



ZURICH

苏黎世保险

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. _____

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 Part of body injured	受伤性质 Nature of injury
<input type="checkbox"/> 手 hand	<input type="checkbox"/> 扭伤 sprain
<input type="checkbox"/> 脚 leg	<input type="checkbox"/> 折骨 fracture
<input type="checkbox"/> 头 head	<input type="checkbox"/> 撞伤 contusion
<input type="checkbox"/> 眼 eye	<input type="checkbox"/> 割伤 laceration
<input type="checkbox"/> 其它 others _____	<input type="checkbox"/> 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 _____

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 _____

索赔申请人申明:

- 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、电子邮件等信息。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。

- 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、手机号码、身份证号等基本身份信息和保险单等保险信息。披露信息的目的为且仅为因办理本人与其之间因保险合同而产生的相关保险事宜，包括理赔申请、赔款支付等。
- 3、 如本人向苏黎世中国提供他人的姓名、电话、传真、电子邮件等个人信息，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。



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【反保险欺诈提示】诚信是保险合同基本原则，请如实填写本通知书。

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

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