



安达保险有限公司  
上海市浦东新区  
博成路 1101 号  
华泰金融大厦副楼 3 楼  
邮编: 200126

Chubb Insurance Company Limited  
3rd Floor Annex, Huatai Financial Building  
No. 1101 Bocheng Road  
Pudong, Shanghai  
200126, China.

电话/O: +86 21 23256688  
传真/F: +86 21 52925880  
服务热线/Service Hotline: 400 889 2120  
www.chubb.com.cn

## Chubb Group Business Travel Personal Accident Insurance Claim Form 安达团体商务旅行意外伤害保险索赔申请表

|  |                              |
|--|------------------------------|
| 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:<br>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:<br>发送电子邮件至: <b>ANHClaims.CN@Chubb.com</b><br>或邮寄至 <b>上海市浦东新区博成路 1101 号华泰金融大厦副楼 3 楼 (邮编 200126) 安达保险理赔部</b> | <b>For Official Use Only</b> |
|  | Claims Officer Name:         |
|  | Claim No.:                   |

### Policy Holder Information 投保人资料

|                                    |                         |
|------------------------------------|-------------------------|
| Name of Policy Holder:<br>投保人名称:   | Policy No:<br>保险单号码:    |
| Name of Contact:<br>联系人名称:         | Telephone No.:<br>电话号码: |
| Contact Address/Email:<br>联络地址/电邮: |                         |

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

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

### Bank Details 银行账户资料

Claim settlement, if any, will be credited to your account by bank transfer. Please provide the following details:

赔款将通过银行转账支付, 请仔细填写:

|                      |                     |          |           |                        |
|----------------------|---------------------|----------|-----------|------------------------|
| Account Name:<br>户名: | Bank Name:<br>开户银行: | 银行<br>支行 | 分行<br>分理处 | Account Number:<br>账号: |
|----------------------|---------------------|----------|-----------|------------------------|

### Details of Journey 旅程资料

|                             |                                   |
|-----------------------------|-----------------------------------|
| Date of Departure:<br>出发日期: | Date of Return:<br>回程日期:          |
| Place of Departure:<br>出发地: | Place of Destination (s):<br>目的地: |

### Type of Claims 索赔类别

|  |                                   |                                  |  |                                   |                                  |
|--|-----------------------------------|----------------------------------|--|-----------------------------------|----------------------------------|
| A: Medical Expenses/Hospitalization Allowance:<br>医疗费用/住院津贴: | <input type="checkbox"/> Yes<br>是 | <input type="checkbox"/> No<br>否 | B: Baggage/Travel Documents/Cash:<br>随身财物/证件/现金: | <input type="checkbox"/> Yes<br>是 | <input type="checkbox"/> No<br>否 |
| C: Travel Delay /Baggage Delay:<br>行程延误/行李延误:                | <input type="checkbox"/> Yes<br>是 | <input type="checkbox"/> No<br>否 | D: Trip Cancellation/Curtailment:<br>行程取消/行程缩短:  | <input type="checkbox"/> Yes<br>是 | <input type="checkbox"/> No<br>否 |

E: Personal Accident/Personal Liability/Others, please specify:

人身意外/个人责任/其他,请详述:

Chubb. Insured.<sup>SM</sup>

**Other Information 其他索赔信息**

Are you claiming under any other Policies/Social Insurance (including employees compensation, medical and health insurance, etc.) in respect of this Accident?  Yes  No

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）？  是  否

|                                    |  |  |
|------------------------------------|--|--|
| If yes, please specify:<br>如有，请说明： | Name of Insurance Company:<br>保险公司/机构名称： | Policy Number:<br>保险单号：                |
|                                    | Claim Item:<br>索赔项目：                     | Claimed / Settled Amount:<br>索赔/已赔付金额： |

**A: Medical Expenses/Hospitalization Allowance 医疗费用/住院津贴**

1. Date of accident or Data of first occurrence of symptom:

意外发生日期或首次出现病症的日期：

2. Date of first medical consultation:

首次就诊日期：

3. For injury: please describe where and how the accident happened 如为受伤事故：请详述事故发生地点及经过

For sickness: please advise what symptom(s) has occurred 如为患急性病：请说明有何病症

|   |   |   |                           |
|---|---|---|---------------------------|
| 4. Nature of Injury/Diagnosis:<br>伤势/疾病的诊断结果： | 5. If further medical treatment required:<br>是否需继续治疗： | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>是 否 | 6. Claim Amount:<br>索赔金额： |
|---|---|---|---------------------------|

**B. Baggage/Travel Documents/Cash 随身财物/证件/现金**

1. Date and time of the incident:

事件发生日期及时间：

2. Location of the incident:

事件发生地点：

3. Detailed description of the occurrence of the incident:

详述事件发生经过：

4. 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:

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：

5. Did the carrier/hotel offer any compensation, repair or replacement? If yes, please specify:

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：

6. Please provide the below information:

请提供以下资料：

|                                |                            |                             |  |
|--------------------------------|----------------------------|-----------------------------|--|
| Damage/lost items:<br>遗失/损坏物品： | Date of purchase:<br>购买日期： | Place of purchase:<br>购买地点： | Purchase price (Please indicate currency):<br>购入价格（请注明货币）： |
|--------------------------------|----------------------------|-----------------------------|--|

### C. Travel Delay/Baggage Delay 行程延误/行李延误

Please provide the below information:

请提供以下资料:

| Flight<br>航班              | Flight No.<br>航班编号          | Departure Date & Time<br>出发日期及时间 | Arrival Date & Time<br>到达日期及时间 |
|---------------------------|-----------------------------|----------------------------------|--------------------------------|
| Schedule Flight:<br>原定航班: |                             |                                  |                                |
| Actual Flight:<br>实际航班:   |                             |                                  |                                |
| Cause of Delay:<br>延误原因:  | Duration of Delay:<br>延误时间: |                                  |                                |

### D. Trip Cancellation/Curtailment 行程取消/缩短

1. Period of trip cancellation/Curtailment:

取消/缩短的行程期间:

2. Cause of cancellation/Curtailment:

取消/缩短行程原因:

3. If the cancellation/curtailment was due to death, serious injury or sickness of the person other than the Insured Person, please advise the followings:

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:

|  |   |   |   |
|--|---|---|---|
| Name of the deceased/injured/sick person:<br>死者/伤者/患者姓名: | Relationship with the Insured Person:<br>与被保险人关系: | Nature of injury/Diagnosis:<br>伤势/疾病的诊断结果:        |   |
| Claimed Items:<br>索赔项目:                                  | Date of Payment:<br>付款日期:                         | Amount (Please indicate currency):<br>金额 (请注明货币): | Refund/refundable Amount:<br>已获/可获退款金额: |

### E. Personal Accident/Personal Liability/Others 人身意外/个人责任/其他

1. Full description of the incident, including when, where and how the incident happened:

详述事故发生日期、地点及经过:

2. Please provide the below information:

请提供以下资料:

|  |                                  |   |
|--|----------------------------------|---|
| Description of Claimed Items:<br>索赔项目: | Incur/Purchase Date:<br>支付/购买日期: | Amount (Please indicate currency):<br>金额 (请注明货币): |
|--|----------------------------------|---|

### Important Note 重要提示

- 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;  
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) 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.  
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;

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

Good faith is the basic principle of insurance contracts. Fraudulent insurance activities may result in the following liabilities:  
诚信是保险合同基本原则, 涉嫌保险欺诈将承担以下责任:

**【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.

**【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。

**【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.

**【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。

**【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.

**【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。

The undersigned 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.

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。

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 (within or outside of China) for the purpose of claim handling. 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.

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, 亦同意贵公司基于处理理赔需要向第三方披露本人的相关信息资料, 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。本授权之复印件与原件同属有效。

|  |              |
|--|--------------|
| Signature of Insured:<br>Company's Stamp 签字并盖公章: | Date:<br>日期: |
|--|--------------|

## Required documents 所需文件

These are the documentation usually required in supporting 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.

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。

## Claim Item and Supporting Documents Required 索赔项目, 所需理赔资料

### All Claims 所有索赔

|   |  |   |
|---|--|---|
| 1 | 保险合同或投保单复印件;<br>Copy of insurance policy / certificate;  | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 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 (未成年人需提供出生证明复印件、监护人身份证件复印件和监护人银行卡复印件);<br>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 birth certificate, guardian's identity card copy and guardian's bank card copy are required); | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 3 | 被保险人签名的银行存折或银行卡复印件;<br>Copy of claimant's bank book or bank card with signature;   | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 4 | For business traveler - proof of business travel issued by the employer;<br>如为商务旅行--由雇主出具的商务旅行证明;  | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 5 | 其他可以证明损失的资料, 如有, 请勾选以下 A 至 E。<br>Other materials which may evidence the loss. If yes, please check A to E below.   | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |

### A. Medical Expenses/Hospitalization Allowance 医疗费用/住院津贴

|   |  |   |
|---|--|---|
| 1 | 完整的门、急诊/住院病历, 或主诊医生的诊断证明;<br>Medical Record from in-patient/out-patient/emergency units with attending doctor's diagnosis; | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 2 | 医院/认可注册医生所签发的医药费收据原件;<br>Original Medical Expenses Receipts issued by Hospital or Qualified Medical Practitioner;          | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 3 | 收费清单及明细。Statement of account with detailed breakdown.  | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |

### B. Baggage/Travel Documents/Cash 随身财物/证件/现金

|   |  |   |
|---|--|---|
| 1 | 公共安全机关出具的报立案证明;<br>Proof of Loss/Damage of the travel documents/baggage issued by authorities;   | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 2 | 酒店或承运人管理部门书面证明物件遗失或损毁;<br>Hotel's or Carrier's report certifying the lost or damage of the personal property;                                | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 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;<br>Invoice or other documents which can indicate the ownership and value of the questioned property; | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 4 | 修理、修复的发票原件; Original invoice of repair or rehabilitation;  | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 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;  | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 6 | 超期滞留期间发生的额外交通及住宿费用发票。<br>Invoice of relating transportation fee and accommodation fee incurred during detention period.                      | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |

### C. Travel Delay/Baggage Delay 行程延误/行李延误

|   |  |   |
|---|--|---|
| 1 | 承运人或其代理人发出关于延误的书面证明, 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;<br>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; | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 2 | 承运人或其代理人发出关于延误的书面证明, 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;<br>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;  | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 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);<br>Original ticket of Public Transport Means (The boarding pass of scheduled and actually flight);  | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 4 | 托运行李的凭证原件。Original copy of the baggage receipts.   | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |

### D. Cancellation/Curtailment 行程取消/缩短

|   |  |   |
|---|--|---|
| 1 | 导致行程取消原因的证明, 如医疗报告、关系证明等;<br>Documentation issued by relevant parties confirming the cause of cancellation, such as medical report, relationship proof, etc;   | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 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;<br>List of and original invoice or receipt of advance payment for transport, accommodation and relevant tour product;  | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 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。<br>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. | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |

### 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。<br>"Permanent Disability Certificate" issued by Grade 3A or above hospital or judiciary institutions. | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 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;  | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 3 | 被保险人的户籍注销证明或其他相关类似证明;<br>Proof of cancellation of residential registration or identity documents of the insured person;        | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 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;<br>Proof of residential registration or identity documents of the beneficiaries;          | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 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.   | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |

### E(ii). 个人责任 Personal Liability

|   |   |   |
|---|---|---|
| 1 | 事故描述及辅佐证明材料, 如: 照片/目击证人的证词等;<br>Accident description with supporting documents (e.g. photos/ testimony of witness, etc.)  | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 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);<br>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.) | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 3 | 法院传票书, 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);  | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |
| 4 | 被保险人和索赔方达成的最终协议。Final agreement between the insured and the claimant.   | <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否 |

Chubb. Insured.<sup>SM</sup>