太平洋保险 CPIC

太平洋健康保险股份有限公司
Pacific Health Insurance Co.,Ltd.

个人保险理赔申请书

Individual Insurance Claim Form

中文内容具有法律效力，英文翻译仅供参考。

Chinese text has legal effect and English translation is for reference only.

注：若本次理赔金额小于10000元，带“▲”部分可不填写。

Note: If the claimed amount is less than RMB 10,000, columns with “▲” are optional.

被保险人基本信息

Basic Information of the Insure

姓　　名 Name		性别 Gender		▲国籍 Nationality		▲职业 Occupation	
证件类型 ID type		证件号码 ID No.					
▲证件有效期 ID validity period	年 月 日 至 年 月 日 From YY MM DD to YY MM DD						
联系电话 Tel		邮箱 E-Mail				邮编 Zip code	
联系地址 Contact address							

申请人基本信息（申请人为被保险人本人的，本栏则无需填写）

Basic Information of the Claimant (If the claimant is the insured, no need to fill in the following)

姓　　名 Name		性别 Gender		▲国籍 Nationality		▲职业 Occupation	
与被保险人关系 Relationship with the insured	□父母 Parent；□配偶 Spouse；□子女 Child；□其他（请说明）Other (please indicate)____________________						
证件类型 ID type		证件号码 ID No.					
▲证件有效期 ID validity period	年 月 日 至 年 月 日 From YY MM DD to YY MM DD						
联系电话 Tel		邮箱 E-Mail				邮编 Zip code	
联系地址 Contact address							

注：申请人须为保险金受益人或其监护人；身故保险金受益人为多人时，受益人需填写“多受益人授权委托书”。

Note: The claimant must be the beneficiary of insurance or his/her guardians; when there are multiple beneficiaries of death benefits, the beneficiaries are required to fill in the Power of Attorney for Multiple Beneficiaries.

理赔事项信息

Claims Information

申请给付事项（可复选） **Type of Claim (multiple choices)**	退回原件 Return original documents		□是 Yes □否 No	
□疾病身故 Disease Death　□意外身故 Accident Death □重大疾病 Critical Illness　□伤残 Disability □门急诊医疗 Outpatient/Emergency Medical Treatment	出险类型 Type of insured event		□意外 Accident　□疾病 Disease □其他 Other	
	发票张数		发票总金额	

□住院医疗 inpatient Care □住院补贴 Hospitalization Allowance □其他（请说明）Other (pls. indicate)：________________	Number of invoices		Total invoice amount	元 Yuan

编号 Serial No.	就诊/事故日期 Date of medical treatment /insured event	就诊医院 Name of medical provider	就诊疾病/事故经过 Description of disease/insured event

是否在其他保险公司参保 Whether insured by other insurance companies	□是（参保地/公司名称______________________________）　□否 □Yes (place/name of insurance company)　□No
若本次事故已获得赔付，请告知赔付方信息并提供对应获赔凭证 If the claim for this event has already been paid, please provide the payer's information and corresponding proof of payment	□社保/农 合 Social insurance/Rural cooperative □单位、肇事方或其他第三方 Employer, responsible party or other third party □其他保险公司（参保地/公司名称________________________）Other insurance company (place/name of insurance company)

保险金转账授权与声明（请务必完整填写以下所有信息内容）

Authorization and Statement for Claims Benefits Transfer (pls. be sure to complete the following table in its entirety)

本人授权贵司可将相关理赔款项直接转入本人填写的如下银行账户中： I authorize your company to directly transfer the claims payment to the designated bank account:			
与被保险人关系 Relationship with the insured	□本 人 Insured；□受益人 Beneficiary；□监 护 人 Guardian；		
开户银行 Bank name		详细信息 Details	________________分行_______________支行 Branch/Sub-branch
账户名 Account name		身份证件号码 ID No.	
银行账号 Bank account			
授权人声明：本人保证上述银行账户资料的真实、准确、有效，且银行账户所有人为授权人本人。凡由本人提供的账户信息有误而导致的转账纠纷、由本授权引发的任何法律或经济纠纷，均由本人承担，与贵司无关。 **Authorizer's statement: I hereby guarantee that the bank account information provided above is truthful, accurate and valid, and the owner of the bank account is the authorizer. All transfer disputes arising from the wrong information provided above and any legal or economic disputes triggered by this authorization shall be undertaken by myself, which are irrelevant to your company.**			

反保险欺诈提示

Caution against Insurance Fraud

诚信是保险合同基本原则，根据相关法律规定，保险欺诈将承担以下责任：

The insurance contract is formed on the basis of integrity. According to relevant laws and regulations, those who have committed insurance fraud should bear the liabilities as follows:

【刑事责任】进行保险诈骗犯罪活动，可能会受到拘役、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，为他人诈骗提供条件的，以保险诈骗罪的共犯论处。

[Criminal Liability] Those who are involved in criminal activities of insurance fraud will be subject to detention, fixed-term imprisonment along with criminal penalties of fining or property confiscation. An appraiser or certifier of an insured event who intentionally provides a false certificate for others to commit an insurance fraud shall be punished as the accomplice to insurance fraud.

【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、**5** 千元以下罚款的行政处罚。险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条件的，也会受到相应的行政处罚。

[Administrative Liability] Those who are involved in activities of insurance fraud that do not constitute a crime will be subject to administrative penalties of detention within 15 days and a fine up to 5,000 Yuan. An appraiser or certifier of an insured event who intentionally provides a false certificate for others to commit an insurance fraud will be subject to the corresponding administrative

penalty.

【民事责任】故意或因重大过失未履行如实告知义务，保险公司不承担赔偿或给付保险金的责任。

[Civil Liability] The insurance company shall not be liable for compensation or payment of insurance benefit in the event that the claimant withholds the truth intentionally or due to gross negligence.

授权与声明

Authorization and Statement

1. 本人声明以上陈述与回答全部属实，如有虚假，本人愿意承担法律责任。

I declare that the statements and answers above are true to the facts, and I am willing to undertake the legal liability for any false statement.

2、本人授权任何医疗机构、社保或农保机构、保险公司、公安机关、疾病防治中心等有关机构以及一切熟悉被保险人身体健康状况、相关事故的人士，均可将有关被保险人资料向中国太保【指中国太平洋保险（集团）股份有限公司及其直接或间接控股的子公司（以中国太保官网信息披露为准）】或通过中国保险行业协会、中国保险信息技术管理有限责任公司、保险交易所及其合作伙伴等中国太保所委托的合作机构如实提供。本人愿意承担由此产生的一切法律后果。

I authorize all relevant institutions including medical establishments, social insurance or rural cooperative agencies, insurance companies, public security organs and centers for disease control and prevention and all persons familiar with the physical health situation of the insured and relevant event to provide relevant information and materials of the insured truthfully to CPIC, which refers to China Pacific Insurance (Group) Co., Ltd and its direct and indirect controlled subsidiaries(subject to the publicly disclosed information of CPIC official website), or through cooperative institutions entrusted by CPIC including the Insurance Association of China, China Insurance Information Technology Management Co., Ltd.(CIITC), insurance exchange and their partners. I am willing to undertake all the legal consequences arising therefrom.

3、本人同意贵司向中国保险信息技术管理有限责任公司报送本人的全部保单信息和理赔信息，并通过医疗机构、中国保险信息技术管理有限责任公司及知悉本人信息的其他机构查询与本人有关的承保、理赔、医疗等信息。

I agree that your company shall report all of my insurance policy and claim information to CIITC, and inquire about underwriting, claim and medical information relating to myself through medical establishments, CIITC and other institutions aware of my personal information.

4、本人同意中国太保、中国保险信息技术管理有限责任公司收集处理被保险人/申请人/领款人姓名、性别、证件类型、证件号码、联系电话、地址、国籍/职业/证件有效期、理赔事项信息、金融账户、就诊信息、病例、发票信息，用于准确识别本人投保信息和申请理赔的需要，但均应严格履行保密义务。

I agree that your company and CIITC collect and process the information of the name, gender, ID type, ID No., contact telephone No., address, nationality/occupation/ID validity period, claims event, financial account, medical treatment, case of illness and invoice of insured/ claimant/payee for the purpose of identifying correctly the insurance application information of myself and filing for claims, but such information must be kept in strict confidence.

5、在领取保险款项后，如有其他身故保险金受益人、法定继承人或法律规定享有保险金请求权的主体，就保险金与贵司发生争议或纠纷的，一切法律责任及费用由本人承担，与贵司无关。

Upon receipt of the claim benefits, in case of disputes or controversies over insurance benefit with your company by other beneficiary of death benefits, legal heir or subject entitled to the right to claim insurance benefit, all legal liabilities and expenses arising therefrom shall be undertaken by myself (the claimant), which shall be irrelevant to your company.

申请人签名（正楷） **Signature of the claimant（Regular script）：**　　　　申请日期 **Date of application：**

授权委托书（申请人委托他人代为办理理赔事宜时需填写）

Power of Attorney (required when the claimant entrusts another person to handle the claim on his/her behalf)

本人现委托______________先生/女士前往太平洋健康保险股份有限公司代为办理理赔事宜。

I hereby entrust Mr./Ms. _________ to handle matters of claim on my behalf with Pacific Health Insurance Co.,Ltd. (herein referred to as “your company”).

受托人信息 Trustee information	姓名 Name		性　别 Gender		▲国籍 Nationality		▲职业 Occupation	
	证件类型 ID type		证件号码 ID No.					
	▲证件有效期 ID validity period	年　月　日至　年　月　日 From YY MM DD to YY MM DD			联系电话 Tel			
	联系地址 Contact address						邮编 Zip code	
	与申请人关系：□业务员　□亲属　□朋友　□其他（请写明与申请人关系）新增需翻译________ Relation with the claimant: □Salesperson　□Relative　□Friend　□Other(pls. indicate the relationship with claimant)_______							

具体代理权限 Scope of authorization：

□递交理赔申请资料 Submit claims application materials；

□领取理赔申请资料退件 Collect claims application materials returned；

□领取理赔款（**请说明授权委托原因并填写以下账户信息**）Collect claim payment (*pls. provide the reasons for authorization and fill in the following tables for account information)：

开户银行 Bank name		详细信息 Details	____________分行______________支行 Branch/Sub-branch
银行账号 Bank account			

委托人声明：在办理以上理赔事务过程中，本人所指定受托人所作的相应文书及签字皆代表本人的真实意思表示，如因本授权不实等原因引致的与本授权书有关的法律后果由本人承担全部责任。本授权的有效期限到受托人办理完毕以上事务时止。

Declaration of the trustor: While handling matters regarding the above claim, designated by myself and the corresponding documents and signatures made by the trustee all represent my true intention. All legal consequences arising from any false statement in this power of attorney shall be undertaken by myself. The term of this power of attorney shall expire till the completion of claim settlement by the trustee.

委托人签名（正楷）： Signature of the trustor（Regular script）: 日期： Date:	受托人签名（正楷）： Signature of the trustee（Regular script）: 日期 ： Date:

保险服务热线：10108686、95500-5

Insurance service hotline: 10108686、95500-5

公司网址：http://health.cpic.com.cn

Company website: http://health.cpic.com.cn