



**ZURICH**  
苏黎世保险

# 旅行意外伤害保险索赔申请书

## Travel Accident Insurance Claim Form

本申请表须由被保险人(或其保险金受益人)或其法定监护人正确详细填写并签字确认

All questions must be answered and signed by Insured/ legal beneficiary/Guardian.

苏黎世财产保险(中国)有限公司 个险理赔部  
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单元, 邮政编码: 510623  
电话: 4006155156  
Zurich General Insurance Company (China) Limited  
China Retail Claims  
Room 3812, Guangzhou International Finance Center, 5  
Zhujiang West Road, Zhujiang New Town, Guangzhou,  
Guangdong 510623 China

保单号码

Policy No. \_\_\_\_\_

索赔申请人姓名 Name of Claimant \_\_\_\_\_ 年龄 Age \_\_\_\_\_ 与被保险人关系 Relationship with insured \_\_\_\_\_

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

手机号码 Mobile \_\_\_\_\_ 电子邮件 Mail: \_\_\_\_\_

证件类型 Type of Identity Document \_\_\_\_\_ 证件号码 Identity Card No. \_\_\_\_\_

请勾选所要申请的保障类别 Please select Claim Item

1.  医疗费用 Medical Expenses      2.  旅程/行李延误 Travel and Baggage Delay      3.  旅行取消/中断 Cancellation or Disruption of Trip

4.  行李/随身财物/证件遗失 Loss of Personal Baggage and Travel Document      5.  其它 Others \_\_\_\_\_

保险事件发生的时间和地点 When and where did the accident occur?

(a) 日期 Date \_\_\_\_\_ (b) 时间 Time \_\_\_\_\_

(c) 地点 Place \_\_\_\_\_

请详述保险事故的发生经过 (如果申请医疗费用保障, 请描述具体不适, 诊断以及诊疗过程) How did the accident occur? (Please state fully)

索赔金额 Claim amount: 人民币RMB \_\_\_\_\_

上述申请费用是否已经或将会向其他保险机构/社保/第三方提出索赔? Has or will the aforementioned loss be claimed from other insurance company/social insurance/ third party?

否 No  
 是 Yes 保险公司/社保/第三方名称 Name of insurance company/ social insurance/ third party \_\_\_\_\_  
申请索赔金额 claim amount: 人民币RMB \_\_\_\_\_

上述费用是否已获得其它保险机构/社保/第三方赔付? Has the aforementioned loss been paid from other insurance company/ social insurance/ third party?

否 No  
 是 Yes 保险公司/社保/第三方名称 Name of insurance company/ social insurance/ third party \_\_\_\_\_

获赔金额 paid amount: 人民币RMB \_\_\_\_\_

如索赔类别为医疗费用, 须填妥此部份。If claim is for medical expenses, must complete this part.

就诊日期 Date	就诊原因/诊断 Diagnosis	就诊医院 Hospital	发票数量 Pieces of invoice	发生金额 Amount

是否需要回国继续就诊? Do you need to follow up treatment/consultation after coming back to China?

否 No

是 Yes 医院名称 Hospital name: \_\_\_\_\_

门诊 Outpatient;  住院治疗 Inpatient treatment

如索赔类别为财物损失, 须填妥此部份。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

在事故发生地报警处理? Is the accident reported to the public security?  否 No;  是 Yes  
已获取警方报告? If obtained the police report?  否 No;  是 Yes

(请填写受益人或其监护人账户, 赔款将通过银行转账支付) 被保险人账户信息 Account information:

(仅接受中华人民共和国境内银行的人民币账户) (Only accepts RMB accounts issued by banks in China)

开户名 Account name:

账号 Account number:

银行名称 Bank name:

市 City (分行)

支行 branch

\_\_\_\_\_

#### 声明及授权书 Declaration and Authorization:

1、出于苏黎世财产保险（中国）有限公司（以下简称“苏黎世中国”）提供保险理赔服务之必要，苏黎世中国将收集、存储、使用、加工、传输、委托处理本人在理赔过程中所提供的姓名、电话、传真、电子邮件、医疗健康信息（包括身故证明、伤残鉴定报告、医疗就诊信息、医疗费用凭证）等信息。本人确认，如果本人提供未满十四周岁的未成年被保险人的个人信息，本人（1）作为该未成年人的父母或监护人单独同意苏黎世中国收集、存储、使用、加工、传输、委托处理该未成年被保险人的个人信息；或（2）已向其父母或监护人获得了其就苏黎世中国收集、存储、使用、加工、传输、委托处理该未成年被保险人的个人信息的有效同意（包括单独同意）。苏黎世中国将依据《个人信息保护法》《网络安全法》等法律法规规定，基于本人使用苏黎世中国产品或服务的必要性，按实现处理目的所需的最短时间保存上述信息。本人可通过拨打【4006155156】联系苏黎世中国撤回、查阅、复制、更正、补充和删除上述个人信息，要求苏黎世中国将上述信息转移至本人指定的个人信息处理者，并要求苏黎世中国对其个人信息处理规则进行解释说明。For the purpose of providing insurance claims services by Zurich Property Insurance (China) Company Limited (hereinafter referred to as "Zurich China"), Zurich China will collect, store, use, process, transmit, and entrust the processing of the following personal information provided by me during the claims process: name, telephone number, fax, email, medical and health information (including death certificates, disability assessment reports, medical treatment records, and medical expense receipts), etc. I hereby confirm that if I provide personal information of a minor insured under the age of fourteen (14), I:(1) as the parent or legal guardian of the minor, hereby give separate consent to Zurich China to collect, store, use, process, transmit, and entrust the processing of such minor insured's personal information; or(2) have obtained valid consent (including separate consent) from the minor's parent or legal guardian for Zurich China to collect, store, use, process, transmit, and entrust the processing of such minor insured's personal information. Zurich China will retain the above information for the minimum period necessary to achieve the processing purposes, in compliance with applicable laws and regulations, including the Personal Information Protection Law and the Cybersecurity Law, and based on the necessity of my use of Zurich China's products or services. I may contact Zurich China at [4006155156] to withdraw consent, access, copy, correct, supplement, or delete the above personal information, request Zurich China to transfer such information to a personal information processor designated by me, and request Zurich China to explain its personal information processing rules.

2、本人特此声明许可苏黎世中国向第三方披露本人的保险信息，信息内容包括本人的姓名、电话、传真、电子邮件、身份证号等基本身份信息、医疗健康信息和保险单等保险信息。如果本人许可披露的是未满十四周岁的未成年被保险人的个人信息，本人（1）作为该未成年人的父母或监护人单独同意苏黎世中国披露该未成年被保险人的姓名、电话、传真、电子邮件、身份证号等基本身份信息、医疗健康信息和保险单等保险信息；或（2）已向其父母或监护人获得了其就苏黎世中国披露未成年被保险人的姓名、电话、传真、电子邮件、身份证号等基本身份信息、医疗健康信息和保险单等保险信息的有效同意（包括单独同意）。披露信息的目的为且仅为因办理本人/被保险人与其之间因保险合同而生的相关事宜，包括理赔申请、赔款支付等。I hereby authorize Zurich Insurance (China) Co., Ltd. ("Zurich China") to disclose my insurance information to third parties, including but not limited to: Basic personal information (name, contact number, fax, email, ID number), medical and health information, insurance policy details. If the disclosed information pertains to an insured minor under 14 years old, I confirm that: (1)As the minor's parent/legal guardian, I expressly consent to such disclosure; or (2) I have obtained valid consent (including separate consent) from the minor's parent/guardian for such disclosure. The disclosure is strictly limited to processing insurance-related matters arising from the policy contract, including claims assessment and benefit payments.

3、本索赔申请书签署人（等）授权任何知悉或拥有本人/被保险人之健康状况及病例或任何治疗或咨询记录、意外事故细节及曾为或将为本人/被保险人之诊治之医生，医院，诊所，公安部门，保险公司，救援机构或任何机构、组织或人士，基于提供保险服务、服务质量等需要，向苏黎世中国或其委托代理人或合作机构（包括但不限于紧急救援机构、理赔公估机构、技术服务机构等）提供或合理使用有关资料，不得撤回，即使本人/被保险人死亡或丧失能力，此授权书仍然具有效力，而本人/被保险人之继承人及转让人也会受本授权书的约束。本授权书之复印件与原件具有同等效力。I, the undersigned claimant(s), hereby authorize any person or entity (including but not limited to doctors, hospitals, clinics, public security departments, insurance companies, rescue agencies, or other institutions/organizations/individuals) who are aware of or possess my/insured's health status, medical records, treatment/consultation history, accident details, or any other relevant information, to disclose or reasonably use such information to Zurich China or its authorized agents/cooperating institutions (including but not limited to emergency rescue agencies, claims assessment agencies, technical service providers, etc.) for the purpose of insurance services or service quality improvement. This authorization is irrevocable and shall remain valid even in the event of my/insured's death or incapacity. My/insured's heirs and transferees shall also be bound by this authorization. A photocopy of this authorization shall have the same legal effect as the original.

4、如本人向苏黎世中国提供他人的姓名、电话、传真、电子邮件、身份证号、医疗健康信息等个人信息，本人承诺系严格按照相关法律法规收集、处理并向苏黎世中国提供个人信息主体的个人信息及敏感个人信息。如苏黎世中国因本人违法违规处理及提供他人个人信息而遭受任何

**损失，本人愿意承担最终赔偿责任。** If I provide Zurich China with the personal information of others, including names, telephone numbers, fax numbers, email addresses, ID numbers, medical and health information, and other personal data, I hereby certify that such information has been collected, processed, and provided to Zurich China in strict compliance with applicable laws and regulations. Should Zurich China suffer any losses due to my unlawful or non-compliant handling and provision of others' personal information, I shall assume full and final liability for compensation.

**5、索赔申请表签署人（等）理解，我（等）承担因填写错误导致赔款未能支付给受益人所引起的任何法律责任。** I, the undersigned, hereby acknowledge and accept full legal responsibility for any consequences arising from payment delays or failures to the beneficiary due to inaccuracies in the completed claim application form.

**反保险欺诈提示** Anti-insurance Fraud Alert:

**最大诚信是保险合同基本原则，保险欺诈将承担以下责任：**

**【刑事责任】**进行保险诈骗犯罪活动，可能会受到最拘役、有期徒刑，并处罚金或者没收财产的刑事处罚。保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条款件的，以保险诈骗罪的共犯论处（详见《刑法》第198 条）。

**【行政责任】**进行保险诈骗活动，尚不构成犯罪的，可能会受到15 日以下拘留、5000 元以下罚款的行政处罚；保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条款件的，也会受到相应行政处罚（详见全国人大常委会《关于惩治破坏金融秩序犯罪的决定》第16、21 条）。

**【民事责任】**故意或因重大过失未如实告知义务，或者投保人、被保险人故意制造保险事故的，保险公司不承担赔偿或给付保险金的责任；以伪造、变造的有关证明、资料或者其他证据，编造虚假的事故原因或者夸大损失程度的，保险公司对其虚报的部分不承担赔偿或给付保险金的责任（详见《保险法》第16、27 条）。

Utmost Good Faith & Legal Liabilities for Insurance Fraud:

[Criminal Liability] Engaging in insurance fraud may result in criminal penalties including detention, fixed-term imprisonment, fines, or confiscation of property (Article 198, Criminal Law). Assessors or witnesses who intentionally provide false certification documents to facilitate fraud shall be treated as accomplices to insurance fraud.

[Administrative Liability] Acts of insurance fraud not constituting a crime may incur administrative sanctions of up to 15 days detention and/or a fine not exceeding RMB 5,000 (Articles 16 & 21, NPC Decision on Punishing Financial Crimes). Assessors/witnesses providing fraudulent evidence shall face corresponding administrative penalties.

[Civil Liability] Insurers shall deny claims if the insured intentionally or with gross negligence fails to disclose material facts (Article 16, Insurance Law), or deliberately causes the insured incident. Insurers may refuse compensation for fabricated accident causes using forged/doctored evidence and/or inflated loss assessments (Article 27, Insurance Law).

**被保险人(或其受益人)/监护人(被保险人未成年时)签字** Signature of insured/ legal beneficiary/Guardian

日期 Date