



安达保险有限公司
上海市浦东新区
世纪大道1229号
东方汇广场801室
邮编：200122

Chubb Insurance Company
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200122, P.R.C.

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团体综合人身意外伤害保险理赔申请书 Chubb Group Personal Accidental 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.:

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

| | | | | | |
|---|-----------------------------|---------------------------------------|----------------------------------|-------------|--|
| 事故人员名称: Name of Person(s) involved in the accident: | | 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: | | | | | |
| 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: | | |

意外伤亡详情 Accident Details

| | | | |
|---|---------------------------|--|---------------------------|
| 事故发生地点: Place of Accident: | | 事故发生日期及时间: Date & Time of Accident: | |
| 事故原因/经过（请详述）: Cause and Details of Accident (state fully): | | | |
| 目击者姓名/联系方式: Name and Contact Details of Witness: | | | |
| 伤害结果: Result of Injury: | 受伤 / 死亡 Injury / Death | 受伤部位 Part of Body Injured: | 伤势情况 Nature of Injury: |
| 预估医药费用等费用金额 Estimated Medical Expenses and other Expenses: | | 意外身故保险金申请金额: Claim Amount of Benefits for Accidental Death: | |

住院索赔详情 Hospitalization Claim Details

| | | | |
|---|--|--|--|
| 伤病的名称及症状: Symptoms and Diagnosis: | | | |
| 首次就诊前该症状已存在多久: Since when the symptom complained of has existed? | | 首次就诊日期: Date of First Consultation: | |
| 首次就诊诊所/医院: Name of Clinic/Hospital of First Consultation: | | 主治医生名称: Name of Attending Physician: | |
| 住院医院名称: Name of Hospital: | | 入/出院日期: Date Admitted and Discharged: | |
| 住院津贴申请金额: Claimed Amount of Hospitalization Allowance: | | | |

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|---|--|--|---------------------------------------|-----------------|
| 其他资料 Other Information | | | | |
| 对本次意外，是否向其他保险/社会保険索赔（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/否 Yes / No |
| 如有，请说明： If yes, please specify: | 保险公司/机构名称： Name of Insurance Company: | | 保险单号： Policy Number: | |
| | 索赔项目： Claim Item: | | 索赔/已赔付金额： Claimed / Settled Amount | |
| 重要提示 Important Note | | | | |
| 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 | | | | |
| 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 Claim Item | 所需理赔资料 Supporting Documents Required | | | |
| 意外医疗补偿金 Medical Expenses | 1. 完整的门、急诊病历或出院小结及住院清单； 1. Medical Record or Discharge Note issued by in-patient, out-patient or emergency unit; | | | 是(Yes)/否(No) |
| | 2. 医院所签发的医药费原始收据原件； 2. Original Medical Expenses Receipts issued by Hospital; | | | 是(Yes)/否(No) |
| | 3. 医院出具的所有检查报告单； 3. Medical Examination Report. | | | 是(Yes)/否(No) |
| 意外住院津贴 In-hospital Services | 1. 完整的门、急诊病历，或主诊医生的诊断证明； 1. Medical Record from in-patient/out-patient/emergency units with attending doctor's diagnosis; | | | 是(Yes)/否(No) |
| | 2. 出院小结及住院清单； 2. Hospital Record / Discharge Note; | | | 是(Yes)/否(No) |
| | 3. 住院医疗正式收据原件； 3. Original In-hospital Services Bills; | | | 是(Yes)/否(No) |
| | 4. 医院出具的所有检查报告单； 4. Medical Examination Reports issued by the Hospital. | | | 是(Yes)/否(No) |
| 永久伤残给付 Accidental Dismemberment | 1. 司法机关或保险人认可的伤残鉴定机构出具的被保险人残疾程度鉴定书。 1. "Permanent Disability Certificate" issued by qualified Institutions or judiciary institutions. | | | 是(Yes)/否(No) |
| 严重烧伤保险金 Accidental Burns | | | | |
| 意外身故保险金索赔 Accidental Death | 1. 死亡小结（或死亡记录）； 1. Death Certificate; | | | 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； 2. 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； 3. 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； 4. Proof of residential registration or identity documents of the beneficiary beneficiaries; | | | 是(Yes)/否(No) |
| | 5. 继承人继承权及份额公证书。 5. Certificate of the successors to the inheritance and the share. | | | 是(Yes)/否(No) |
| 公共交通意外 common carrier accident | 1. 搭乘公共交通工具的票据证明； 1. Ticket / proof of traveling on the common carrier; | | | 是(Yes)/否(No) |
| | 2. 公共交通部门出具的交通意外证明。 2. Proof of traffic accident issued by the relevant common carrier authority. | | | 是(Yes)/否(No) |
| 第三者责任 Personal third party liability | 1. 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） 1. 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) |

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| 所有索赔 All Claims | 1. 被保险人签名的身份证件复印件（若为未成年人，则需提供投保人签名的身份证件复印件）； 1. Copy of claimant's identity card with signature (if claimant is a Minor, copy of the payee's identity card with signature is required); | 是(Yes)/否(No) |
| | 2. 索赔人签名的银行存折或银行卡复印件； 2. Copy of claimant's bank book or bank card with signature; | 是(Yes)/否(No) |
| | 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. | |
| | | |

反保险欺诈提示, 申明及授权 Anti-Fraud Warning, Declaration and Authorization

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。

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/被保险人之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转让也会受本授权书约束。本授权之复印件与原件同属有效。

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.

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. 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 relevant information 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 regulations. 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.

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| 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: |