

续上

外币账号 Foreign Currency A/C No.	外币账户类型 Type of Foreign Currency A/C	<input type="checkbox"/> 现钞/Cash <input type="checkbox"/> 现汇/Spot Exchange
-------------------------------------	---	---

声明/Statement:

- 本人在理赔申请书上所填写内容详尽真实。/I certify that the information shown on this form is true, accurate and complete;
- 同意平安健康保险股份有限公司向医疗及其他有关单位和个人调阅、摘抄、复印与本理赔申请相关的资料,本人愿承担由此产生的一切法律后果。/I agree that Ping An Health Insurance Company, LTD may collect, excerpt and photocopy documentations related to this application from any hospital, organization or individual to complete my claim, I will responsible for any law dispute caused by this matter.
- 选择转账领款方式的,本人授权贵公司将给付款项直接划至本申请书中所提供的银行账号中。/I authorize Ping An Health Insurance Company, LTD to remit the claim benefit directly to the designated banking account which is shown on this form.
- 因本人提供账号错误导致转帐不成功的责任或因委托人没有将代领的赔付金交给本人的责任由本人承担,贵公司不承担责任。I agree that Ping An Health Insurance Company, Ltd. will not be responsible for the failure of receiving reimbursement in the situation of: A, incorrectly provide bank account details by claim applier, B, trustee fail to give the reimbursement to claim applier.

申请人/Applicant Signature:

年 月 日/Date:

B. 以下栏目由公司理赔受理人员填写、申请人确认。
To be completed by insurance employee, reviewed by applicant.

保单号码:
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
<input type="checkbox"/> 保单凭证/Insurance Policy	() 份	() 份
<input type="checkbox"/> 医疗费收据/Medical Service Charge Receipt	() 份	() 份
<input type="checkbox"/> 事故者身份证明/Insured's ID Certificate	() 份	() 份
<input type="checkbox"/> 残疾鉴定报告/Handicapped Identification Report	() 份	() 份
<input type="checkbox"/> 处方/Prescription	() 份	() 份
<input type="checkbox"/> 疾病诊断书/Disease Diagnosis	() 份	() 份
<input type="checkbox"/> 医疗费结算明细表/Settlement List for Medical Service Charges	() 份	() 份
<input type="checkbox"/> 受益人身份证明/Beneficiary ID Certificate	() 份	() 份
<input type="checkbox"/> 病历、出院小结/Diagnosis Record and Discharge Summary	() 份	() 份
<input type="checkbox"/> 居民死亡证明/Resident Death Certificate	() 份	() 份
<input type="checkbox"/> 受益人关系证明/Beneficiary Relationship Identification	() 份	() 份
<input type="checkbox"/> 病理、血液 X 光报告/Pathological, Blood and X-ray Report	() 份	() 份
<input type="checkbox"/> 丧葬、火化证明/Funeral/Cremation Identification	() 份	() 份
<input type="checkbox"/> 授权委托书/Power of Attorney	() 份	() 份
<input type="checkbox"/> 意外事故证明/Accident Identification	() 份	() 份
<input type="checkbox"/> 户口注销证明/Certificate for Annulment of Household Registration	() 份	() 份
<input type="checkbox"/> 代理人身份证明/Agent ID Certificate	() 份	() 份
<input type="checkbox"/> 银行存折/Bank Deposit Book	() 份	() 份
<input type="checkbox"/> 公司审批表/Company Approval	() 份	() 份
<input type="checkbox"/> 其它/Others:	() 份	() 份

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: