保险·银行·投资

平安健康保险股份有限公司 PING AN HEALTH INISURANCE COMPANY OF CHINA, LTD.

理赔申请书

Claim Application

(含资料调阅授权书)

(Including authorization of collecting Personal Medical Records)

A. 以下栏目请申	申请人填写/To be co	mpleted by Ins	sured:				
事故者姓名 Insured's Name		性别 Gender		年龄 Age	身份证号码 ID No.		
事故日期 Incident Date		事故地点 Incident P	Place			现状 Status	
事故原因 Incident Causes	是否异地理赔 Whether submit to ot					nch	□是/Y □否/N
申请类型 Incident Type	□意外身故/Incidental Death □意外残疾/Incident Disability □重大疾病/Major Disease □疾病医疗/Disease Medical Treatment			□疾病身故/Disease Death □疾病残疾/Disease Disability □意外医疗/Accident Medical Treatment □其他/Others			
事故详细经过/Incid	ent in Detail:						
事故者是否在其他保险公司投保人身保险? □ 否 □ 是 承保公司:							
申请人姓名 Applicant Name		身份证号 ID No.				关系电话 Thone	
联系地址 Address		,	,			『政编码 ip Code	
申请人身份 Applicant ID	□被保险人/Insured □指定受益人/Designated Beneficiary □受益人的监护人/Guardian of Beneficiary						
是否委托办理 Entrust or Not	□是/Y □否/N	被委托人姓名 Trustee Name				关系电话 hone	
被委托人身份 Trustee ID	□业务员(代码:						
领款方式/Payment:	□现金/Cas	h <u>□</u> ≨	专账/Trar	nsfer	□银行代付	/Via Bank	(
人民币开户行 RMB Bank A/C		户主 A/C Owner			账号 A/C N	0.	
外币开户行 Foreign Currency Bank A/C		外币户主 A/C Owner			币种 Curren	су	

续上

申请人/Applicant Signature:

外币账号 Foreign Currency A/C No.		外币账户类型 Type of Foreign Currency A/C	□现钞/Cash □现汇/Spot Exchange
2. 同意平安健康保险 生的一切法律后 documentations re responsible for an 3. 选择转账领款方式 Insurance Compai 4. 因本人提供账号错 I agree that Ping A	i上所填写内容详尽真实。/I certify that the informate 股份有限公司向医疗及其他有关单位和个人调阅、interpretation in the information of the image of the ima	商抄、复印与本理赔申 Company, LTD may ganization or individu 的中所提供的银行账号 esignated banking acc n赔付金交给本人的责f esponsible for the fail	请相关的资料,本人愿承担由此产 collect, excerpt and photocopy all to complete my claim, I will 号中。/I authorize Ping An Health count which is shown on this form. 任由本人承担,贵公司不承担责任。 ure of receiving reimbursement in

∃/Date:

年

月

Б	以下投口人人与神殿或神上中体史 古法上体的	/n # n m
В.	以下栏目由公司理赔受理人员填写、申请人确认。	保单号码:
	To be completed by insurance employee, reviewed by applicant	Policy No .

本公司现收到理赔申请材料如下/We received claim documentation as following: 原件/Original 复印件/Copy □保单凭证/Insurance Policy) 份)份 □医疗费收据/Medical Service Charge Receipt) 份) 份 □事故者身份证明/Insured's ID Certificate) 份) 份 □残疾鉴定报告/Handicapped Identification Report) 份) 份 □处方/Prescription)份) 份 □疾病诊断书/Disease Diagnosis) 份) 份 □医疗费结算明细表/Settlement List for Medical Service Charges) 份) 份 □受益人身份证明/Beneficiary ID Certificate) 份) 份 □病历、出院小结/Diagnosis Record and Discharge Summary) 份) 份 □居民死亡证明/Resident Death Certificate) 份)份 □受益人关系证明/Beneficiary Relationship Identification) 份)份 □病理、血液 X 光报告/Pathological, Blood and X-ray Report) 份) 份 □丧葬、火化证明/Funeral/Cremation Identification) 份) 份 □授权委托书/Power of Attorney) 份) 份 □意外事故证明/Accident Identification) 份) 份 □户□注销证明/Certificate for Annulment of Household Registration) 份) 份 □代理人身份证明/Agent ID Certificate) 份) 份 □银行存折/Bank Deposit Book) 份) 份 □公司审批表/Company Approval) 份) 份 □其它/Others: 提交人签名/Submitted by: 公司签收人/Received by: 日期/Date: 日期/Date: 理赔申请材料退件签收栏/Returned Claim Documentation: 签收人/Received by: 日期/Date: