

Group Outbound Personal Accidental Insurance Claim Form 团体境外人员人身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: 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: ANHClaims.CN@Chubb.com 或邮寄至 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	For Official Use Only
	Claims Officer Name:

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					
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:		
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 details:					
户名: Account Name:	开户银行: Bank Name:	银行	分行	帐号: Account Number:	

第二部分: 索赔详情 Part II: Details of Claims					
A: 意外/疾病身故及伤残 Accidental/Sickness Death & Permanent Disability					
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	疾病名称或伤势情况: Diagnosis or Nature of Injury:			

伤残等级: The Level of Disability:		申请金额: Claim Amount:	
B: 医疗费用/住院津贴/重大疾病 Medical Expenses/Hospitalization Allowance/Critical Illness			
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:	
就诊诊所/医院: Name of Clinic/Hospital:		主诊医生名称: Name of Attending Physician:	
就诊日期: Date of Visit:		申请金额: Claimed Amount:	
C: 个人责任/员工替代/其他 Personal Liability/Employee Substitution/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)
其他资料 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/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			
<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;</p> <p>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

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。

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 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.

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，保险司有权要求进一步资料。由境外机构或个人出具的索赔文件必须经境外出险当地合法公证机构对文件的有效性及其真实性进行公证，或经中国驻当地所在国使领馆认可。

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. The claim documents issued by an overseas institution or individual must be notarized by the local legal notarization agency, or recognized by the embassy/consulate of People's Republic of China.

索赔项目 Claim Item	所需理赔资料 Supporting Documents Required	
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，则需提供监护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)
	3. 被保险人雇主出具的被保险人被派遣至境外目的地的证明； 3. Working certificate of dispatched to overseas issued by employer;	是(Yes)/否(No)
	4. 其他可以证明损失的资料。如有，请在下面空格中说明； 4. Other materials which may evidence the loss. If yes, please specify in the box below;	
A: 意外/疾病身故及伤残 Accidental/Sickness Death&Permanent Disability	1. 有关机构出具的意外事故证明或医疗机构出具的疾病证明； 1. Proof of accident issued by relevant authorities, or Proof of sickness issued by the Hospital;	是(Yes)/否(No)
	2. 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； 2. "Permanent Disability Certificate" issued by qualified Institutions or judiciary institutions;	是(Yes)/否(No)
	3. 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； 3. Proof of Death issued by relevant authorities;	是(Yes)/否(No)
	4. 被保险人的户籍注销证明或其他相关类似证明； 4. Proof of cancellation of residential registration or identity documents of the insured person;	是(Yes)/否(No)
	5. 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； 5. Proof of residential registration or identity documents of the beneficiary beneficiaries;	是(Yes)/否(No)
	6. 继承人继承权及份额公证书； 6. Certificate of the successors to the inheritance and the share;	是(Yes)/否(No)
B1: 医疗费用/住院津贴 Medical Expenses/Hospitalization Allowance	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)
B2: 重大疾病 Critical Illness	1. 由医院出具的病历、必需的病理检验、血液检验及其它科学诊断报告以及由专科医生出具的诊断书、手术证明； 1. Medical records, necessary pathological examination, blood tests and other scientific diagnostic reports issued by the hospital, and diagnosis, surgical certificate issued by the specialist;	是(Yes)/否(No)
C1: 个人责任 Personal liability	1. 事故描述及佐证证明材料，如：照片/目击证人的证词等； 1. 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）； 2. 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. 法院传票书，判决书或调解书（若发生诉讼）； 3. 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； 4. Final agreement between the insured and the claimant;	是(Yes)/否(No)

C2: 员工替代 Employee Substitution	<p>1. 若被保险人重伤或重病，须提供保险人认可的医疗机构的出具的被保险人须返回境内日常居住地或日常工作地治疗的医疗诊断证明正本； 1. The medical diagnosis certificate issued by the medical institutions recognised by the Insurer to prove that the Insured shall return to the residence place or work place within China for treatment;</p>	是(Yes)/否(No)
	<p>2. 若被保险人身故，须提供中华人民共和国所在国使、领馆或保险事故发生地政府有关机构出具的被保险人死亡之证明或验尸报告及户籍注销证明； 2. Autopsy report or death certificate by the embassy/consulate of People's Republic of China or the local government organization, and cancellation certificate of the Insured's registration;</p>	是(Yes)/否(No)
	<p>3. 替代员工所发生的住宿费用和公共交通工具费用的清单及发票或收据原件； 3. the invoices, original receipts or the list of expenses that occur during the substitute employee's corporate travel, including accommodation and Public Transport Means;</p>	是(Yes)/否(No)
	<p>4. 保险人认可的意外事故证明文件； 4. accident certification recognized by the Insurer;</p>	是(Yes)/否(No)
C3: 绑架及非法拘禁 Kidnapping and Illegal Detention	<p>1. 当地警方、使领馆或有关当局出具的注明被保险人被绑架或非法拘禁日数的书面证明。 1. Written evidence of the number of days of kidnapping or illegal detention by the local police, embassy or consulate or relevant authorities.</p>	是(Yes)/否(No)