



旅行意外伤害保险索赔申请书

Travel 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 Tel. no. Mail:
被保险人姓名英文/中文 _____ 年龄 _____
Name of Insured in full (English/Chinese) Age
保单持有人英文/中文 _____
Name of Policy Holder in full (English/Chinese)
被保险人地址 _____ 邮政编码 _____
Address of Insured Postal code
联络电话(日间固定电话) _____ 联络电话(手机) _____
Tel. no. (Daytime) Mobile
职业(请详述) _____ 身份证号码 _____
Occupation (describe fully) 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 _____ 年龄 _____
Name of the applicant in full (English/Chinese) Age
索赔申请人地址 _____ 邮政编码 _____
Add Postal code
联络电话(日间固定电话) _____ 联络电话(手机) _____
Tel. no. (Daytime) Mobile
与被保险人关系 _____ 身份证号码 _____
Relationship to the insured Identity Card No.

保险期间由(The insurance period is from) _____ 至(to) _____
索赔类别 1. 医疗费用 2. 人身意外 3. 行李/随身财物/证件遗失
Claim Item Medical Expenses Personal Accident Loss of Personal Baggage and Travel Document
4. 旅程/行李延误 5. 个人责任 6. 行程取消/缩短
Travel and Baggage Delay Personal Liability Cancellation and Curtailment of Trip
7. 家居财物盗抢损失 8. 其它 _____
Loss of Home content due to Burglary 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

如索赔类别为财物损失，须填写此部份。

If claim is for property damage, must complete this part.

损失 / 损毁之物件
Loss or destruction of
objects

原购买地点及购买日期
Original purchase location and date

原购入价格
Original purchase price

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

如此栏不够填写，请另加纸张。 If the paper is not enough, please add paper

被保险人账户信息。

Account information.

开户名:

Account name:

开户银行:

Bank of deposit:

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

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