中意人寿保险有限公司
GENERALI CHINA LIFE INSURANCE CO., LTD.

团险索赔申请表（全球保障团体医疗保险计划适用）
Group Insurance Claim Form（Specially for Worldwide Medical Plan）

公司名称 **Company Name**：_____

第一部分： 一般资料 Part I： Basic Information

员工姓名
Employee's name：_____

身份证/护照号码
ID card/Passport number：

银行名称
Bank Name:

开户城市
Bank City:

银行账号
Account Number:

索赔人姓名
Claimant's name：_____

与被保险人关系
Relationship with insured：☐employee 员工本人 ☐spouse 配偶 ☐parents/children 父母/子女 ☐guardian 监护人 （请注明）（please specify）

身份证/护照号码
ID card/Passport number：

如索赔人为员工本人，无须填写索赔人栏
If the claimnat is employee, you do not need to fill this part

第二部分：索赔项目/金额 Part II： Claim Item / Amount

☐住院费用 inpatient expenses：￥_____ ☐门诊费用 outpatient expenses：￥_____

本索赔人授权中意人寿保险有限公司（以下称"贵公司"）将赔付款项划入本人指定的银行账户。
☐ **I, the claimant, authorize Generali China Life Insurance Company to transfer the reimbursement into the bank account designated.**

第三部分： 疾病 / 意外适用(门诊或住院) Part III：For Illness / Accidents(outpatient or inpatient)

费用类别填写: 1-门诊 2-住院 3-生育 4-体检 5-其他 Classification of Expenses: 1-outpatient; 2-inpatient; 3-maternity; 4-physical examination; 5-others

诊治日期 Date	费用类别 Classification	病因 Diagnosis	收据数量 # of pieces of Invoice	就诊医院 hospital	发生金额 Incurred expenses

第四部分： Part IV：

是否已向其他保险公司索赔？
Have you submitted the claim to other insurers？
☐Yes 是 （请注明保险公司名称及保险单号码）（please specify the name of insurer and policy number）_____
☐No 否

是否需要退出未全额赔付的就诊收据向其他保险公司索赔？
Do you want the invoice returned?
☐Yes 是
☐No 否

声明及授权 Declaration and Authorization

1. 本人经过仔细审阅后确认上述所填内容、答案及与之有关的资料均为本人亲自提供。I hereby declare that the above information is provided by myself;
2. 上述各项内容、答案及与之有关的资料均为完整并确实无误，本人并无隐瞒或遗漏。I hereby declare that nothing material has been withheld and the information given herein is true;
3. 本人授权任何医生、医院、诊所、保险公司、公安机关、任何公立或私立的组织单位，在任何时候均可以将有关被保险人的资料、报告或文件交给贵公司及其代表，此授权书的副本与正本具有同样效力。I authorized that any doctors, hospitals, clinics, insurance companies, police institutes and any public or private organizations that have any medical history or records or knowledge of me who I have attend or may hereafter attend to disclose such information to the Generali China Life Insurance Co. Ltd. for the purpose of assessing and processing the insurance application or claims or subsequent services;
4. 本人同意贵公司将有关被保险人的资料用于保险、再保险、数据处理及统计事宜。I hereby agree that any personal information collected by the Company is provided and may be held, used, disclosed and transferred by the Company for the purpose of insurance, reinsurance, data processing and statistics etc.
5. 本人清楚明白贵公司的赔偿款项一经通过银行成功转账在本索赔申请表所指定的账户，将视为本人已收到该笔赔偿款项。I understand that any transfer of the claim payment from the insurer through the designated bank shall be deemed as the payment has been delivered.

签名前请再次核对所填资料是否正确无误。Please double check all the information before signature.

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索赔人签名Signature _____ **索赔人联系电话 Contact number** _____ **日 期 Date** _____

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下联投保人留存 Policy holder keeping

员工姓名 Name of Insured		索赔收据数量 No. of Invoice	
索赔人姓名 Name of Claimant		索赔总金额 Claim Amount	

保险公司签收：
Insurance Company：

签收日期：
Date：