



团体意外伤害保险索赔申请书

Group 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. _____

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

报案人: _____ 联系电话: _____ 电子邮件: _____
Informant Tel. no. Mail:

事故人员姓名英文/中文 _____ 年龄 _____
Name of Person(s) involved in the accident in full (English/Chinese) Age

事故人员地址
Address of Person(s) involved in the accident _____

联络电话(日间固定电话) _____ 联络电话(手机) _____ 职业(请详述)
Tel. no. (Daytime) Mobile _____ 职业(请详述)
身份证号码 _____

Occupation (describe fully) _____ Identity Card No. _____

1. 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 _____

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

3. 受伤部位 受伤性质
Part of body injured Nature of injury
手 hand 脚 leg 扭伤 sprain 折骨 fracture 烧伤
burn
头 head 眼 eye 撞伤 contusion 割伤 laceration
其它 others _____ 其它 others _____
(请说明 please specify) (请说明 please specify)

4. 病假结束后是否复诊? 是/否
After the sick leaves, do you need to attend follow up treatment/consultation: Yes/No _____
若然, 何时
If yes, when _____

5. 估计何时完全康复并可继续工作?
When do you anticipate being able to recover completely and resume your duties or attend to your business? _____

6. 意外发生后首诊医生/医院之名称及地址
Give name and address of the Doctor who attended you / Hospital which you went immediately after the accident _____



ZURICH
苏黎世保险

7. 对本次意外有否向其它保险/社会保险索赔(包括工伤、医疗保险等)?如有, 请提供保险公司/机构名称
Are you claiming under any other Policy or Policies / Social Insurance (including employees compensation, medical and group/employers medical scheme) in respect of this Accident? If so, state name of Insurance Company or Companies

声明:

本人特此声明以上所述之受伤事件是由可见的外力所致的意外事故引起, 现依以上保单索赔。
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。

DECLARATION:

I hereby declare that I have sustained the injuries described above by violent, accidental, external and visible means, and I claim compensation under the above policy in respect thereof. 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.

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 Injured Person/ Applicant 伤者/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

死亡保障

- 索赔申请书;
- 能证明遭遇意外的人员在意外发生时是被保险人的证据;
- 被保险人的身份证明文件;
- 受益人的户籍登记和身份证明文件;
- 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;
- 苏黎世合理要求的其他资料。

永久性残疾保障

- 索赔申请书;
- 能证明遭遇意外的人员在意外发生时是被保险人的证据;
- 被保险人的户籍登记和身份证明文件;
- 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。

医疗费用保障

- 索赔申请书;
- 能证明遭遇意外的人员在意外发生时是被保险人的证据;
- 被保险人的户籍登记和身份证明文件;
- 由医院出具的诊断报告、门诊或急诊病历、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。

三度烧伤保障

- 索赔申请书;
- 能证明遭遇意外的人员在意外发生时是被保险人的证据;
- 被保险人的户籍登记和身份证明文件;
- 认可的医疗机构或司法鉴定机构出具的烧伤程度鉴定书;
- 苏黎世合理要求的其他资料。

住院津贴保障

- 索赔申请书;
- 能证明遭遇意外的人员在意外发生时是被保险人的证据;
- 被保险人的户籍登记和身份证明文件;
- 印有患者姓名和留院时间的医院帐单;
- 苏黎世合理要求的其他资料。

赔偿承诺:

- 在接受到全部索赔文件后, 10日内对索赔申请进行处理。

苏黎世财产保险(中国)有限公司

地址: 中国(上海)自由贸易试验区世纪大道100号环球金融中心16楼T20 邮编 200120

电话: 4006155156

传真: +86(21)20895599

Claim documentation

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

1. Death benefit

- the claim form;
- evidence that the person who suffered the Accident was an Insured Person at the time of the Accident;
- the identity document of the Insured Person;
- residential registration and identity document of the beneficiary;
- death or post-mortem report of the Insured Person issued by Hospitals, public security agency or any institution otherwise recognized by Zurich;
- other additional information that Zurich may reasonably require.

2. Permanent disablement benefit

- the claim form;
- evidence that the person who suffered the Accident was an Insured Person at the time of the accident;
- residential registration and 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 additional information that Zurich may reasonably require.

3. Medical expenses Benefits

- the claim form;
- evidence that the person who suffered the Accident was an Insured Person at the time of the Accident;
- residential registration and the identify document of the Insured Person;
- diagnostic report, out-patient or emergency medical record, Hospital discharge summary (if hospitalized) and original receipts of medical expenses that are issued by Hospitals;
- other additional information that Zurich may reasonably require.

4. Third Degree Burns Benefits

- the claim form;
- evidence that the person who suffered the Accident was an Insured Person at the time of the Accident;
- residential registration and the identity document of the Insured Person;
- verification of the degree of the burns injury issued by a recognized medical organization or judicial verification agency;
- other additional information that Zurich may reasonably require.

5. Daily Allowance Benefits

- the claim form;
- evidence that the person who suffered the Accident was an Insured Person at the time of the Accident;
- residential registration and the identity document of the Insured Person;

- Hospital bill that shows the name of the patient and the period of confinement;
- other additional information that Zurich may reasonably require.



6. Claims service guarantee

- Upon receipt of full claim document, settlement will be made within 10 days

Zurich General Insurance Company (China) Limited

Address: T20, 16F, Shanghai World Financial Center, 100 Century Avenue, Shanghai Pilot Free Trade Zone 200120, PRC
Tel: 4006155156 Fax: +86(21)20895599