



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 _____ 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 _____ 被保险人地址 _____
Name of Policy Holder in full (English/Chinese) _____ 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. 意外身故 3. 意外伤残
Claim Item Medical Expenses Accident Death Accidental Dismemberment

4. 意外住院津贴(普通病房) 5. 意外住院津贴(重症监护病房) 6. 其它 _____
Accidental Hospital Cash (GW) Accidental Hospital Cash (ICU) 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

**如索赔类别为个人意外/医疗费用, 须填写此部份。
If claim is for personal accident/medical expenses, must complete this part.**



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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

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.

苏黎世财产保险(中国)有限公司

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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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