中国太平洋财产保险股份有限公司 分公司

**意外健康险小额案件理赔申请书**

**（合计索赔金额5000元及以下适用，带\*为必填项）**

**保险合同编号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **出险人基本信息及出险概况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*出险人 | |  | | | | | \*性别 | | | □男 □女 | | | | 出生日期 | | |  | | | | | | | | | | | | \*联系电话 | | | | | | | | |  | | | | | | | | | | | | | | |
| \*证件类型 | | □身份证 □护照 □其他： | | | | | | | | | | | | \*证件号码 | | |  | | |  | |  | |  | |  | |  |  | |  |  | |  | |  | |  |  | | |  | |  | | |  | |  | |  | |
| 国籍 | |  | | | | | 职业 | | |  | | | | | | | \*证件有效期至 | | | | | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 联系地址 □住所 □工作单位： 省 市 区/县 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | | | | | | |  | | | | | | | | | | | | | | |
| \*出险原因 | | □意外 □疾病 | | | | | \*申请类型 | | | | | | | □医疗费用 □住院津贴 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报案号 | |  | | | | | \*报案人 | | | | | | |  | | | | | | | | | | | 报案方式 | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 报案时间 | |  | | | | | \*出险时间 | | | | | | |  | | | | | | | | | | | \*就诊医院 | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| \*出险地点 | |  | | | | | 是否有公安机关、劳动局、第三方处理 | | | | | | | | | | | | | | | | | | □是，处理方 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*事故描述（请写明时间/地点/发生原因/经过/结果等详情）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申请人基本信息（提示：若申请人与出险人关系为同一人，可免填写申请人信息）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*申请人 | |  | | | | 国籍 | | |  | | | | | 职业 | | | |  | | | | | | | | | | | \*联系电话 | | | | | | | | |  | | | | | | | | | | | | | | |
| \*证件类型 | | □身份证 □护照 □其他： | | | | | | | | | | | | \*证件号码 | | | |  | | |  |  | |  | |  | |  |  | |  |  |  | |  | | |  | |  | | |  | |  | | |  | |  | |  |
| \*与出险人关系:□本人 □配偶 □父母 □子女 □其他 | | | | | | | | | | | | | | | | | | \*证件有效期至 | | | | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 联系地址 □住所 □工作单位： 省 市 区/县 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | | | | | | |  | | | | | | | | | | | | | | |
| **\*理赔金收款账户（注：保险金不得由保险代理机构、保险代理业务人员和保险营销员代领）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 收款人姓名/单位名称(全称） | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 开户银行名称 | | | | | | | 银行 分行 支行 分理处 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 银行账号 |  | |  |  |  | |  |  | | |  |  |  | |  |  | | |  | | | |  | | | |  | | |  | |  | | |  | | | | | |  | | | | |  | | | |  | | |
| **特别提示：**   1. 收款账户为被保险人本人或其监护人，不得由保险代理机构、保险代理业务人员和保险营销员代领； 2. 若投保时已提供账户信息者，可不填写,我司将按您最近一次提供的账户信息支付理赔金； 3. 填写单位账户，即代表本人授权同意本次理赔款由单位代为领取，我司将赔款支付给单位即视为已经履行保险合同项下的给付义务。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **理赔授权委托书（申请人委托他人代为办理理赔时需要填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现申请人 委托 先生/女士前往贵公司代为办理本次理赔事宜。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **受托人基本信息：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*姓名 | |  | | | | | 国籍 | | |  | | | | 职业 | | |  | | | | | | | | | | | | \*联系电话 | | | | | | | | |  | | | | | | | | | | | | | | |
| \*证件类型 | | □身份证 □护照 □其他： | | | | | | | | | | | | \*证件号码 | | |  | | |  | |  | |  | |  | |  |  | |  |  | |  | |  | |  |  | | |  | |  | | |  | |  | |  | |
| \*与申请人关系:□业务员 □配偶 □父母 □子女 □其他 | | | | | | | | | | | | | | | | | \*证件有效期至 | | | | | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 联系地址 □住所 □工作单位： 省 市 区/县 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | | | | | |  | | | | | | | | | | | | | | | |
| 委托日期同申请人在本申请书签名栏签章日期，本委托有效期至本次理赔结束时止。  委托人郑重声明，凡因本授权委托引发的任何法律或经济纠纷由委托人承担。  **委托人签名： 受托人签名：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **反保险欺诈提示** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **请您与我们一同杜绝以下骗取保险金的行为：1、故意虚构保险标的；2、对发生的保险事故编造虚假的原因或者夸大损失的程度；3、编造未曾发生的保险事故；4、故意造成财产损失的保险事故；5、故意造成被保险人死亡、伤残或者疾病的。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，保险公司不承担赔偿或给付保险金的责任。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **声明与授权** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1、本声明与授权复印件与原件具有同等效力；本人已阅读并知晓以上《反保险欺诈提示》；根据国家反洗钱相关的法律法规要求，在办理保险业务时，我将如实提供个人信息和相关资料，配合贵公司依法进行有效客户身份识别；**  **2、本人在申请书上所填写的内容均为真实内容，如有虚假，愿承担法律责任；所有曾为被保险人诊治的医生出示的合格有效的书面诊件，以及贵公司要求申请人出具的其他各种证件,均作为理赔证据的一部分；**  **3、本人授权任何医生、医院、诊所、保险公司或任何组织，以及凡熟悉被保险人健康情况之人士,均可将事故者此次意外或疾病、既往病症、病历之详细资料向贵公司及其代表提供或通过中国保险行业协会、中国保险信息技术管理有限责任公司、保险交易所及其合作伙伴等贵公司所委托的合作机构向贵公司如实提供；**  **4、本人同意贵公司将理赔金转入理赔申请书所指定的银行账户中；本人同意承担因银行账户指定错误导致转账失败而产生的法律、经济责任。**  **\*申请人签名： \*申请日期： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**客户服务专线：95500 理赔查询：http://www.ecpic.com.cn/mall/policy/claims/view**