

团体意外伤害保险索赔申请书

Group Personal Accident Insurance Claim Form



ZURICH

苏黎世保险

所有问题均须由被保险人/索赔申请人完全回答

保单号码

All questions must be answered by Insured/ applicant

Policy No. _____

1. 保单持有人名称英文/中文
Name of Policy Holder in full (English/Chinese) _____
事故人员姓名英文/中文
Name of Person(s) involved in the accident in full (English/Chinese) _____ 年龄
Age _____
事故人员地址
Address of Person(s) involved in the accident _____
联系电话(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. _____

2. 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 _____

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

4. 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)

5. 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 _____

6. 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?

7. 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

8. 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

声明及授权 Declaration and Authorization:

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。

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.

本人授权任何医生、医院、诊所、保险公司、公安机关、任何公立或私立的组织单位, 在任何时刻均可以将有关被保险人的资料、报告或文件交给贵公司及其代表, 此授权书的副本及正本具有同样效力。

I authorized that any doctors, hospitals, clinics, insurance companies, police institutes and any public or private organizations that have any medical history or records or knowledge of me who I have attend or may hereafter attend to disclose such information to the Zurich insurance company. For the purpose of assessing and processing the insurance application or claims or subsequent services. A photo static copy of this authorization shall be considered as effective and valid as the original.

本人同意贵公司将有有关被保险人的资料用于保险、再保险、数据处理及统计事宜。

I hereby agree that any personal information collected by the company is provided and may be held, used, disclosed and transferred by the company for the purpose of insurance, reinsurance, data processing and statistics etc.

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



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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。

苏黎世保险公司北京分公司

地址: 中国北京市朝阳区东三环北路霞光里18号佳程广场A座21层 邮编: 100027

电话: 4006155156 / +86 (10) 8454 7799

传真: +86 (10) 8454 7766

Claim documentation

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



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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 Insurance Company Limited Beijing Branch

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