中国太平 CHINA TAIPING

欧乐旅行援助 EURO-ALARM | 健享太平 SUPREME HEALTHCARE

太平环球医疗保险索赔单
Worldwide Health Plan Claim Form

请将此理赔表格连同原始账单邮寄到
Please mail this form and ORIGINAL invoices to:

北京市东城区香河园路 1 号信德京汇中心 1103A 单元 邮编：100028
Unit 1103A, Shun Tak Tower, No 1 Xiangheyuan Road,Dongcheng District, Beijing 100028 China

被保险人个人信息 Insured's personal information	姓名 Name	保单号 Policy No.	
	保险卡卡号 Insurance Card Number	卡号投保人名称（仅限于团体保险） Name of Policyholder (Group policies only)	
	电子邮件 E-mail	邮寄地址 Address	电话 Tel.

赔偿申请 (请附上原始账单) Compensation claimed (please attach original documents)	与伤/病相关的费用 Expenses incurred on the account of the illness/injury	币种 Currency	金额 Amount

付款银行账户 Payment Bank Account	银行名称 Bank name	
	银行地址 (请具体到支行) Bank Address (Please specify to the branch)	户名 Account holder
	账号 Bank account No.	

签名 Signature

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Euro-Alarm (Beijing) Co. 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。

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 Euro-Alarm (Beijing) Co., 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.

申请人签名
Applicant's signature _____

日期
Date _____