

## Group Accident Insurance Claim Form

### 团体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, 并连同索赔所需的文件(请参考理赔指引)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 (refer to the claim guideline) within 30 days after the occurrence to:

发送电子邮件至: [ANHClaims.cn@chubb.com](mailto: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) 安达保险理赔部收

Or mail to: The Claims Dept., 3rd Floor Annex, Huatai Financial Building, No. 1101 Bocheng Road, Pudong, Shanghai, 200126, China

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

Name of Policy Holder:

投保人名称:

Policy No.:

保险单号码:

Name of Insured:

被保险人名称:

Age:

年龄:

Sex:

性别:

Identity Card No.:

身份证号码:

Occupation (state fully):

职业 (请详述):

Contact Address/Email/Telephone No./Mobile:

联络地址/电邮/电话/手机:

#### [For Travel only]:

Journey Period & Destination 行程日期 & 目的地:

从 From: (yyyy/mm/dd) 到 To: (yyyy/mm/dd) 目的地:

#### 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:

户名:

Bank Name:

开户银行:

银行

支行

分行

分理处

Account Number:

账号:

#### Claim Information 索赔信息

1. Type of Claims (please refer to Claims Guide):

索赔类别 (请参照“索赔指引”填写):

2. Incident Date & Time:

事件发生日期及时间:

3. Incident Location:

事件发生地点:

4. Detailed description of the occurrence of the incident and damage/lost items:

详述事件发生经过及遗失/损坏物品清单:

5. Claimed Amount:

索赔金额:

Chubb. Insured.<sup>SM1</sup>

**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】** 进行保险诈骗犯罪行为活动，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。

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| If Insured is a Minor, please specify:<br>被保险人如为未成年人，请注明：<br><br>Name of Guardian:<br>监护人姓名： | Relation to Insured:<br>与被保险人关系： |
| Signature of Insured:<br>签字：   | Date:<br>日期：                     |