



ZURICH
苏黎世保险

个人意外伤害保险索赔申请书

Personal Accident Insurance Claim Form

所有问题均须由被保险人/索赔申请人完全回答
All questions must be answered by Insured/ applicant

保单号码
Policy No. _____

报案人: _____ 联系电话: _____ 电子邮件: _____

Informant
被保险人姓名英文/中文
年龄
Name of Insured in full (English/Chinese)
Age _____

Tel. no.

Mail:

保单持有人英文/中文
Name of Policy Holder in full (English/Chinese) _____

被保险人地址
Address of Insured _____ 邮政编码
Postal code _____

联系电话(日间固定电话)
Tel. no. (Daytime) _____ 联络电话(手机)
Mobile _____

职业(请详述)
Occupation (describe fully) _____ 身份证号码
Identity Card No. _____

(若索赔申请人为被保险人本人, 无需填写此栏 If the applicant is the insured, this part can be ignored)

索赔申请人姓名英文/中文
Name of the applicant in full (English/Chinese) _____ 年龄
Age _____

索赔申请人地址
Add _____ 邮政编码
Postal code _____

联系电话(日间固定电话)
Tel. no. (Daytime) _____ 联络电话(手机)
Mobile _____

与被保险人关系
Relationship to the insured _____ 身份证号码
Identity Card No. _____

保险期间由(The insurance period is from) _____ 至(to) _____

- | | | |
|---|--|--|
| 1. <input type="checkbox"/> 医疗费用
Medical Expenses | 2. <input type="checkbox"/> 意外身故
Accident Death | 3. <input type="checkbox"/> 意外伤残
Accidental Dismemberment |
| 4. <input type="checkbox"/> 意外住院津贴(普通病房)
Accidental Hospital Cash (GW) | 5. <input type="checkbox"/> 意外住院津贴(重症监护病房)
Accidental Hospital Cash (ICU) | 6. <input type="checkbox"/> 其它 _____
Others |

意外在何时何地发生 When and where did the accident occur?

(a) Date 日期 _____ (b) Time 时间 _____

(c) Place 地点 _____

请详述意外事故发生经过
How did the accident occur? (Please state fully) _____

索赔金额 Claim amount : _____

是否已向其它保险机构索赔?
Have you submitted the claim to other insurer?
 否 No

是 Yes

保单号码 Policy no.

保险公司名称 Name of insurance company

如索赔类别为 人身意外/医疗费用，须填写此部份。

If claim is for personal accident/medical expenses, must complete this part.

诊治日期 Date	就诊原因 Diagnosis	就诊医生 Name of physician	就诊医院 Hospital	发票数量 Pieces of invoice	发生金额 Amount

如果为境外发生意外伤害，是否回国继续就诊? If the accident is happen, do you need to follow up treatment/consultation after coming back to China?

否 No

是 Yes

医院名称 Hospital name

主要治疗方式 Name of main treatment

被保险人账户信息。

Bank Details.

开户名:

Account name:

开户银行:

Bank:

账号:

Account number:

开户行地址:

Bank address:

声明及授权书:

Declaration and Authorization:

1. 本人在此重申以上所述事实准确无误且本人对有关此项要求赔偿事件并未保留任何重要资料。

I hereby warrant that the above statements and facts are true, and that I have not withheld from the Company any material information connected with this claim.

2. 本人/本公司在此声明及同意由苏黎世财产保险(中国)有限公司(以下简称苏黎世)所收集或持有的个人资料, 包括附在此索赔申请书后或以其它方式获取的资料, 均可供苏黎世使用或向在中国境内或境外之任何人或机构披露作以下用途: (1) 评估此项申请, (2) 提供保险及客户服务, (3) 处理保险的索赔或有关之分析。

I/We further hereby declare and agree that the personal information collected or held by Zurich Insurance Company (the "Zurich"), whether contained in this accident report form or otherwise obtained, may be used by Zurich or disclosed to any individual or organization within or outside China for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis.

Signature of Policy Holder 保单持有人签章

Signature of insured/applicant 被保险人/索赔申请人签字

Date 日期

索赔文件

请填写索赔申请书并提交以下所需证明文件(正本)寄回本公司以便处理阁下之赔偿申请

1. 意外身故

- 索赔申请书;
- 保险合同;
- 被保险人的身份证明文件; ;
- 受益人的身份证明文件;
- 医院、公安部门或其他苏黎世认可的机构出具的被保险人的死亡证明或验尸报告原件;
- 被保险人的户口注销证明或其他相关类似证明;
- 苏黎世合理要求的其他资料.

2. 意外伤残

- 索赔申请书;
- 保险合同;
- 被保险人的身份证明文件;
- 认可的医疗机构或司法鉴定机构出具的被保险人伤残程度鉴定书;
- 苏黎世合理要求的其他资料.

3. 医疗费用

- 索赔申请书;
- 保险合同;
- 被保险人的身份证明文件;
- 由医院出具的诊断报告、门诊或急诊病历、住院清单 / 出院报告 (如住院治疗) 和医疗费用的收据原件;
- 苏黎世合理要求的其他资料.

4. 意外住院津贴

- 索赔申请书;
- 保险合同;
- 被保险人的身份证明文件;
- 由医院出具的诊断报告、门诊或急诊病历、住院清单 / 出院报告;
- 苏黎世合理要求的其他资料.

Claim documentation

Please complete and return this Claim Form together with the following document (original copy), if appropriate, for our handling:

1. Accident Death

- the claim form;
- copy of insurance policy;
- the identity document of the Insured Person;
- the identity document of the beneficiary;
- original death or post-mortem report of the Insured Person issued by Hospitals, public security agency or any institution otherwise recognized by Zurich;
- proof of cancellation of residential registration or identity documents of the insured person;
- Other documents as reasonably required by Zurich in relation to this claim.

2. Accidental Dismemberment

- the claim form;
- copy of insurance policy;
- the identity document of the Insured Person;
- verification of the degree of disability of the Insured Person issued by a recognized medical organization or judicial verification agency;
- Other documents as reasonably required by Zurich in relation to this claim.

3. Medical Expenses

- the claim form;
- copy of insurance policy;
- the identity document of the Insured Person;
- diagnostic report, out-patient or emergency medical record, Original Hospital Record / Discharge Note (if hospitalized) and original receipts of medical expenses that are issued by Hospitals;
- Other documents as reasonably required by Zurich in relation to this claim.

4. Accidental Hospital Cash

- the claim form;
- copy of insurance policy;
- the identity document of the Insured Person;
- diagnostic report, out-patient or emergency medical record, Original Hospital Record / Discharge Note;
- Other documents as reasonably required by Zurich in relation to this claim.

Zurich General Insurance Company (China) Limited

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