funeral expenses and payments to survivors of a person who is killed. You may also purchase optional benefits to increase the basic level of benefits provided in the policy. The optional benefits your insurance company must offer are: increased income replacement; increased caregiver and dependant care; increased medical, rehabilitation and attendant care; increased death and funeral; and an indexation benefit.

UNINSURED AUTOMOBILE

Provides coverage if you or other insured persons are injured or killed by an uninsured motorist or by a hit-and-run driver. It covers damage to your automobile and its contents caused by an identified uninsured motorist, subject to a deductible.

DIRECT COMPENSATION - PROPERTY DAMAGE

Provides coverage in Ontario, under certain conditions, for damage to your automobile and to property it is carrying, when another motorist is responsible. It is called direct compensation because you will collect from us, your insurance company, even though you are not at fault for the accident. There may be a deductible amount, and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium.

LOSS OR DAMAGE

Provides a selection of optional coverages for your own automobile. Payments cover direct and accidental loss of, or damage to, a described automobile and its equipment. There is usually a deductible amount indicated for each coverage and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium. There are four types of coverage:

Specified Perils: Covers the described automobile against loss or damage caused by certain specific perils. They are fire; theft or attempted theft; lightning, windstorm, hail or rising water; earthquake; explosion; riot or civil disturbance; falling or forced landing of aircraft or parts of aircraft; or the stranding, sinking, burning, derailment or collision of any kind of transport in, or upon which, the described automobile is being transported.

Comprehensive: Covers a described automobile against loss or damage other than those covered by Collision or Upset, including perils listed under Specified Perils, falling or flying objects, missiles and vandalism.

Collision or Upset: Covers damage when a described automobile is involved in a collision with another object or tips over.

All Perils: Combines the Collision or Upset and Comprehensive coverages.

Warning: The Insurance Act provides that where (a) an Applicant for a contract, (i) gives false particulars of the described automobile to be insured to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured wilfully makes a false statement in respect of a claim under the contract, a claim by the Insured, for other than such statutory accident benefits as are set out in the Statutory Accident Benefits Schedule, is invalid and the right of the Insured to recover indemnity is forfeited.

This Certificate is only valid if it is signed by an authorized representative of the insurer.

This Certificate is only valid if it is signed by an authorized representative of the insurer.

Stephen R Smith

President and Chief Executive Officer, Canada
Authorized signature of insurer

[Signature]

Senior Vice President, Chief Financial Officer
Authorized signature of insurer

APRIL 21st, 1997.

MR. RACHAI ASVESNA
MR. ADTHPORN OUNSOM
MR. UTAN PHONGTONG
(LEGAL OFFICERS)

SURANAREE UNIVERSITY OF TECHNOLOGY
CENTER FOR INTERNATIONAL AFFAIRS
111 UNIVERSITY AVENUE
MUANG DISTRICT
NAKHON RATCHASIMA
THAILAND 30000

RE: INSURANCE CLAIM

Dear Sirs,

kindly procede to claim (out-of-court) a further 300,000
Baht from BMTA.

My late husband, Professor Frank Juranka was earning 60,000
canadian dollars yearly, after his retirement. When he was
teaching full time he used to earn more.

I am very grateful for your help.

Sincerely yours

Irene Juranka
126 Glenrose Avenue
Toronto, Ontario
Canada M4T 1K8

FAX COVER SHEET

P.S. We've couriered the originals of these four pages with Fed Ex

IRENE JURANKA
126 GLENROSE AVENUE
TORONTO, ONTARIO
CANADA M4T 1K8

FAX COVER SHEET

DATE: OCTOBER 16, 1997.

TO: PIN

PHONE: INTL-66 44 216 191 ext. 1155-8,9
FAX: INTL-66 44 216 122

FROM: IRENE

PHONE: 416 485 8421
FAX: 416 485 7057

RE: BANK ACCOUNT INFORMATION

Number of pages including cover sheet: 2

Contents:

- 1) Cover Sheet (for Pin)
- 2) Letter to Legal Officer (for Mr. Rachai Asvesna)

Dear Pin

I am forwarding you the letter to confirm my bank account information. I also sent you and Eckart an email.

BEST REGARDS

Irene