TRAVEL INSURANCE CLAIMS FORM
旅游保险索赔单

Membership No.
紧急救援卡卡号 _____

ERV China case No.
欧乐旅行援助案例号
（由欧乐公司填写） _____

Before filling in this form, please note that the information you provide will form the basis of our processing of your claim. If there are special circumstances that are not adequately covered by the various sections of this form, please let us have the details on a separate sheet of paper together with this form.
在填写此表前，请注意您提供的信息将构成我们履行理赔的根据。如果此表中所列各项未能涵盖一些特殊情况，请随此表附上单独写有详情的文件。

Claim under policy section(s) **申请事项**	In-patient 住院医疗 ☐	Out-patient 门诊医疗 ☐	Dental treatment 牙科医疗 ☐
	Handling of mortal remains 遗体处理 ☐	Others 其他 ☐	
Insured's Personal Information **被保险人个人信息**	Company 单位	Position/title 职务	
	Name (characters and pinyin) 姓名 (汉字和拼音)	Passport/I ID No. 护照/身份证号码	
	Private address 家庭住址		Tel. office 单位电话
	Postal code 邮编	E-mail address 邮箱	Tel. private 个人电话
Applicant's personal Information, if different from above **申请人个人信息（同上可不写）**	Company 单位	Position/title 职务	
	Name (characters and pinyin) 姓名 (汉字和拼音)	Passport/ ID No. 护照/身份证号码	
	Relation to Insured 与被保险人的关系		
	Private address 家庭住址		Tel. office 单位电话
	Postal code 邮编	E-mail address 邮箱	Tel. private 个人电话
Detail of Journey **旅行细节**	Purpose of journey 旅行目的	Date of departure 出发日期	Date of return 回程日期
	Tour operator/company (if any) 旅行组织者/公司（如有）	Destination 目的地	
What happened? **事故经过**	When did the injury/illness occur? (date and time) 事故（伤/病）发生时间？（日期/时间） When was the injury/illness reported to the hotline? (date and time) 事故（伤/病）何时通知的救援热线?（日期/时间）	Where did the injury/illness occur? (place) 事故（伤/病）发生地点？	
	Description of what happened – if relevant please use a separate piece of paper or sketch. 事故经过描述 – 如有相关需要您可使用另外的纸张		

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What happened? Continued… **事故经过**	
For accidents or assaults **意外事故或遭攻击**	Were there any witnesses? If yes, please state name, address and contact details 有无目击者？如有，请说明其姓名，地址和联系方式 Yes 有 ☐ No 无 ☐
	Has a police report been compiled? If not, why not? 有无警方报告？如没有，为什么？ Yes 有 ☐ No 无 ☐
If the insured has passed away **如被保险人身故**	Has the cause of death been determined? Yes (please attach the death report) 是否已检验死因？是（请附报告） ☐ No 否 ☐
Details of treatment **治疗详情**	Dates on which you consulted or were seen by a physician 看病日期 / Period of hospitalisation 住院时期 From 从 Until 至
	Diagnosis/Description of illness 诊断/病情描述
	Have you previously been treated for the same illness? 是否接受过与此相同病情的治疗？ Yes 有 ☐ No 无 ☐ If yes, please state the date on which you last received treatment 如有，请说明最后一次接受治疗的日期
	Were you repatriated? 您是否被转运回国？ Yes 有 ☐ No 无 ☐ If yes, when? 如是，在何时？
	Has the incident been reported to the emergency hotline? 事故是否通知了紧急救援热线？ Yes 有 ☐ No 无 ☐ If yes, what is the case number? 如有，案例号是什么？
Medical history **病史**	Name of hospital last visited in China 在中国最后一次看病的医院名称 / Name of treating doctor 主治医生姓名 Address (including postal code/city and telephone No.) 地址（包括邮编/城市名/电话号码） / Date of hospital visit 看病日期
	Names and addresses of hospitals allowed by your public health insurance 社保医院名称及电话 1. 2. 3. 4.

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Compensation claimed (please attach original documentation) **赔偿申请** (请附上原始文件)	Expenses incurred on the account of the illness/injury?与伤/病相关的费用		Currency 币种	Amount 金额	Is the compensation to be paid directly to creditors outside China? Enter x for yes 赔偿是否直接支付给中国境外的债权人？如是，请划 X
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	Has any amount been paid out in connection with the above claim? 是否被支付过与以上索赔相关的费用？ Yes 有 ☐ No 无 ☐ If yes, RMB 如有，人民币_____元，支付日期_____，由_____支付。				
Other insurance 其他保险	Company 保险公司_____ Policy No. 保单号_____ Has the claim been reported to this company? 是否在此公司申请过理赔？ Yes 有 ☐ No 无 ☐ Company 保险公司_____ Policy No. 保单号_____ Has the claim been reported to this company? 是否在此公司申请过理赔？ Yes 有 ☐ No 无 ☐				
Method of payment 付款方式	Which bank account do you want the claim balance transferred to? 您希望理赔金转账至哪家银行？ Bank name and address 银行名称及地址	Name of account holder 户名	Bank account No. 账号		
Signature etc. 签名	I hereby accept that the Insurance Company or the Assistance Provider appointed by the insurance company procures information about the state of my health with a view to obtaining the information necessary for the evaluation of the insurance event and for the assessment of the claim. My acceptance comprises medical reports from the date of which the policy came into force and until the final assessment date of the benefit, and any other supplementary medical records that may be deemed necessary by the Insurance Company or the Assistance Provider for the purpose of evaluating issuance event or assessing claims. The reports can be procured from the health care sector, hospitals and healthcare institutions, public authorities, insurance companies and pension funds. Other insurance companies, pension funds and other authorized persons within the health care sector, involved in the case, are allowed to become acquainted with the medical records procured. I hereby authorize the Insurance Company via its appointed Assistance Provider ERV (China) Travel Service and Consulting Ltd. to act on my behalf and settle payments directly with hospitals, clinics and other service providers. By this authorization I furthermore accept that the insurance payments for said services will be paid directly from the Insurance Company via the Assistance Company to the service providers. I declare that the above information is truthful and complete and has been entered in good faith. 本人在此同意，“保险公司”或其指定的“救援服务公司”为评估本人保险事宜及核定保险索赔之目的，有权获得有关本人健康状况的信息，包括自保单生效之日起至保险权益的最终核定之日止的医疗记录，及“保险公司”或其指定的“救援服务公司”在评估、核定过程中认为必要的其他补充性医疗记录。 记录可从医疗部门、医院、医疗机构、公众权威机构、保险公司和养老基金那里获得。 其他保险公司、养老基金、医疗部门及其他经授权人士，凡与本人保险事宜有关的，亦有权了解所取得的医疗记录。 本人在此授权“保险公司”经其指定的“救援服务公司” 即“欧乐旅行援助（北京）有限公司 ERV (China) Travel Service and Consulting Ltd.”代表本人直接与医院、诊所、和其他服务机构进行交涉并直接付款。在此授权中，本人进一步同意，有关该等服务的保险付费，将由“保险公司”经“救援服务公司”直接支付给服务机构。 本人声明，上述信息真实、完整，且以诚信原则提供。 Applicant’s signature Date 申请人签名_____ 日期_____				

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