**中国科学院大学国际学生平安保险理赔材料核查表**

**APPLICATION FORM FOR CLAIM OF PINGAN HEALTH INSURANCE**

\*填写本表格前请先仔细阅读注意事项内容。/Please make sure you have read and understood the note below before you fill in this form.

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| --- | --- | --- | --- |
| **申请信息/ Applicant’s Information** | | | |
| 学生姓名/Passport Name |  | 学号/Student ID |  |
| 护照号码/Passport No. |  | 国籍/Nationality |  |
| 诊断结果/Diagnosis |  | 申请金额/Total expense |  |
| **案件类型/ Claim** | | **理赔材料/ Required Materials for Claim** | |
| 请在对应类型打X（可多选）。/Please check the corresponding type (multiple).   |  |  |  | | --- | --- | --- | | □ | 门急诊医疗  Outpatient & Emergency | 第1.2.3.4.5必备  Shall submit NO.1.2.3.4.5 | | □ | 住院医疗  Hospitalization | 第1.2.3.4.5.7必备  Shall submit NO.1.2.3.4.5.7 | | 如属意外，第1.2.3.4.5. 6.7必备  Shall submit NO. 1.2.3.4.5. 6.7 if with such an accident | | 如有护工费，第1.2.3.4.5. 7.8必备  Shall submit NO. 1.2.3.4.5. 7.8 if have nursing fee | | □ | 意外伤害医疗  Accidental injuries | 第1.2.3.4.5.6必备  Shall submit NO.1.2.3.4.5.6 | | 如住院，第1.2.3.4.5.6.7必备  Shall submit NO.1.2.3.4.5.6.7 if hospitalized | | □ | 意外伤残  Accidental Disability | 第1.3.4.5.6.7. 9必备  Shall submit NO.1. 3.4.5.6.7. 9 | | | 是否提交请打X。/Please check the box if submitted (multiple).  如多次就医，第1、4项材料仅提交一次即可。/Only one copy for NO.1 and that for NO.4 are required if the medical treatment is taken more than once.   |  |  | | --- | --- | | 1. 护照本人页复印件/Copy of Passport ID Page | □ | | 2. 收据原件/Originals of Receipts | □ | | 3. 每次就诊的病历复印件/ Medical Record Photocopy of Each Time | □ | | 4. 建设银行客户信息表/ China Construction Bank Customer Table | □ | | 5. 检查、化验报告单复印件/ Examination Report or Laboratory Test Report Photocopy | □ | | 6. 意外事故经过或证明/ Course or Certificate of Accident (self-description of the accident) | □ | | 7. 出院小结或住院病历复印件/Copy of Hospital Discharge Summary or Medical Record of Hospitalization | □ | | 8. 护工费发票原件/ Original Invoice of Nursing Fee | □ | | 9. 指定机构的伤残鉴定证明/ Disability Certificate of Specified Institution | □ | | |
| **申请人承诺/** **Applicant’s commitment** | | | |
| 我承诺所有理赔材料均真实有效，且银行账户信息准确无误，否则一切后果本人自负。/I promise all the documents submitted are authentic and effective, and account information is correct, or otherwise I will be responsible for all the consequences.  申请人签字/Applicant’s signature 申请日期/Date | | | |
| **研究所意见/Institute Comment** | | | |
| 我单位已按平安保险理赔材料要求对该生的理赔材料进行初审，结果（符合□ 不符合□）要求。  审核人（签字）： 学院/研究所部门（公章）  年 月 日 | | | |

**注/NOTE:** 1. 本表格须学生本人填写，根据要求提交相应材料并打勾。由学院/研究所部门相关人员对学生提交材料初审，签字盖章，并将此表作为理赔材料首页，将纸质版材料寄送至平安公司(北京市西城区金融街23号平安大厦九层，来华项目组，电话：4008105119-1。)/ Applicant should fill in this form in person, submit documents as required, and check the corresponding box in this form. Graduate department of the institute/college shall check the submitted documents according to the filled form, complete the comment part, and mail the application documents to PingAn Insurance.

2. 就诊医院必须是中华人民共和国大陆境内的公立医院，申请理赔费用应属于当地社会基本医疗保险规定可报销的范围之内的费用。/Hospitals for treatment shall be limited to the public hospitals within the territory of the Chinese mainland, and requested items and expenses for claim should be within the scope of local regulations of social basic medical insurance.

3. 第4项材料中必须提供被保险人中国大陆境内的银行账号及该账号的准确账户信息，包括账户名、账号和开户行信息，可通过存折复印件或银行客户信息表载明以上信息。/ Document NO.4 including information of account No., account name, opening bank information, which can be obtained from bank customer table, must be attached to the claim documents.

4. 若分别在两家（含）以上医院就诊，须出具每次就诊的诊断证明书、病历复印件等相关文件。/ If in one incident, applicant has to be treated in two or more hospitals, relevant documents such as diagnosis certificates and medical records from relevant hospitals shall be presented.

5. 第6项材料需说明意外发生的时间、地点、原因、经过等内容，申请人本人签字。/Document NO.6 should give a specific self-description about time/location/cause of the accident, and be signed by the applicant.

6. 附理赔材料示例说明。/Examples of claim materials are shown as attached.

中国科学院大学留学生办公室制表

International Students Office of UCAS