



日本财产保险(中国)有限公司

Sompo Japan Nipponkoa Insurance (China) Co., Ltd.

TRAVEL INSURANCE CLAIMS FORM 旅游保险索赔单

Policy No.
保单号


ERV China case No.
欧乐旅行援助案例号

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。

ERV (China) Travel Service and Consulting Ltd. is authorized by Sompo Japan Insurance (China) Co., Ltd to handle claim issue under any Travel Policy. Please complete this form and mail to the following address within 30 days after the accident. ERV reserve the right to require further document and information.

日本财产保险(中国)有限公司委托欧乐旅行援助(北京)有限公司处理旅行险的索赔事宜, 请详细填写此表并提供相关索赔资料于索赔事件发生 30 天内寄送至以下地址。欧乐旅行援助有权要求进一步提供文件和资料。

ERV (China) Travel Service and Consulting Ltd., 欧乐旅行援助(北京)有限公司 Unit 1103A, Shun Tak Tower, No 1 Xiangheyuan Road, Dongcheng District, Beijing 100028 P.R. China 中国北京市东城区香河园路1号院11号楼信德京汇中心1103A单元 邮编: 100028 Tel: +86 10 8441 6555, Fax: +86 10 8451 1175 E-mail: china@ervchina.com	
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Insured's personal Information 被保险人信息		
Company 公司名称		Residential Address/Post Code 通讯地址/邮编
Name (characters and pinyin) 姓名(汉字及拼音)	Personal ID No./Passport No. 身份证/护照号码	Gender/Age/Position 性别 / 年龄 / 职务
Contact number 联系电话	Mobile 手机	E-mail address 电邮地址

Applicant's personal Information 申请人个人信息		
Company 公司名称		Residential Address/Post Code 通讯地址/邮编
Name (characters and pinyin) 姓名(汉字及拼音)	Personal ID No./Passport No. 身份证/护照号码	Relation to Insured 与被保险人的关系
Contact number 联系电话	Mobile 手机	E-mail address 电邮地址

Account information 银行账户资料		
The compensation will be credited to your account by bank transfer, Please provide the following details. 赔款将通过银行转账支付, 请务必详细填写		
Name of account holder 户名	Bank name and address 开户银行(请务必填写开户行所在的省和市)	Bank account No. 账号

Claim under policy section(s) 申请事项	
<input type="checkbox"/> In-patient 住院医疗 <input type="checkbox"/> Out-patient 门诊医疗 <input type="checkbox"/> Dental treatment 牙科医疗 <input type="checkbox"/> Relative hospital visit 亲属慰问探访 <input type="checkbox"/> Relative deal with funeral 亲属前往处理后事 <input type="checkbox"/> Repatriation of mortal remains or local funeral 遗体遣返回国或者就地安葬 <input type="checkbox"/> Others 其他 请注明:	
Where did the accident occur (place) 事故发生地点	When did the accident occur (date and time) 事故发生日期 / 时间
Name of Witness 证人姓名	Address 地址 Contact Number 联系电话
Do you entitled to recover losses from any other insurance policy ? Please specify. 此次损失是否可向其他保险公司索赔, 请说明:	
Company 保险公司	Policy No. 保险单号码
Claim under policy section(s) 索赔项目	Compensation 索赔/已赔付金额

Claimed Item/Supporting Documents Required/Claimed Amount 索赔项目 / 索赔文件 / 索赔金额

All Claims 一般索赔文件 (所有索赔均须提供)

1. Copy of claimant's bank book 银行存折/银行卡复印件
2. Copy of identity documents or passport of Claimant /the insured (and their guardians) 申请人/被保险人 (及其监护人) 的身份证件或护照复印件
3. Copy of the relationship proof to the insured person and guardian(if applicable) 被保人与其监护人的关系证明复印件 (如适用)
4. Copy of insured's passport with movement records (for international journey) 护照出入境记录页及持有人页复印件 (涉及境外旅行)
5. Proof of business travel issued by the employer(for business traveler) 需提供由雇主出具的商务旅行证明 (涉及逸行全球商务旅行)
6. Other documents as reasonably required by the Company in relation to this claim 保险公司要求提供的其他与索赔申请相关的证明和资料

x	Claimed Item 索赔项目	Supporting Documents Required 索赔文件	Claimed Amount 索赔金额及币种	
<input type="checkbox"/>	Death(Accident death, acute illness death 身故保险金 (意外身故、急性病身故)	<ol style="list-style-type: none"> 1. Police report(if any) 警方证明原件(如有) 2. Original medical records, doctor's diagnosis 完整的病历、诊断证明原件 3. Original death certificate issued by relevant authorities 公安部门或医疗机构出具的被保险人死亡证明书 4. Declared death certificate issued by court(if applicable) 人民法院出具的宣告死亡证明文件 (被保险人为宣告死亡适用) 5. Original proof of cancellation of residential registration 户籍注销证明原件或其他相关证明文件 	<ol style="list-style-type: none"> 6. Proof of identity documents of beneficiaries and relationship proof to the insured person 受益人的身份证明及与被保人的关系证明原件 7. Letters of administration 继承人继承权及份额公证书原件 	
<input type="checkbox"/>	Tuition grant for each legally child 未成年子女助学保障	<ol style="list-style-type: none"> 4. Declared death certificate issued by court(if applicable) 人民法院出具的宣告死亡证明文件 (被保险人为宣告死亡适用) 	<ol style="list-style-type: none"> 6. Proof of identity documents of child and relationship proof to the insured person 未成年子女的身份证明及与被保险人的关系证明 	
<input type="checkbox"/>	Credit card refund 信用卡还贷保障	<ol style="list-style-type: none"> 5. Original proof of cancellation of residential registration 户籍注销证明原件或其他相关证明文件 	<ol style="list-style-type: none"> 6. Arrearage list of credit card up to the day of accident, the cardholder stubs, bills, invoices or receipt etc. 信用卡截至意外事故发生当日为止的欠费明细、持卡人存根、票据、单据及或付款收据等 7. Documentary proof of credit card issuing bank 信用卡所属银行证明文件。 	
<input type="checkbox"/>	Dismemberment /burns (including acute illness permanent disability) 残疾/烧伤保险金 (包含急性病全残)	<ol style="list-style-type: none"> 1. Original police report 警方证明原件 2. Original medical records, doctor's diagnosis 完整的病历、诊断证明原件 3. Original "Dismemberment /burns Certificate" issued by Grade 2A hospital or judiciary institutions. 二级以上 (含二级) 或本公司认可的医疗机构或司法鉴定机构出具的残疾或烧烫伤鉴定诊断书 		
<input type="checkbox"/>	The relatives go for funeral 亲属前往处理后事	<ol style="list-style-type: none"> 1. Original proof of traveling and accommodation expenses and funeral expenses 交通费用、住宿费用、丧葬费用等的正式发票证明或有效收据 2. Relationship proof to the insured person 与被保险人的关系证明 3. Original death certificate and residential registration cancellation certificate issued by relevant authorities 公安部门或医疗机构出具的被保险人死亡证明及户籍注销证明 4. Medical records of the insured person issued by hospital and proof of hospital days issued by attending doctor 医院出具的被保险人病例记录及主治医师出具的病重和预计住院时间的证明 		
<input type="checkbox"/>	Compassionate visit 亲属慰问探访			
<input type="checkbox"/>	Repatriation of mortal remains 身故遗体/骨灰送返			
<input type="checkbox"/>	Hijack 被劫持	<ol style="list-style-type: none"> 1. Local police report 当地警方的证明文件 		
<input type="checkbox"/>	Outpatient & Hospitalization Medical Expense 门诊及住院医疗费用	<ol style="list-style-type: none"> 1. Original medical records from in-patient/out-patient/emergency units with attending doctor's diagnosis 完整的门、急诊病历、诊断证明原件 2. Original medical expense receipts issued by Hospital 医院签发的医药费/住院医疗费收据原件 3. Original hospital record/discharge note and medical examination reports issued by the hospital 出院小结、住院清单以及医院出具的所有检查报告单原件 		
<input type="checkbox"/>	Overseas hospital allowance 海外住院津贴			
<input type="checkbox"/>	Interpreter service 海外住院翻译费用	<ol style="list-style-type: none"> 1. Hospital record issued by the hospital or doctor 由医生或医院提供的入院书面证明 2. Original expenses receipts for translators fee 雇用翻译的费用发票或收据原件。 		
<input type="checkbox"/>	Travel delay 旅程延误	<ol style="list-style-type: none"> 1. Documentary proof from common carrier or its representative indicating the duration delayed 承运人出具的关于延误时间及原因的书面证明 2. Ticket(s), boarding pass issued by common carrier(s) 交通票据原件, 包括机票、登机牌、船票等 3. Certification of checked package issued by common carrier (for Baggage delay) 承运人出具的托运行李的手续证明 (行李延误适用) 		
<input type="checkbox"/>	Baggage delay 行李延误			
<input type="checkbox"/>	Trip curtailment 旅程缩短	<ol style="list-style-type: none"> 1. Documentary proof of original itinerary and actual itinerary 旅行社/公司出具的出境游合同, 包括原计划旅行行程安排表及实际旅行行程 2. Documentary proof of the reason for the cancellation or curtailment(including medical report, death certificate, relationship proof of the injured/sick/deceased person to the insured person) 导致该次旅程缩短原因的证明原件 (包括医院出具的证明、死亡证明、伤、病、死者与被保人的关系证明, 警方或政府相关部门出具的证明等) 3. Ticket(s), accommodation and travel receipts 旅行交通票据 (如机票、车票等)、酒店住宿票据、旅行团费单据等旅行凭证 4. Proof of un-used and non-refundable traveling expenses. 该次旅程实际未使用且不可退还的旅行费用证明 		

<input type="checkbox"/>	Trip extension 延期逗留	1. Ticket(s), accommodation and travel receipts 旅行交通票据（如机票、车票等）、酒店住宿票据、旅游团费单据等旅行凭证 2. Original receipts showing additional expenses for trip extension 因延期逗留新增费用的单据原件 3. Documentary proof of the reason for the trip extension: including medical records ,medical certificate 导致延期逗留的证明文件：包括医院出具的病历、诊断证明等医疗证明	
<input type="checkbox"/>	Checked-in luggage 托运行李保险	1. List of loss, original purchase receipts or other certification of baggages 财产损失清单，行李物品的购买发票原件或其他有效的购货凭证 2. Documentary proof of loss issued by common carrier 运输机构出具的关于遗失或损坏的书面证明文件	
<input type="checkbox"/>	Loss of personal baggage 随身财产		3. List of lost/damaged property with details of date of purchase and amount 损失物品清单及发票，详细列明购买日期及金额 4. Repair quotation invoice 维修报价单或收据原件
<input type="checkbox"/>	Loss of money 个人钱财	1. Local police report(must inform police within 24 hours after the accident)当地警方记录原件(须事故发生后 24 小时内报警) 2. Documentary proof issued by hotel or common carrier 酒店、承运人等其它相关部门出具的书面证明原件	3. Proof of source of money, traveler's cheque and money order 现金/旅行支票/汇票的来源证明，如兑换单
<input type="checkbox"/>	Loss of travel documents 旅行证件遗失		3. Receipts/invoices for replacement of the travel document 重置旅行票证的费用发票或收据原件 4. Receipts/invoice showing additional travel and accommodation expenses 额外支出的交通费用及酒店住宿费用发票或收据原件
<input type="checkbox"/>	Replacement traveller 员工替换	1. Proof of identity documents of the insured person and replacement traveller 被保险人和替代被保险人之人员的身份证明文件 2. Proof of business travel issued by the employer 被保险人雇主提供的被保险人和替代被保险人之人员公务出差旅行的证明 3. Receipts/invoices showing additional travel and/or accommodation caused by replacement traveller 因其他人员代替被保险人完成该行程所产生的更改行程及/或住宿的实际费用的单据原件 4. Medical records ,medical certificate issued by Grade 2A hospital or recognized medical institutions by the insurance company 二级以上（含二级）或本公司认可的医疗机构出具的病历、诊断证明等医疗证明	
<input type="checkbox"/>	Hole-In-One 高尔夫球一杆进洞	1. Documentary proof of travel 旅行证明文件 2. the written certificate for "Hole in One" issued by the golf course and the relevant invoice for paid expenses, and other witness in addition to pothunter of same group(including caddie)由该高尔夫球场提供的书面证明及已支付的相关费用的票据，并有除同组参赛人员以外的目击证人（包括球童）	
<input type="checkbox"/>	Home care benefit 家庭财物保障	1. Documents to prove the cause of loss 事故证明书 2. List of the loss and original purchase/repair receipts 财产损失清单,重新购置或维修发票原件	
<input type="checkbox"/>	Personal liability 个人责任	1. Proof of compensation settlement 受害人向被保险人提出索赔的相关文件 2. Local police report(if any)当地警方的证明文件（如有） 3. Medical records, certificate of diagnosis, oraginal medical expense receipts issued by Hospital 受害人病历、诊断证明、医疗费用等原始单据、死亡伤残证明等（人伤时） 4. List of loss 财产损失、费用清单（发生财产损失时） 5. Judgment, or police report 赔偿协议书或和解书； 判决文书、或仲裁裁决文书 6. Compensation agreement 赔偿给付凭证	

Declaration and authorization 声明及授权	
<p>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.</p> <p>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.</p> <p>I declare that the above information is truthful and complete and has been entered in good faith.</p> <p>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、保险公司和养老金那里获得。</p> <p>其他保险公司、养老金、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。</p> <p>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。</p> <p>本人声明，上述信息真实、完整，且以诚信原则提供。</p>	
Applicant's signature 索赔申请人签署	Date 日期