
Personal Accident Claim Form

人身意外索赔表

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY, WHETHER OR NOT A CLAIM IS MADE.

提供这个表格公司不承担任何责任。无论索赔的结果如何，必须迅速完整填写这个表格交返回公司。

Claim No. 索赔号		Insured Name 保户	
Claimant's Name 索赔人姓名		Telephone No. 电话号码	
Address 地址			
Policy No. 保单号码		Expiry Date 终止日期	Has the premium been paid? Yes / No 保费支付了吗? 是 / 否
Are there any other insurance in force which would cover this in whole or in part? Yes / No if yes, please advise 有任何其它保险有效承保这个事件的全部或部分吗? 是 / 否 如果回答是, 请说明			
Name of Insurer 保险公司的名称			
Policy Detail 保单的细节			

DETAIL OF OCCURRENCE 意外事故发生的详情

Date of Accident 意外发生的日期		Time 时间	AM / PM 上午 / 下午
When was the accident reported to you (if applicable) 您在什么时候接到意外事故的报告 (任何可应用的)?		Time 时间	AM / PM 上午 / 下午
Place of accident 事件发生的地点和/或场所			
Please state full particulars how accident occurred 请完整而详细地描述, 如何发生的意外			
Please describe nature of injury 请描述损伤的性质			
Was another person, in your opinion, responsible for your accident? Yes / No if yes please advise 根据您的意见, 对意外事件发生的原因, 别人有责任吗? 是 / 否 如果回答是, 请给予详细描述			
Name 姓名		Address 地址	
Name and address of the doctor attending / 为您治疗的主治医师的姓名和地址是什么			
Name 姓名		Address 地址	
TOTAL AMOUNT CLAIMED / 索赔总计金额			
I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and in no manner deliberately caused the said loss or injury or sought unjustly to benefit thereby by and fraud or willful misrepresentation and that the information show on this form is true and that I/We have not any information relating to this claim 我/我们保户庄严而真诚地宣布我/我们已经遵照保单条件和保证 (无论任何的), 决不故意地引起上述的损失或损伤, 或以欺骗或故意误述的不合法方式要求索赔, 在这个表格中所填写的情况是真实的, 并且对这个索赔, 我/我们没有任何隐瞒的情况			
Date / 日期:		Signature and company stamp / 签名和盖章:	