

理赔申请书Application for Claim

平安养老保险股份有限公司：

兹有：学校(School name): _____, 国籍(Nationality): _____,
护照号码(Passport number): _____, 中文名 (Chinese name) : _____,
英文名 (护照全名) English name (Full name on passport) : _____,
CSC号 (公费生) CSC number (Chinese government scholarship students) : _____,

现因疾病/意外伤害前往医院进行住院/门诊治疗，现已治疗完毕，特向贵公司申请理赔本次医疗费用。

Due to **illness / accidental injury** go to the hospital for **hospitalization / outpatient treatments**. The treatment has been completed. I hereby request for reimbursement from your company.

因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**，请将理赔款汇至联华指定账户。The medical expenses are **paid in advance** by Unichina International Insurance Brokers (Beijing) Co., LTD. please remit the claim to the account designated by Unichina International Insurance Brokers (Beijing) Co., LTD.

账户名称：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

郑重声明Solemnly Declare:

1. 本人承诺所提供信息完全属实，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（签字）The insured (signature) :

院校（盖章）School (seal) :

日期 Date:

以上内容准确无误

The above contents are accurate

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: