|  |  |  |  |
| --- | --- | --- | --- |
| 业务员姓名 |  | 联系电话 |  |
| 报案号 |  | | |

人身保险理赔申请书



注：若本次理赔金额小于10000元，带“▲”部分可不填写

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 保险单号(可填多个 ) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **被保险人信息** | | | 姓名 | |  | | | | | | | 性别 | | | | | |  | | | | | | 出生日期 | | | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ▲国籍 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | ▲职业 | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 证件类型 | | | | |  | | | | | | | | | | | | 证件号 | | | | | | | | | |  | | | | | | |  | | |  | | | |  | | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | | | | |  | | | | |  | | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |
| ▲证件有效期 | | | | | 年 月 日 至 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系地址 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 邮编 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 移动电话 | | | | |  | | | | | | | | | | | | | | 座机 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Email（选填） | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **出险经过** | | | 出险原因 | | | | | | □意 外  □疾 病 | | | | | | | | | | 申请项目 | | | | | | | | □身故给付 □重大疾病 □残疾给付 □门诊医疗  □住院医疗 □住院补贴 □ 其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 出险时间 | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 出险地点 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 就诊医院 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 出险经过简述及结果： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事故者目前状态 | | | | | | | | | | | | | | | □ 身故（身故日： 年 月 日） □ 失踪 □ 残疾  □ 治疗中 □ 治疗结束 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否在其他保险公司参保 | | | | | | | | | | | | | | | □是 （参保地/公司名称 ） □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 若本次事故已获得赔付，  请告知赔付方信息 | | | | | | | | | | | | | | | * 社保/农合 □ 单位、肇事方或其他第三方 * 其他保险公司 (参保地/公司名称 ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 与被保险人关系 | | | | | | | | | | □本人**（此时申请人信息可不再填写）** □指定受益人或其监护人  □法定继承人或其监护人 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **个人客户填写**  **(**若申请人为多人的，请在此填写主申请人信息并附《多申请人信息表》**)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | |  | | | | | | | | 性别 | | | |  | | | | | | 出生日期 | | | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ▲国籍 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | ▲职业 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **申请人信息填写** | | 证件类型 | | | | | | | |  | | | | | | | | | | | 证件号 | | | | | | | | | | | | | |  | | |  | | |  | | | | |  | | | | |  | | | | | |  | | | |  | | | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | |
| ▲证件有效期 | | | | | | | | 年 月 日 至 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系地址 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 邮编 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 移动电话 | | | | | | | |  | | | | | | | | | | | | | | | 座机 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Email（选填） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **法人客户填写** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法人单位名称 | | | | | | | |  | | | | | | | | | | | | | | | | 组织机构代码 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ▲法人代表 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 联系地址 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 邮编 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 代办理人姓名 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | 移动电话 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 证件类型 | | | | | | | |  | | | | | | | | | | | 证件号 | | | | | | | | | | | | | | |  | | |  | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | |
| ▲证件有效期 | | | | | | | | 年 月 日 至 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **领取方** | | 保险金领取方式 | | | | | | | | | | | | □ 转账（请提供以下信息） □ 支票 □ 其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 开户行 | | | | 银行 省 市 分行 支行 分理处 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **式** | | | 户名 | | | | | | | | |  | | | | | | | | | | | | | | | | 账号 | | | | | | | | | | | | |  | | |  | | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | |  |  |  |  |
| **反保险欺诈告知书**  诚信是保险合同基本原则,请您与我们一同杜绝以下骗取保险金的行为：   1. 故意虚构保险标的； 2. 对发生的保险事故编造虚假的原因或者夸大损失的程度； 3. 编造未曾发生的保险事故； 4. 故意造成财产损失的保险事故； 5. 故意造成被保险人死亡、伤残或者疾病的。   **涉嫌保险欺诈将承担以下责任：**  **【刑事责任】**进行保险诈骗犯罪活动，可能会受到拘役、有期徒刑,并处罚金或者没收财产的刑事处罚。保险事故的鉴定人、证明人故意提供虚假的证明文件,为他人诈骗提供条件的,以保险诈骗罪的共犯论处。  **【行政责任】**进行保险诈骗活动,尚不构成犯罪的，可能会受到15日以下拘留、5000元以下罚款的行政处罚。保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条件的,也会受到相应的行政处罚。  **【民事责任】**保险公司不承担赔偿或给付保险金的责任。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **授权与声明**   1. 本人声明以上陈述均为事实，并无重大遗漏，可作为你公司理赔的依据。 2. 本人授权任何医疗机构、社保或农保机构、保险公司、公安机关、疾病防治中心等有关机构以及一切熟悉被保险人身体健康状况、相关事故的人士，均可将有关被保险人资料向中国太平洋人寿保险股份有限公司如实提供。 3. 本授权声明之影印本亦属有效。 4. 本申请书提供的账户信息有误而导致的转账纠纷，由申请人负责。   **全体申请人签名（章）： 日期 ：**  注：申请人必须是受益人或其法定监护人。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**授权委托书（若申请人委托他人办理请填写下面授权委托书）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 本人现委托 先生/女士前往贵公司办理有关被保险人上述保险事故理赔申请事宜，并同意其代理权限如下：□ 递交理赔申请及相关证明文件 □ 受领退回的申请材料 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **受托人信息** | | 姓名 |  | | 性别 |  | | | 年龄 | | |  | | | | | 国籍 | | | |  | | | | | | | 职业 | | | |  | | | | | | |
| 证件类型 | |  | | | 证件号 | | | |  | |  |  |  | | | |  |  | |  |  | |  | |  | | |  |  | |  |  |  |  |  |  |
| 证件有效期 | | 年 月 日 至 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系地址 | |  | | | | | | | | | | | | | | | | | | | | 邮编 | | | | |  | | | | | | | | | |
| 移动电话 | |  | | | | 座机 | |  | | | | | | | | Email（选填） | | | | | | | |  | | | | | | | | | | | | |
| 与申请人关系：□ 业务员 □ 亲属 □ 朋友 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **委托人声明：在办理以上理赔事务过程中，本人所指定的开户行、开户名、帐号以及受托人所作的相应文书及签字皆代表本人的真实意思表示,如因本授权不实等原因引致的与本授权书有关的法律后果由本人承担全部责任。本授权的有效期限到受托人办理完毕以上事务时止。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 委托人（全体申请人）：  日期: | | | | | | | | | | | | | | 受托人:  日期 : | | | | | | | | | | | | | | | | | | | | | | |

**客服电话：95500 公司网址：http://www.cpic.com.cn**