

**PERSONAL ACCIDENT INSURANCE CLAIM FORM**  
**人身意外伤害险索赔申请表**

**Policy No. 保单号码:** \_\_\_\_\_ **Expiry Date 保单有效期至:** YYYY/MM/DD

**Insurance plan 保险计划:**

Particulars of the Insured and the Claimant 被保险人和索赔人资料	
Name of Insured 被保险人姓名: _____	
ID No. or Passport No 身份证或护照号码: _____	
Corresponding Address 通讯地址: _____	
Daytime Tel 日间联络电话: _____	
Name of Claimant 索赔人姓名: _____	
ID No. or Passport No 身份证号码: _____	
email address 电子邮箱: _____	
Corresponding Address 通讯地址: _____	
Daytime Tel 日间联络电话: _____	
Relationship to Insured Person 索赔人与被保险人关系: _____	
理赔款接收 账户信息:	帐户名: _____ 账号: _____ 银行名称: _____ 开户行所在城市: _____
Date of Accident 出险日期: <u>YYYY/MM/DD</u>	
Have you applied for claims in another insurance company for this event/accident? If "Yes", please specify. 就此事件/意外, 你有否向其他保险公司索赔? 如“有”者, 请列明有关详情。	
Please indicate your current status 请指出你现在的情况	Fully recovered from this injury 完全康复/ Still under treatment 治疗中 Please delete the inappropriate one (请删除不适用者)

Please put a ✓ in the appropriate box of your claim below. Please list items & indicate the amount of your claim in detail.

*(If there is insufficient space on the claim form, please specify the details on a separate sheet clearly and indicate which section the information relates to.)*

请在格内用✓选择索偿之项目及详细列出索偿之内容及数目。(如空位不足, 请另附纸张填写, 并列明所述的项目名称。)

**Accidental Death 意外死亡**

The death results from 死亡是因为 <input type="checkbox"/> Public Conveyance Accident 公共交通工具意外 <input type="checkbox"/> Others 其他		
Date, Time, Location and Circumstances of the Accident 日期、时间、地点及事件发生的经过：  		
Documents Attached 附加文件 <input type="checkbox"/> Medical Report 医疗报告 <input type="checkbox"/> Police Report 警方报告 (Case No. 档案编号 _____) <input type="checkbox"/> Death Certificate 死亡证明 <input type="checkbox"/> Others (Please specify) 其他（请注明）_____		
<input type="checkbox"/> <b>Permanent Total Disablement or Permanent Partial Disablement 永久性全部或部分残疾</b>		
The Disablement results from 残疾是因为 <input type="checkbox"/> Public Conveyance Accident 公共交通工具意外 <input type="checkbox"/> Others 其他		
<u>Circumstances of Accident 意外情况</u>	<u>Description of Injury 受伤情况</u>	
Documents Attached 附加文件 <input type="checkbox"/> Medical Report 医疗报告 <input type="checkbox"/> Police Report 警方报告 (Case No. 档案编号 _____) <input type="checkbox"/> Consent Letter for Medical Record 索取医疗报告的授权信 <input type="checkbox"/> The Appraisal Letter of Disablement Rate 伤残等级鉴定书 <input type="checkbox"/> Others (Please specify) 其他（请注明）_____		
<input type="checkbox"/> <b>Accident Medical Reimbursement 意外医疗费用补偿</b>		
<u>Circumstances of Accident 意外情况</u>	<u>Description of Injury 受伤情况</u>	<u>Currency/Claim Amount 索赔金额</u>
Documents Attached 附加文件 <input type="checkbox"/> Medical Report 医疗报告 <input type="checkbox"/> <b>Original</b> Medical Receipt 医药费单据 <b>原件</b> <input type="checkbox"/> Others (Please specify) 其他（请注明）_____		
<b>Declarations 声明</b>		
<p>I declare to the best of my knowledge and belief that the information given is true in every respect. I agree that any concealment or incorrect statement in connection with this claim may result in prosecution and the policy shall become void. 本人谨此声明，根据本人所知，本索赔申请表上填报的资料均属事实。本人并同意，任何蓄意欺骗或隐瞒将构成法律责任并导致本保单失效。</p> <p>Any persons from whom Swiss Re Corporate Solutions have collected information as aforesaid, shall have the right of access to and to request collection of any personal information concerning themselves, and the purpose of using such personal data. I understand that a request for such access can be made to the Compliance Officer of Swiss Re Corporate Solutions via, mail to Unit 02-08, 9F, Tower 1 Century Link Building, NO 1198 Century Avenue, Shanghai 200122, China. 本人明白就提供上述资料给瑞再企商保险有限公司“贵公司”之任何人，均可查询其资料用途、查阅及更改有关资料。本人可循下列途径向贵公司之条例事务部主任提出：邮寄致中国上海市世纪大道 1198 号世纪汇 9 楼 02-08 单元。</p> <p>In order to comply with the applicable personal data protection relevant laws, I confirm that I have read and fully understand and agree the Privacy Notice published on Insurer's official website, especially the content in bold. If personal information of beneficiaries, designated relatives, contacts or minors under the age of 14 needs to be provided for the insurance service, I confirm that their authorization has been obtained, which consent the Insurer to process aforementioned personal information according to the Privacy Notice. In the event that there's a minor under the age of 14 is involved, I grant to authorize as his or her parent or guardian, or ensures authorization of his or her parents or guardians has been obtained. The Insurer is</p>		

authorized to process any personal information in connection with the Applicant, Insured and this Policy, including but not limited to collect, hold, use, or provide data to any third party within or outside China, despite such information is obtained from this insurance application, claim application or elsewhere in order to comply with the law and achieving the purpose set forth under the Privacy Notice, including i) process and review insurance application, underwriting, claims, reinsurance, co-insurance, handling inquiries and complaints or other insurance relevant matters , ii) provide insurance relevant services hereunder, iii) provide more extensive insurance services through network resources of the Insurer's group to the Applicant and Insured. 为符合个人数据保护相关法律的规定, 本人确认已经阅读并充分理解和同意保险人官网发布的《个人信息保护政策》, 尤其是加粗部分。如保单服务中需要提供受益人、指定亲属、联系人或不满十四周岁的未成年人的个人信息, 本人确保已获取其授权, 同意保险人按《个人信息保护政策》对其个人信息进行处理; 如涉及不满十四周岁的未成年人, 则本人作为其父母或监护人特此同意、或确保已获得其父母或者监护人的授权。保险人可根据上述《个人信息保护政策》处理(包括但不限于收集、持有、使用或向任何境内外第三方提供)本保单涉及的任何个人信息资料, 无论该信息是从投保申请、理赔申请还是其他地方获得, 以遵守法律和实现《个人信息保护政策》中所述的目的, 包括: 1) 处理及审核投保申请、核保、理赔、再保、共保、处理咨询/查询/投诉或其他保险相关事宜; 2) 提供与本保险相关服务; 3) 利用保险公司所属集团的网络资源为投保人及被保险人提供更全面的保险服务。

In order to evaluate and process this claim, I (including the Insured) authorize Swiss Re Corporate Solutions Insurance China Ltd and its representatives to obtain any information regarding medical records, rescue process, health condition, past medical history, examination reports, medical advices, and treatment of the claimant, occurrence of the insurance accident, relevant transcripts, reports, past insurance claims or other information related to this insurance accident from any medical institution, physician, health insurance agency, public security bureau, police station, insurance company, workplace and other related entities and any person familiar with the condition of the Insured or the status of the insurance accident. 为评估和办理本理赔申请, 本人(包括被保险人)授权瑞再企商保险有限公司及其代表向任何医疗机构、医生、医疗保险机构、公安局、派出所、保险公司、工作单位等相关机构及一切熟悉出险人状况或保险事故状况之人士, 了解任何关于出险人的住院病历、抢救经过、健康状况、既往病史、检查报告、医嘱、诊疗情况、保险事故发生经过、相关的笔录、报告、既往投保理赔经历或其他与本次保险事故相关的资料。

In order to assist judicial enforcement, other governmental authorities or regulatory bodies in China for conducting investigations (including fraud and anti-money laundering... etc.) and statistics, compliance with requirements of applicable Chinese laws and rules and related regulations, and to fulfill legal obligations, I (including the Insured) authorize Swiss Re Corporate Solutions Insurance China Ltd and its representatives to collect or provide personal information of the claimant from other insurance institutions, service providers, professional advisors, competent authorities in China, people's courts, arbitration institution, other dispute resolution bodies, or other third parties. Such information shall be subject to requirements of laws and rules, regulatory provisions or relevant governmental authorities or regulatory bodies. 为了协助中国的司法执行、其他政府机关或监管机构进行调查(包括欺诈和反洗钱等)和统计, 遵守适用的中国法律法规及相关规定的要求, 履行法定义务, 本人(包括被保险人)授权瑞再企商保险有限公司及其代表向其他保险机构、服务提供商、专业顾问、中国的有权机关、人民法院、仲裁机构、其他争议解决机构或其他第三方, 收集或提供出险人的个人信息, 所收集或提供的信息种类以法律法规、监管规定或相关政府机关或监管机构的要求为准。

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\_\_\_\_\_  
Claimant's Signature (18 yrs old & above) / Date  
索赔人签名(18周岁以上)/日期

\_\_\_\_\_  
Insured's Signature (18 yrs old & above) / Date  
被保险人签名(18周岁以上)/日期

如有任何理赔查询, 请于星期一至星期五上午九时至下午五时半, 致电理赔服务热线 800-820-5918.