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## Student Personal Accident Claim Form

### 学生人身意外索赔表

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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/ 提供这个表格不承担任何责任，无论 索赔的结果如何，这个表格一定要完整填写，并尽快交回到公司。

#### WHAT TO DO IN THE EVENT OF A CLAIM 在一个索赔事件中应做什么？

1. Attach medical certificate / or medical report/附上诊断证明或/医学报告
2. Attach police report if any/附上警察报告 ( 如果需要 )

1. Claim No. 索赔号	2. Client No.客户号	3. Policy No/保单号.	4. Account No 帐号
5. THE INSURED/保户名称			
Name of Student 学生姓名		Age/ 年令	
		Sex / 性别	<input type="checkbox"/> M男 <input type="checkbox"/> F女
Address /地址		Post Code/邮编	
Name of Parents/Guardian 父母或监护人的地址 :		Tel no/电话号码	Mobile/手机
			Home 家 :
Address/地址		Post Code/邮政编码	
Name of School /学校名称		Class Level/年级	
6. DETAILS OF LOSS DAMAGE OR OCCURRENCE 所发生的损失或损坏或事件的详情			
Date of accident / 意外发生的日期		Time/时间	A.M.上午/P.M.下午
When was the accident reported to you 这个意外什么时候向您报告		Time 时间	A.M.上午/P.M.下午
Place of accident/意外发生的地点:			
Please state full particulars how loss, Damage or Accident occurred/ 请描述损失、损坏或意外发生的详情			
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.....			
.....			
Please describe Nature of Injury/请描述意外损伤的性质			
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Was there a witness/or witnesses to this event/有目击者在场? YES 是/NO 否			
If reply is YES, please give full details/如果是, 请描述全部详情.			
Name 姓名			
Address 地址		Telephone/No 电话号码	
Name and address of the doctor attending to your child or student 来看你孩子或学生的医生姓名和地址			
.....			
PLEASE ATTACH MEDICAL CERTIFICATE AND/OR REPORT 请附上医学诊断证明或报告			
PLEASE ATTACH POLICE REPORT (IF ANY)请附上警察报告 ( 如果需要 )			
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 damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on this form is true and that I/We have not concealed any information relating to this claim / 我/我们受保人员严肃地和真诚地声明, 我/我们已经按照保单有关任何条款, 没有故意引起所述的损失或损坏的行为, 或者也没有发现不正当地欺诈或故意地错误地描述和由此而获利的行为。上述表格中所填写的信息是真实的, 我/我们没有隐藏有关索赔的任何信息。			