

Cigna & CMB Life Insurance Co., Ltd. Individual Medical Claim Form
招商信诺个人医疗理赔申请表



SECTION A: BENEFICIARY DETAILS A 部分: 被保险人详情

To be completed by the beneficiary or his/her legal representative 由被保险人或其法定代表人完整填写

1 Full Name 全名	2 Gender 性别
3 PolicyID 保单号	4 Policy Holder's Name 投保人姓名
5 Residential Address 常住地址	6 Full Mailing Address (if different) 邮寄地址 (如有不同)
	Email address 电子邮箱
7 Membership ID 会员号	8 Tel No. 电话号码 Fax No. 传真号码
9 Passport Number 护照号码 Or Chinese ID Card Number 或身份证号码 Date of Expiry 有效期限	10 Are you eligible for full or partial reimbursement for these expenses from another insurer? 您是否有资格获得另一家保险公司的全额或部分费用理赔? Yes/No 是/否
11 State nature of illness (failure to complete may delay claim settlement) 疾病名称 (若不填写可能会延误理赔)	

12 If you have answered yes in section 10, please give details below(Full Name, Address of Insurance Company and Policy number)
如果第10条的答案为“是”，请提供以下详细信息 (该保险公司的全称、地址和保单号)

SECTION B: PAYMENT DETAILS B 部分: 付款明细

To be completed by the beneficiary or his/her legal representative 由被保险人或其法定代表人完整填写

13 List of expenses for which reimbursement is claimed and amount and currency 请列出理赔报销的费用明细及金额和币种			14 State to whom you wish settlement paid 请提供理赔金的收款人
Treatment 治疗项目	Date 日期	Amount and currency 金额及币种	Payment to 付款至

15 Select payment method

付款方式选择

If claimed amount exceeds RMB 10,000 or other currencies in equivalent, we require a copy of the patient's valid identification(i.e. ID card or passport).
如果理赔金额超过10,000人民币或等值外币, 请提供病人的有效身份证件(如: 身份证, 护照或驾驶证的复印件)。

Bank Transfer
银行转帐

Cheque
支票

16 State reimbursement currency that payment should be made. Claims incurred in China will automatically be paid electronically in RMB
请声明理赔币种。在中国的保险理赔将以人民币自动电子结算支付

17 If payment is to be sent to your bank account, please complete the following: 如果付款至银行账户, 请完整填写以下信息:

Bank Account No. 开户行账号

Bank Name 开户行

Sort Code 国际代码

Bank Branch Name and Address 银行分行名称和地址

Swift Code* Swift代码*

IBAN* IBAN代码*

* by providing this information, payment will be transferred more efficiently by the receiving bank

* 提供这些信息有利于受理行更有效地转帐支付

Name on the Account(must be exact) 账户名 (务必准确)

18 Anti-fraud Prompt

Honesty is a fundamental principle under insurance contracts. People involved in insurance-related fraud can be held accountable as follows:
Criminal Penalty: People engaging in insurance-related fraudulent actions can be subject to criminal proceedings that may result in a combination of detention, imprisonment, fines and confiscation of property. This applies equally to those who assess insurance incidents or provide evidence related to an insurance incident and intentionally submit false evidence or documentation to support the fraud of others. Such people may be criminally penalized as accomplices to the fraudulent activity.

Police Sanction: People engaging in insurance-related fraudulent actions that are not deemed as serious as criminal activity may still be subject to police sanctions, including detention for up to 15 days and a fine of up to RMB5000. These sanctions are equally available to those who assess insurance incidents or provide evidence related to an insurance incident and intentionally submit false evidence or documentation to support the fraud of others.

Civil Liability: Failure to perform the duty of truthful disclosure, either intentionally or due to gross negligence, could result in the insurance company's refusal to pay or reimburse claims.

I hereby declare that the above statements and facts are correct and I have read through and understood the Anti-fraud Prompt.

I declare and agree that any personal information collected or held by CIGNA & CMC, whether contained in this form or otherwise obtained, is provided and may be held, used, and disclosed to individuals or organizations associated with CIGNA & CMC or any selected third party, for the purposes of (1) processing this claim and providing subsequent services, (2) processing claim payment transactions, (3) conducting insurance analysis. I authorize the release of any medical information necessary to process this claim. To the best of my knowledge all the details given are true. A Photostat copy of this authorization shall be considered as effective and valid as the original.

I declare that all the information I provided for this consultation is true and I also hereby confirm that I have reviewed and signed for all other related information including medical description that doctor recorded. I understand that changing these information may lead to a payment delay, partially denial or Whole denial.

反保险欺诈提示

诚信是保险合同基本原则，涉嫌保险欺诈将承担以下责任：

【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。

【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、5000元以下罚款的行政处罚；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，也会受到相应的行政处罚。

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

本人声明以上陈述与事实确实无误，且已阅读并知晓《反保险欺诈提示》。

本人授权被保险人接受过治疗或具有他/她的健康情况的任何医生、医院、诊所，以及所有了解有关情况的个人及机构，均可以将本次治疗的细节、他/她的健康状况、过往的病症，以及任何治疗、疾病或不适，病历的详细资料提供给招商信诺人寿保险有限公司及其授权的机构、个人或第三方，用于处理本次理赔并提供后续服务、给付理赔金或分析保险业务。本人承诺提供的所有信息均真实有效。此授权的影印本亦是有效。

本人确认本次就诊中所描述的所有信息属实，并已签名确认医生所记载的与本次就诊相关的其它的病历资料也属实。本人了解更改相关病历资料会造成理赔款的支付延误、部分拒赔甚至全部拒赔。

Signature of Beneficiary (or Parent/Guardian if under 18)

被保险人签字（如未满18周岁，请法定监护人签字）

Date

日期

SECTION C: MEDICAL INFORMATION C 部分：医疗信息

To be completed by Treating Physician - PLEASE PRINT 由诊疗医师完整填写—请用正楷书写或打印

(If your beneficiary is claiming for vision please only complete section 20)(如果被保险人理赔视力项目，仅需完整填写第20项)

19 Please state the date of which the beneficiary first consulted you for this condition 请陈述该被保险人首次咨询该病情的日期

20 Date the symptoms first occurred 该病情症状首次出现日期

21 Please give your diagnosis of the illness/injury 请提供该病情 / 受伤情况的诊断结论

22 Please give details of treatment 请提供治疗详情

23 Please print your name and address and authenticate with an official practice stamp

请用正楷书写或打印您的姓名和地址，并加盖医院诊断章

Signature of Treatment Physician 诊疗医师签字

Date 日期

Please return your completed original claim form、include original invoices and receipts as well as other relevant claim documents to:

请将完整填写的理赔申请表原件、发票和收据原件及相关理赔材料交至：

Cigna & CMB Life Insurance Company Ltd,
Unit 1602, Block E, Poly Plaza, No.18 Dong Fang Road ShangHai, PRC, 200120

招商信诺人寿保险有限公司
中国上海市东方路18号，保利广场E栋1602室 邮编：200120