

理赔/垫付申请书 Application for Claims and Advanced Payment

请在相应的“□”中打“√”：Please tick in the corresponding “□”:

理赔类型： 住院垫付 ☐ 意外伤害/疾病门诊/自费住院理赔 ☐ 其他 () ☐

Claim type: advanced payment for hospitalization ☐

accidental injury/outpatient treatments for illness / self-paying hospitalization claims ☐ others () ☐

平安保险公司:

兹有：学校： 国籍： ，中文名： 英文名（完整护照名）： 护照号码：
CSC 号（公费生） 因住院 ☐ 疾病门诊 ☐ 意外伤害 ☐，前去医院进行治疗，特向贵司提出理赔申请。

This is an application form for who studied in (School name) from (Nationality), Chinese name: English name (Full name on passport): Passport number: CSC number (Chinese government scholarship students):, Due to hospitalization outpatient treatments for illness accidental injury, which need to go to the hospital for treatment, I hereby request for reimbursement from your company.

因为本次医疗费用是由联华国际保险经纪（北京）有限公司为我垫付 代理赔，所以请：

The medical expenses are advanced payment proxy compensation by Unichina international insurance brokers (Beijing)Co., Ltd

1、垫付-----请将理赔款汇至联华国际公司如下账户：

1. Payment in advance-- Please remit the claim to the account of Unichina international insurance brokers (Beijing)Co., Ltd as follow:

单位名称：联华国际保险经纪（北京）有限公司

账号：11050190360000000169

开户行：中国建设银行股份有限公司北京月坛支行

2、代理赔（含联华预付，如申请住院垫付服务，无需填写此部分）-----请将理赔款汇至本人 学校 受益人 如下指定账户（须包括账号，户名，开户行；或直接去银行打印，中国银行请打印客户信息表，其他国内银行请打印流水对账单）：

2. If you need advance payment service, please don't give us the below information. Please remit the proxy compensation to a designated account of myself school beneficiary (Please provide your bank account information form.)

户名 Account name:

账号 Account number:

开户行 Bank branch name:

单位：联华国际保险经纪（北京）有限公司（盖章）

Unichina international insurance brokers (Beijing)Co.,Ltd (seal)

日期 Date:

1. 本人承诺上述信息完全属实，如有虚假或隐瞒，本人愿意承担由此产生的一切法律后果。(I confirm that the information provided in this document is all true. In the event of false or concealed circumstances, I am willing to undertake all the legal consequences arising therefrom.)

2. 本人同意提供正确的国内银联卡账户信息（账号、开户行、户名）以便接收理赔款。如因收款账户信息提供错误，导致划账不成功或转入其他人账户，联华国际保险经纪（北京）有限公司不承担相应责任。(I agree to provide the correct UnionPay debit card's account information (includes account number, bank branch's name, correct account name), if that information provided was wrong, which will result in the unsuccessful transfer, or transfer to other people's account, Unichina international insurance brokers (Beijing)Co.,Ltd won't assume any responsibility.)

3. 本人自愿签署本申请书，即视为同意并遵守保险条款中的各项规定。(I voluntarily sign this application, and I shall be deemed to agree and comply with the provisions in the insurance clauses.)

被保险人（中英文签字）The insured (signature) :

院校（盖章）School (seal) :

日期 Date:

联系方式:

学生姓名: _____, 护照号: _____

本人联系方式: _____ 老师联系方式: _____

Contact information:

English name: _____,

Passport number: _____,

Contact number: _____,

Teacher's contact number: _____,