

ICBC-AXA ASSURANCE CO., LTD.

工银安盛人寿保险有限公司

Medical Reimbursement Claim Form

健康险事后理赔申请表

Please complete clearly in block capitals. 敬请用正楷清晰填写以下内容。

Please remember these important points about filling in your claim form: 填写时注意以下重要事项:

- Assessment of your claims may be delayed if you and your medical or dental practitioner do not fill in all the necessary sections of this form. 敬请注意若主治医师或牙医未提供完整医疗信息, 可能导致理赔延迟。
- Return this form to us within six (6) months of the first treatment date. 请于就诊后6(六)个月内提交此表格。
- Always send us the original invoices with this form. Photocopies and receipts will not be accepted. 请同时附上原始发票, 复印件和收据将不予接受。
- Make sure that you fill in sections A to F and that all doctors who have treated you fill in section G (or section H for dental treatment). 请确保您完整填写保单第一至第六部分, 就诊医生填写第七部分(牙医填写第八部分)。

If the patient is a dependant under the age of 18, the main member must fill in section A to F for the patient.
如申请人为18岁以下连带被保险人, 请主被保险人填写A至F部分

A – Patient details 申请人信息

Title 称谓: <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Miss小姐 <input type="checkbox"/> Ms女士 <input type="checkbox"/> Other 其他:		
Family name 姓:		First name(s) 名:
Date of birth (dd/mm/yy) 出生日期(日/月/年):	Sex 性别: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
Member number 会员编号:	Plan number 保单编号:	
Correspondence address 通信地址:		Postal code 邮编:
Telephone 电话:	Fax 传真:	E-mail 电子邮件:

Note: Your Claim status will be sent to you ONLY via the Email you provide to us. Please make sure the email address is valid and correct. 请正确填写有效的电子邮件, 您的理赔信息将只通过电子邮件的方式告知。

Symptoms/condition needing treatment 症状/就症原因:

B – Main member details 主被保险人信息

If the patient is same as main member, please go to section C.
如果申请人与主被保险人为同一人, 请跳转至 C 部分

Family name 姓:		First name(s) 名:	
Member number 会员编号:		Plan number 保单编号:	

C – Further information 其他信息

Does the patient have another insurance policy that covers medical costs? 您是否还有其他保单保障该项医疗费用? Yes 是 No 否
If yes, please give details on a separate sheet. 若有, 请提供明细。

D – Payment details 给付信息

Have you personally had to pay costs for the treatment that you are claiming for? 您是否已就此次理赔支付了费用? Yes 是 No 否
If yes, and you are personally seeking reimbursement, please complete details below for bank transfer payments: 若是您个人要求获得补偿, 请填写以下赔款信息:
Bank transfer, Please fill in this information for bank transfer payments: 银行转账, 请填写以下银行转账信息:

Name of your bank 银行名称:		Account number 银行账号:	
Name of account holder 账户持有人姓名:		Address of your bank 银行地址:	
Note: Please ensure the Name of account holder (including sequence, spacing & capitalization) is exactly identical to your bank's records 请确保您提供的账户持有人姓名与银行记录完全一致。			
Bank sort code 银行代码:		Swift Code/Routing Code 电传编码/汇款路径编码:	
Currency of bank account 银行账户币种:			

Please note 请注意:

We will not be responsible for any payment shortfall due to exchange rate fluctuations. 我们不承担任何因汇率波动产生的支付不足。