



安达保险有限公司
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邮编：200122

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团体公务出差旅行意外伤害保险单
Chubb Group Business Travel Personal Accident Insurance Claim Form

索赔申请人应正确详细填写此申请表，并连同后页所列索赔所需的文件于索赔事由发生30天内交至：
Please complete this form as truthfully and accurately as possible, and return this with the supporting documents listed in this form below within 30 days after the occurrence to:
发送电子邮件至:chn.claims@chubb.com
或邮寄至 上海市浦东新区世纪大道1229号东方汇广场801室（邮编：200122） 安达保险有限公司 理赔部

For Office Use Only

Officer Name:

Claim No.:

第一部分：一般资料 Part I: General Information

投保人资料 Policy Holder Information

投保人名称 Name of Policy Holder:		保单号码 Policy No.:	
联系人名称 Name of Contact:		电话号码 Telephone No.:	
联络地址/电邮 Contact Address/Email:			

被保险人/索赔申请人资料 Insured / Claimant Information

被保险人名称: Name of Insured:		年龄: Age:		性别: Sex:	
身份证号码: Identity Card No.:				职业（请详述）: Occupation (state fully):	
联络地址/电邮/电话/手机: Contact Address/Email/Telephone No./Mobile:					
行程日期 / 保险期间 Journey Period / Policy Period					
被保险人如为未成年人，请注明: If Insured is a Minor, please specify:	监护人姓名: Name of Guardian:		与被保险人关系: Relation to Insured:		

银行帐户资料 Bank Details

赔款将通过银行转帐支付，请仔细填写 Claim settlement, if any, will be credited to your account by bank transfer. Please provide the following

户名: Account Name:	开户银行: Bank Name:	银行 支行	分行 分理处	帐号: Account Number:
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第二部分：索赔详情 Part II: Details of Claims

旅程资料 Details of Journey

出发日期: Date of Departure:		回程日期: Date of Return:	
出发地: Place of Departure:		目的地: Place of Destination(s):	

索赔类别 Type of Claims

A: 医疗费用/住院津贴 Medical Expenses/Hospitalization Allowance	是(Yes)/否(No)	B: 随身财物/证件/现金 Baggage/Travel Documents/Cash	是(Yes)/否(No)
C: 行程延误/行李延误 Travel Delay /Baggage Delay	是(Yes)/否(No)	D: 行程取消/行程缩短 Trip Cancellation/curtailment	是(Yes)/否(No)
E: 人身意外/个人责任/其他, 请详述: Personal Accident/Persnal Liability/Others,please specify:			

其他索赔信息 Other Information

对本次意外，是否向其他保险/社会保险索赔（包括工伤、医疗保险等）？ Are you claiming under any other Policies/Social Insurance (including employees compensation, medical and health insurance, etc.) in respect of this Accident?	是(Yes)/否(No)
如有，请说明: If yes, please specify:	保险公司/机构名称: Name of Insurance Company:
	索赔项目: Claim Item:
	保险单号: Policy Number:
	索赔/已赔付金额: Claimed / Settled Amount

A:医疗费用/住院津贴 Medical Expenses/Hospitalization Allowance				
1. 意外发生日期或首次出现病症的日期: Date of accident or Data of first occurrence of symptom		2. 首次就诊日期: Date of first medical consultation:		
3. 如为受伤事故: 请详述事故发生地点及经过 For injury: please describe where and how the accident happened 如为患急性病: 请说明有何病症 For sickness: please advise what symptom(s) has occurred				
4. 伤势/疾病的诊断结果: Nature of Injury/Diagnosis		5. 是否需继续治疗? If further medical treatment required	是(Yes)/ 否(No)	6. 索赔金额 Claim Amount
B:随身财物/证件/现金 Baggage/Travel Documents/Cash				
1. 事件发生日期及时间: Date and time of the incident:		2. 事件发生地点: Location of the incident:		
3. 详述事件发生经过 Detailed description of the occurrence of the incident:				
4. 上述事故是否通知警方、承运人或酒店? 如有, 请列明警署、承运人或酒店的联系人、联系方式及报案编号: Was the loss reported to the police, carrier or hotel? If yes, please provide the name, contact information and case reference no. of the police station, carrier or hotel:				
5. 上述运输公司/酒店是否有提供任何赔偿、修理或更换? 如有, 请列明: Did the carrier/hotel offer any compensation, repair or replacement? If yes, please specify:				
6. 请提供以下资料 Please provide the below information:				
遗失/损坏物品 Damage/lost items	购买日期 Date of purchase	购买地点 Place of purchase	购入价格 (请注明货币) Purchase price (Please indicate currency)	
C:行程延误/行李延误 Travel Delay/Baggage Delay				
请提供以下资料 Please provide the below information:				
航班 Flight	航班编号 Flight No.	出发日期及时间 Departure Date&Time	到达日期及时间 Arrival Date&Time	
原定航班 Schedule Flight				
实际航班 Actual Flight				
延误原因 Cause of Delay			延误时间 Duration of Delay	
D:行程取消/缩短 Trip Cancellation/Curtailment				
1. 取消/缩短的行程期间: Period of trip cancellation/curtailment:		2. 取消/缩短行程原因: Cause of cancellation/curtailment:		
3. 如果此次行程取消/缩短是由于被保险人以外的人士死亡、意外受伤或疾病所致, 请提供以下资料: If the cancellation/curtailment was due to death, serious injury or sickness of the person other than the Insured Person, please advise the followings:				
死者/伤者/患者姓名 Name of the deceased/injured/sick person	与被保险人关系 Relationship with the Insured Person		伤势/疾病的诊断结果 Nature of injury/Diagnosis	
索赔项目 Claimed Items	付款日期 Date of Payment	金额 (请注明货币) Amount (Please indicate currency)	已获/可获退款金额 Refund/refundable Amount	

E:人身意外/个人责任/其他 Personal Accident/Persnal Liability/Others		
1.详述事故发生日期、地点及经过 Full description of the incident,including when,where and how the incident happened:		
2.请提供以下资料 Please provide the below information:		
索赔项目 Description of Claimed Items	支付/购买日期 Incur/Purchase Date	金额（请注明货币） Amount(Please indicate currency)
重要提示 Important Note		
<p>A) 当意外发生，尽可能立刻向保险人、警方（如有违法犯罪行为嫌疑/交通事故）、消防部门（如果发生火灾）报告损失或损坏； B) 若事故由第三方引起，请保留追究第三方责任的权利，切勿主动承担责任或达成和解； A) Please report the loss/damage to the insurer and the police (if any criminal offence is suspected / traffic accident occurs) or Fire Brigade (for fire loss) immediately after an accident occurrence as soon as practicable; B) A claim should be made in writing against any person or organization who may be liable to the insured because of loss or damage to which this insurance may also apply. Do not admit liability, assume any obligation, make offer or payment.</p>		

第三部分：申明及授权 Part III: Declaration and Authorization	
<p>诚信是保险合同基本原则，涉嫌保险欺诈将承担以下责任： 【刑事责任】进行保险诈骗犯罪活动，可能会受到拘役、有期徒刑，并处罚金或者没收财产的刑事处罚。保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条件的，以保险诈骗罪的共犯论处。 【行政责任】进行保险诈骗活动，尚不构成犯罪的，可能会受到15日以下拘留、5000元以下罚款的行政处罚；保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条件的，也会受到相应的行政处罚。 【民事责任】故意或因重大过失未履行如实告知义务，保险公司不承担赔偿或给付保险金的责任。</p> <p>本索赔申请表签署人（等）声明我/我们已经阅读并知晓《反保险欺诈提示》，以上均为真实陈述。本人/被保险人了解保险公司接受此索赔书并不代表承认其保险赔偿责任。 本索赔申请表签署人（等）授权任何知悉或拥有本人/被保险人的健康状况及病历或任何治疗或咨询记录、意外事故细节及曾为或将为本人/被保险人之诊治之医生，医院，诊所，公安部门，保险公司或任何机构、组织或人士，向贵公司或其代理人透露有关资料，亦同意贵公司为遵守相关法律（包括但不限于中华人民共和国的法律）的要求，而向第三方披露本人的相关信息资料，但仅限于法律的最低要求，前述授权同意不得撤回，即使本人/被保险人死亡或丧失民事行为能力，此授权书仍然具有法律效力，而本人/被保险人之继承人及受让人也会受本授权书约束。本授权之复印件 Good faith is the basic principle of insurance contracts. Fraudulent insurance activities may result in the following liabilities 【Criminal】 Fraudulent insurance activities may result in criminal sentence of criminal detention, and fine or confiscation of property. Surveyors or appraisers of insurance accidents, who facilitate others to commit fraud by intentionally providing false evidence, may constitute accomplices of insurance fraud. 【Administrative】 Fraudulent insurance activities which do not constitute a crime may be punished by administrative penalties of detention up to 15 days and/ or a fine up to 5000 RMB. Surveyors or appraisers of insurance accidents, who facilitate others to commit fraud by intentionally providing false evidence, may also be subject to corresponding administrative penalties. 【Civil】 If the insurance applicant fails to perform his information disclosure obligations intentionally or due to gross negligence, the insurance company shall be exempt from the obligations of paying the insurance compensation. The undersigned hereby / We hereby declare that the above statements are authentic and the acceptance of this form by the Insurance Company is not an admission of liability.</p> <p>The undersigned hereby hereby declare that I have read and acknowledged the above Anti-Fraud Warning, and I/We declare that all the aforesaid statements are true with no false and omission. I/We understand that the acceptance of this form is not in itself an admission of liability on the part of the Company.</p> <p>The undersigned hereby authorize any physician, medical practitioner, hospital, clinic, police authority, insurance company or any other organization and institution that has any record or knowledge of my / the Insured's health and medical history or any treatment, advice or accident details and that has been or may hereafter be consulted to disclose to or its authorized representatives such information, also authorize the Insurance company to disclose the relevenat inforamtion obtained to any third party subject to the minimum legal requirements to meet the relevant laws and regulations including but not limited to PRC laws and regualtions. This authorization shall bind my / the Insured's successors and assigns and remain valid notwithstanding my / the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be considered as effective and valid as the original.</p>	
索赔申请人签署： Signature of Claimant:	监护人签署（若索赔申请人为未成年人）： Signature of Guardian (If claimant is under the age of 18):
日期： Date:	日期： Date:
投保人签署： Signature of Policyholder:	
日期： Date:	

第四部分：所需文件 Part IV: Required documents		
下列为一般所需理赔证明文件，文件齐备后，请尽快提交。如证明文件随本索赔申请表附上，请在方格内打勾。视案件性质，保险公司有权要求进一步资料。 These are the documentation usually required insupporting your claim. Please submit as soon as they are available. If these documents are attached to this claim form, please tick against the check box. Further documents and information may be requested depending on the nature and extent of the claim.		
索赔项目，所需理赔资料 Claim Item and Supporting Documents Required		
所有索赔 All Claims		
1	保险合同或投保单复印件； Copy of insurance policy / certificate;	是(Yes)/否(No)
2	被保险人签名的身份证件复印件或护照或其他身份证明材料及出入境记录（未成年人还需提供收款人签名之身份证件复印件）； Copy of claimant' s identity card or passport or other identification documentation with signature and movement records (If claimant is a Minor, copy of the payee' s identity card with signature is required);	是(Yes)/否(No)
3	被保险人签名的银行存折或银行卡复印件； Copy of claimant's bank book or bank card with signature;	是(Yes)/否(No)
4	如为商务旅行—由雇主出具的商务旅行证明； For business traveler - proof of business travel issued by the employer;	是(Yes)/否(No)
5	其他可以证明损失的资料,如有，请在下面空格中说明。 Other materials which may evidence the loss. If yes, please specify in the box below.	
A:医疗费用/住院津贴 Medical Expenses/Hospitalization Allowance		
1	完整的门、急诊/住院病历，或主诊医生的诊断证明； Medical Record from in-patient/out-patient/emergency units with attending doctor's diagnosis;	是(Yes)/否(No)
2	医院/认可注册医生所签发的医药费收据原件； Original Medical Expenses Receipts issued by Hospital or Qualified Medical Practitioner;	是(Yes)/否(No)
3	收费清单及明细。 Statement of account with detailed breakdown.	是(Yes)/否(No)
B:随身财物/证件/现金 Baggage/Travel Documents/Cash		
1	公共安全机关出具的报案证明； Loss/Damage report issued by authorities;	是(Yes)/否(No)
2	酒店或承运人管理部门书面证明物件遗失或损毁； Hotel's or Carrier's report certifying the lost or damage of the personal property;	是(Yes)/否(No)
3	发票或其他能够证明受损、遗失财产为被保险人所有并说明受损、遗失财产价值的材料； Invoice or other documents which can indicate the ownership and value of the questioned property;	是(Yes)/否(No)
4	修理、修复的发票原件； Original invoice of repair or rehabilitation;	是(Yes)/否(No)
5	重新办理旅行证件的费用发票或收据原件； Receipts/invoices for replacement of the travel document;	是(Yes)/否(No)
6	超期滞留期间发生的额外交通及住宿费用发票。 Invoice of relating transportation fee and accommodation fee incurred during detention period.	是(Yes)/否(No)
C:行程延误/行李延误 Travel Delay/Baggage Delay		
1	承运人或其代理人发出关于行程延误的书面证明，包括事故发生日期、公共交通工具延误原因、延误时间及最早可供被保险人搭乘的其他公共交通工具的时间及编号； Documentary proof from common carrier or its representative indicating the date of the accident happened, the cause of travel delay and the time and code of the earliest convenient substitutive transport means;	是(Yes)/否(No)
2	承运人或其代理人发出关于行李延误的书面证明，包括事故发生日期、行李延误的原因以及领回托运行李的时间等信息； Documentary proof from common carrier or its representative indicating the date of the accident happened, the cause of baggage delay and the information to claim back the baggage;	是(Yes)/否(No)
3	公共交通工具票据的原件（原定和实际乘坐航班的行程单/登机牌）； Original ticket of Public Transport Means (The boarding pass of scheduled and actually flight) ;	是(Yes)/否(No)
4	托运行李的凭证原件。 Original copy of the baggage receipts.	是(Yes)/否(No)
D:行程取消/缩短 Trip Cancellation/Curtailment		
1	导致行程取消/缩短原因的证明，如医疗报告、关系证明等； Documentation issued by relevant parties confirming the cause of cancellation/curtailment,such as medical report,relationship proof,etc;	是(Yes)/否(No)
2	已支付的交通费、住宿费及相关旅游产品的预付费用的清单及发票或收据原件； List of and original invoice or receipt of advance payment for transport, accommodation and relevant tour product;	是(Yes)/否(No)
3	旅行社、交通工具承运人、住宿承办人等单位出具的证明被保险人已支付但未有使用且无法退还的费用的清单。 List of expenses issued by the travel agency, transport means carrier and accommodation supplier, certifying the portion already paid but not yet used by the Insured, which is not refundable.	是(Yes)/否(No)
E(i):人身意外 Personal Accident		
1	司法机关或三甲以上医院出具的《伤残鉴定书》原件。 "Permanent Disability Certificate" issued by Grade 3A or above hospital or judiciary institutions.	是(Yes)/否(No)
2	医院、公安部门或本公司认可的死亡证明或其他相关类似证明原件； Proof of Death issued by relevant authorities;	是(Yes)/否(No)
3	被保险人的户籍注销证明或其他相关类似证明； Proof of cancellation of residential registration or identity documents of the insured person;	是(Yes)/否(No)
4	索赔申请人的户籍证明或其他相关类似证明、身份证件，以及受益人关系证明； Proof of residential registration or identity documents of the beneficiaries;	是(Yes)/否(No)

5	继承人继承权及份额公证书原件。 Certificate of the successors to the inheritance and the share.	是(Yes)/否(No)
E(ii):个人责任 Persnal Liability		
1	事故描述及辅佐证明材料，如：照片/目击证人的证词等； Accident description with supporting documents (e.g. photos/ testimony of witness, etc.)	是(Yes)/否(No)
2	第三方索赔人的书面索赔函、索赔明细及金额的支持材料（如医疗病历资料和发票；受损财产的维修报价/维修发票/重置发票等）； Written claim letter from third party claimant and documents supporting claim items/amounts (e.g. Original medical record, medical invoices/receipts, leave certificate; repair/replacement invoices/receipts, etc.)	是(Yes)/否(No)
3	法院传讯书，判决书或调解书（若发生诉讼）； Writ of Summons, Court verdict or intercession writ (if a lawsuit is filed)	是(Yes)/否(No)
4	被保险人和索赔方达成的最终协议。 Final agreement between the insured and the claimant.	是(Yes)/否(No)