

# 理赔申请表 CLAIM FORM

承保方  
Insured by

管理方  
Administered by



## 重要信息 IMPORTANT INFORMATION

针对在中国大陆接受的治疗提出理赔申请时，请以中文或英文填写本申请表并回答所有问题，将完整填写的本申请表连同发票原件（包含所有费用明细）一起寄至：保柏咨询（北京）有限公司，北京市朝阳区亮马桥路甲40号二十一世纪大厦A座308室，邮编100125

针对在中国境外接受的治疗提出理赔申请时，请以中文或英文填写本申请表并回答所有问题，将完整填写的本申请表连同发票原件（包含所有费用明细）一起寄至：Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 2NR, UK.

To make a claim, **for treatment received in Mainland China**, simply complete the questions on this form in Mandarin or English and return it, along with the original and fully itemised invoice to:  
Bupa Consulting (Beijing) Co Ltd, Room 308, Tower A, 21st Century Plaza, 40A Liangmaqiao Road, Chaoyang District, Beijing 100125.

To make a claim **for treatment received outside China**, simply complete the questions on this form in Mandarin or English and return it, along with the original and fully itemised invoice to: Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 2NR, UK.

如果您在填写本申请表时有任何疑问，请致电4000687866 或+861058541802。

If you have any questions when completing this form, please call 4000687866/+86 10 5854 1802

填写本申请表时请使用黑色墨水笔，并确保字迹端正、清晰。请确保理赔申请表的各个部分都已完整填写。  
请注意，如果理赔申请表的任何部分未填写完整，可能会延误赔款的支付。

请尽快将本申请表和相关发票寄给我们，最晚必须在初始治疗的2年内。  
请确保您已同时附上发票原件（包含所有费用明细）— 复印件、收据和信用卡交易凭单将不被接受。

Please write clearly using black ink. Please ensure that all sections of the claim form are fully completed.

**Note that claims payment may be delayed if all sections of the claim form are not completed in full.**

**Please return this form and the relevant invoices to us as soon as possible, and within 2 years of the initial treatment.**

Please ensure that you always enclose the original and fully itemised invoice - photocopies, receipts and credit card vouchers cannot be accepted.

请就以下各项分别填写一份新的或单独的理赔申请表：

- 每位患者
- 每次住院治疗/日间住院
- 每项病症
- 每种币种

Please complete a new / separate claim form for:

- each patient
- each in-patient / day-case stay
- each medical condition
- each currency

如果您就同一个病症有多张发票，您无需重新寄送额外的理赔申请表。您只需寄送发票，同时附带一封说明信函，注明病症和付款指示即可。但是，如果病症持续时间超过6个月，我们可能要求您填写新的理赔申请表。请注意，您提供的原始文件将不予退还；若有需要，请致电客服电话：4000687866/+86 10 5854 1802。

If you have more invoices relating to the same condition, you do not need to send a further claim form. Just send the invoices with a covering letter stating the condition and payment instructions. If the condition continues for more than six months, we may request a new claim form to be completed. **The original documents will not be returned. If you need them, please contact us on 4000687866/+86 10 5854 1802.**



## 2 医疗详情 Medical details

(所有项目均由患者的主治医生填写)(all sections must be completed by the doctor in overall charge of the patient's treatment)

### 医生的详细资料:

Medical Practitioner's details:

姓名:

地址:

执业资格:

病情诊断:

### 患者首次注意到病症的时间:

Onset date when symptoms first noticed by patient:

日	日	月	月	年	年
D	D	M	M	Y	Y

### 患者初次就医的时间?

When did the patient first see a doctor?

日	日	月	月	年	年
D	D	M	M	Y	Y

治疗详情:

手术详情:

药物详情:

### 住院信息:

Hospital admission information:

#### 入院日期:

Admission date:

日	日	月	月	年	年
D	D	M	M	Y	Y

#### 出院日期:

Discharge date:

日	日	月	月	年	年
D	D	M	M	Y	Y

#### 患者住院的医院名称和地址:

Name and address of admitting hospital:

#### 参考号码:

Reference number:

名称:

地址:

电话:

传真:

电子邮件:

### 牙科治疗:

Dental treatment:

检查 Check-up     预防 Preventive     常规/主要修复 Routine / major restorative     正畸矫正 Orthodontics     意外事件/紧急治疗 Accident / emergency treatment

治疗详情:

### 3 理赔款项的支付 Claim payment

对于在中国大陆获得的保障项目的相关赔案的申请，保险人与被保险人之间仅以人民币进行结算。对于在其他国家/地区（可能涵盖在被保险人的医疗计划中）获得的保障项目的相关理赔申请，保险人向被保险人支付的货币为：

- 主被保险人用于支付保费的货币；或
- 收据所用的货币；或
- 被保险人银行账户所用的货币。

请务必提供正确的银行账号、账户名、银行名称及进行银行汇款的银行分行名称。

For claims relating to covered benefits received in Mainland China, the insurer will only pay the insured in RMB.

For claims relating to covered benefits received in any other country (as may be covered under the insured's health plan), the insurer will pay the insured in:

- the currency in which the policyholder pays the premium; or
- the currency of the invoices; or
- the currency of the insured's bank account.

Please be sure to provide correct account number, account name, bank name and bank branch name for bank transfer.

#### 以银行电子转账方式支付理赔款项

#### Payment by Electronic Funds Transfer (EFT) to a bank account

银行名称: Bank name:																									
分行名称: Branch name:																									
SWIFT / BIC 码 *: SWIFT / BIC code *:											Sort 码 (仅限英国): Sort code (UK only):														
账号 / IBAN *: Account number / IBAN *:																									
账户名称/收款方: Account name / payee:																									
转账币种: Currency for the transfer:																									
银行地址: Bank address:																									
邮编: Post / Zip code:											国家: Country:														

为了能够确保快速和安全地支付赔偿费用，我们强烈建议您提供银行的IBAN和SWIFT码。

**\*In order to process your payment as quickly and securely as possible, we strongly recommend that you provide both your IBAN and the SWIFT code of your bank branch. Your bank will be able to provide you with this information if necessary.**

我们建议银行转账款项以您账户的币种进行支付。

我们将承担电子转账的手续费并通知我们的银行照此办理，但是我们无法保证银行手续费均被交由我们支付。如果您当地的银行向您收取了电子转账费用，我们将退还该等费用。

如果自付比例或免赔额适用于您理赔案件的部分，您将需要向医疗服务提供者支付此类费用。保险人将向医疗服务提供者进行赔付，并扣除您已支付的差额。如果自付比例或免赔额适用于您的理赔案件，您将获得赔付，并扣除自付比例或剩余的免赔金额。未确定自付比例或免赔额是否适用于您，请参考您的保险证书。我们保留向适当人士支付理赔款项的权利 - 例如已故人员的遗嘱执行人或者保障计划下支付医疗费用的连带被保险人。

We recommend that bank transfers are made in the currency of your bank account.

We will instruct our bank to recharge the administration fee relating to the cost of making the electronic transfer to us, but we cannot guarantee that these charges will always be passed back for us to pay. In the event that your local bank makes a charge for an electronic transfer, we will aim to refund this charge.

If a co-insurance or deductible applies to any part of your claim, you will need to pay this to the benefits provider. The insurer will reimburse the claim to the benefits provider minus the shortfall you have already paid. If a co-insurance or deductible applies to any part of your claim, you will be reimbursed, minus the value of the co-insurance or remaining deductible amount. To find out if a co-insurance or deductible will apply to your claim, please refer to your insurance certificate.

We reserve the right to send any benefit due to an appropriate person - for example, the executors of the will of someone who has died or the dependant insured on your policy who has paid the bill for his / her covered treatment.

### 4 第三方保险公司 Third party insurers

是否可向第三方获得一部分费用的补偿（比如社会保险或意外事故涉及的人员或组织）：

Are some of the costs recoverable from someone else (for example, state insurer or a person / organisation involved in an accident?):

是  否   
Yes No

姓名/名称: Name:																								
地址: Address:																								
电子邮件: Email:																								
电话: Telephone:																								

## 5 声明 Declaration

### 重要信息 IMPORTANT INFORMATION

#### 关于获取您的医疗报告的授权

请仔细阅读本节内容，它规定了您关于医疗报告的权利。

为处理您的理赔请求，我们可能需要向您就诊的医生索取医疗报告。为了申请此报告，我们需要您在以下的声明签字授权。您的医生有权出于以下原因保留报告中的部分或全部信息而不予提供：如果 (a) 您的医生认为提供医疗报告可能对您有不利影响，或 (b) 医疗报告将表明该医生对您的下一步治疗计划，或 (c) 医疗报告将在未经其他人员授权的情况下披露他们的身份（但健康专业人士就您的治疗以其专业身份提供的信息除外）。此外，您的医生也可能就提供医疗报告的服务收取合理费用。

已签字授权并要求任何医院、专家、医生或医疗服务提供者向永诚财产保险股份有限公司（永诚保险）或保柏环球及其正式授权代理提供此类信息；出于审议此理赔的目的，永诚保险或保柏环球或其代理可能会设法从上述人员处获得与向您或您的连带被保险人提供任何治疗或其他服务相关的此类信息。

#### 如果您在英国接受治疗：

您有三种行动方案可供选择：

1. 您可无需在医生将报告寄送给我们之前要求查看报告便可授权。报告将直接由医生寄送给我们。
2. 您可以要求在任何报告寄送给我们之前查看报告并进行授权。在此情况下，您可在我们通知您我们已要求医生提供报告后21天以内的时间，以联系您的医生安排查看报告。如果您未能在21天内联系医生，他将有权直接向我们寄送报告。但如果您联系您的医生以查看报告，您必须在医生将报告寄送给我们之前向医生做出书面同意。如果您认为报告有任何错误之处，您可要求医生更改报告。如果医生拒绝，您可在将报告寄送给我们之前坚持在报告中加入您自己的意见。如果您同意我们获取报告且未表明您希望查看报告，您可以在报告寄送给我们之前联系您的医生以改变主意；在此情况下，您将有机会在报告寄出之前查看报告并要求医生更改报告或添加您的意见，或不同意向我们提供报告。
3. 您可以不作任何授权，但如果这样做，请记住，我们可能无法受理您的理赔申请。

在报告寄出之前，无论您是否表明希望查看报告（如果您在英国接受治疗），您都有权要求您的医生让您查看报告副本，但前提是您必须在报告已提供给我们之后的六个月内向医生提出此要求。如果您在英国接受治疗，签署本表格即表示您已获知《医疗报告获得法案》（1988年）和《个人文件与医疗报告（NI）获得法则》（1991年）规定的您的权利。

我在英国接受了治疗，我希望（不希望）在将任何医疗报告寄送至永诚保险和/或保柏环球之前对其查看。（如果您希望在将报告寄送至永诚保险和/或保柏环球之前查看报告，则删除“不希望”三字）

#### Your Consent To Obtain A Medical Report

Please read this section carefully, as it sets out your rights in relation to medical reports.

In order to process your claim, we may need to apply for a medical report from any doctor who has attended to you. To apply, we need you to give consent by signing the declaration below. Your doctor may be entitled to withhold some or all of the information obtained in the report if (a) he feels it maybe harmful to you or (b) it would indicate his intentions in respect of you or (c) it would reveal the identity of another person without their consent (other than that provided by a health professional capacity in relation to your care). Your doctor may also make a reasonable charge for his services.

The undersigned authorises and requests any hospital, specialist, physician or health provider to furnish Alltrust Insurance Company Limited (AIC) or Bupa Global or their duly authorised agents acting on their behalf with such information as AIC or Bupa Global or that agent may seek from them in connection with any treatment or other services provided to me or my dependant, for the purpose of AIC or Bupa Global considering this claim.

#### If you receive treatment in the UK:

You can choose from three courses of action:

1. You can give your consent without asking to see the doctor's report before it is sent to us. The report will then be sent directly to us by the doctor.
2. You can give your consent, but ask to see any report before it is sent to us, in which case you will have 21 days, after we notify you that we have requested a report from the doctor, to contact your doctor to make arrangements to see the report. If you fail to contact the doctor within 21 days, he will be entitled to send the report direct to us. If however you contact your doctor with a view to seeing the report, you must give the doctor written consent before he can release it to us. You may ask your doctor to change the report if you think it is misleading. If your doctor refuses, you can insist on adding your own comment to the report before it is sent to us. Should you give your consent to us obtaining a report without indicating that you wish to see it, you can change your mind by contacting your doctor before the report is sent to us, in which case you will have the opportunity to see the report and ask the doctor to change the report or add your comments before it is sent to us, or withhold your consent for its release.
3. You can withhold your consent, but if you do, please bear in mind that we may be unable to accept your claim.

Whether or not you indicate that you wish to see the report before it is sent (if you receive treatment in the UK) you also have the right to ask your doctor to let you see a copy, provided that you ask him within six months of the report having been supplied to us.

If you receive treatment in the UK, by signing this form you are also confirming that you have been advised of your rights under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (NI) Order 1991.

**I received treatment in the UK and I do (not) wish to see a copy of any medical report before it is sent to AIC and/or Bupa Global. (Delete the word NOT if you wish to see a copy of the report before it is sent to AIC and/or Bupa Global)**

患者签字（如果患者年龄未满18岁由家长或监护人签字）

Patient's signature (Parent or guardian if patient is under 18)

日期

Date

#### 资料处理通知

目的：永诚保险及保柏环球采集的与您本人及其他任何保单被保险人有关的个人信息可能用于处理您的理赔申请、管理您的保单、提出合适的临床治疗建议、调查分析、发现并预防欺诈或不当理赔申请。

保密性：对患者和会员资料保密是永诚保险和保柏环球最为关心的事情。为此，永诚保险和保柏环球遵守有关资料处理法律及医疗保密准则。

医疗资料：永诚保险和保柏环球会对医疗资料保密。除非法律另有要求或许可，否则永诚保险和保柏环球仅可将医疗资料透露给参与您治疗或护理的人员（包括您的全科执业医生及内科医生或其代理人），如果适用，还可透露给负责支付您医疗费的任何个人或组织或其代理人。永诚保险和保柏环球还可将医疗信息共享给指定的参与您保单管理和操作的第三方。在您请求永诚保险代理人/顾问给予协助的情况下，保柏环球可将医疗信息共享给代理人/顾问。

个人资料的共享：我们有保密和保护资料的义务，可能会将您的个人资料共享给：

- 出于上述目的的其他与永诚保险相关的公司，且仅限出于上述目的确实需要查阅您个人资料的个人。
- 其他与永诚保险相关的公司或我们的保险合作伙伴：假如转到其他永诚或保柏保险计划或我们的合作伙伴提供的保险计划，我们会将您的病例和理赔申请记录共享给新保险公司。
- 我们的服务供应商

通常我们需要将您的个人资料共享给理赔申请调查员、紧急救援提供商、专业医护人员和律师等专业顾问及其他专业人员。

#### Data Processing Notice

**Purpose:** Personal data collected on you, and where appropriate, your family, will be used by AIC and Bupa Global to process your claims, administer your policy and may be used to detect and prevent fraud or improper claims.

**Confidentiality:** The confidentiality of patient and insured information is of paramount concern to AIC and Bupa Global. To this end AIC and Bupa Global fully comply with Data Protection Legislation and Medical Confidentiality Guidelines.

**Medical information:** Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care, including your General Practitioner/Primary Health Physician, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents. Claims information may also be shared with appointed third parties involved in the management and handling of your claim. Claims information may also be discussed with your Agent/Adviser where you have requested the Agent/Adviser to assist you.

**Sharing of Personal Data:** Subject to our obligations of confidentiality and data protection, we may share your personal data with:

- Other AIC/ Bupa group companies (within or outside the PRC) for the purposes set out above, and access is restricted to those individuals who have a need to access the information for those purposes.
- Other insurance partners of AIC/Bupa Global if you transfer to a plan offered by one of such partners within or outside the PRC, your medical and claims history will be shared with the new insurer.
- the service providers under your policy.

Often we will need to share your personal data with professional advisors such as claim investigators, emergency assistance providers, medical professionals, lawyers and other experts.



我们还需直接或经过管理方，保柏环球，雇用第三方服务提供商为我们提供IT系统、打印和营销服务、调查分析及类似外包服务。在不同情况下，我们均要求第三方仅在提供服务需要时使用您的个人资料。有时这些第三方与您不在同一个司法管辖区，他们所在的国家或地区可能不提供与像您所在地同等的保护。我们确保他们遵守合同限制条款中的保密及保护义务。

**被保险人资料：**所有客户文件及任何有关我们如何处理您的理赔申请的确认文件将发送给主被保险人。

**电话：**为了不断改进我们为客户提供服务的质量，您的电话将会被录音。

**调研：**匿名或汇总数据可由永诚保险和保柏环球使用，或向其他方披露，以用于调研或统计目的。

**欺诈：**永诚保险和保柏环球不会将客户或患者的姓名和地址泄露给永诚保险和保柏集团外的其他组织及其服务供应商。我们必须在监管机构和执法机关的要求下透露任何或全部信息。

**姓名和地址：**永诚保险和保柏环球不会将客户或患者的姓名和地址泄露给永诚保险集团和保柏集团外的其他组织及其服务提供者。我们必须在监管机构和执法机关的要求下透露任何或全部信息。

**联系地址：**根据个人隐私保护的相关规定，假如您想获得一份您个人信息的副本（可能需要支付少量手续费）、更新您的个人资料，或对信息处理有任何疑问，欢迎致电保柏环球服务团队4000 687 866/+86 10 58541802。或者您可以通过aic@bupa.com.cn发邮件或按以下地址写信给中国上海市浦东新区世博馆路200号华能上海大厦南楼永诚财产保险股份有限公司，邮编：200126。如欲了解更多有关被保险人如何收集和处理被保险人资料的更多信息，请参阅永诚保险的《隐私权政策》，地址是

[www.yongcheng.com/privacyArticle](http://www.yongcheng.com/privacyArticle)。

如欲了解更多有关保柏环球协助永诚保险收集及处理客户资料的详情，请参阅保柏环球的《隐私权政策》，地址是

[www.bupaglobal.com/en/legal/privacy-policy](http://www.bupaglobal.com/en/legal/privacy-policy)

We also engage third party service providers to provide our IT systems; printing and marketing services; research and analytics auditing and similar outsourced services. In each case, we require these third parties only use the personal data as is necessary to carry out their services. Sometimes these third parties are located outside your jurisdiction, in countries which do not provide the same protection as your own. We ensure they are subject to contractual restrictions with regard to confidentiality and security obligations.

**Insured details:** All customer documents and confirmation of how we have dealt with any claim you may make will be sent to the policyholder.

**Telephone calls:** In the interest of continuously improving our service to customers, your call will be recorded and may be monitored.

**Research:** Anonymised or aggregated data may be used by AIC and Bupa Global, or disclosed to others, for research or statistical purposes.

**Fraud:** We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. We will disclose information to third parties including other insurers for the purposes of prevention, detection or investigation of crime including reasonable suspicion about fraud or otherwise improper claims.

**Names and addresses:** Alltrust and Bupa Global do not make the names and addresses of customers or patients available to other organisations outside the Bupa group and its service providers. We are required to share any and all information to regulators and law enforcement agencies upon request.

**Contact Address:** In accordance with data protection law, if you would like a copy of your personal information (for which a small fee may be payable) or you would like to update your personal information, or if you have any other data processing queries please call the Service team on 4000 687 866 / +86 10 58541802. Alternatively you can email or write to the team via [aic@bupa.com.cn](mailto:aic@bupa.com.cn); Alltrust Insurance Company Ltd., South Building, Huaneng Shanghai Tower, No. 200 Shiboguan Road, Pudong, Shanghai, China. Postcode: 200126

For further information on how AIC collects and handles your data, please see the Alltrust privacy policy at <http://www.yongcheng.com/privacyArticle>

For further information on how Bupa Global collects and handles your data, please see the Bupa Global privacy policy at [www.bupaglobal.com/en/legal/privacy-policy](http://www.bupaglobal.com/en/legal/privacy-policy)

患者签字（如果患者年龄未满18岁由家长或监护人签字）

Patient's signature (Parent or guardian if patient is under 18)

日期

Date

**声明：**

- 本人确认，就本人所知的所有情况而言，本人在本表格中所填写的信息均是准确的、正确的和完整的；
- 为审核或以其他方式处理本理赔申请之目的，本人授权并要求任何医院、专科医生、医生和其他医疗服务提供者向永诚财产保险股份有限公司、保柏环球或他们其正式授权的代理提供他们所需要的与本人或其他被保险人接受的治疗或其他服务相关的任何信息；及
- 本人已阅读并理解本表格中关于资料保护的信息，并明确同意永诚财产保险股份有限公司、保柏保险服务有限公司和保柏咨询（北京）有限公司，连同其各自集团公司及其关联公司的成员、服务提供者、代理和员工，可接收、传输和处理本人（及其他被保险人）的关于本理赔申请（包括但不限于医疗和理赔信息）的个人信息。

**Declarations:**

- I confirm that the information I have given on this form is accurate, correct and complete, to the best of my knowledge;
- I authorise and request any hospital, specialist, physician or other health provider to furnish Alltrust Insurance Company Limited, Bupa Global or their duly authorised agents with such information as they may seek in connection with any treatment or other services provided to me or other insured(s) for the purpose of considering auditing or otherwise handling this claim; and
- I have read and understood the information in this form regarding data protection, and give explicit consent for Alltrust Insurance Company Ltd, Bupa Insurance Services Limited and Bupa Consulting (Beijing) Co. Ltd, together with members of their respective corporate groups and their associated companies, service providers, agents and employees, to receive, transfer and process my personal information (and that of other insured(s)) with respect to this claim (including but not limited to medical and claims information).

患者签字（如果患者年龄未满18岁由家长或监护人签字）

Patient's signature (Parent or guardian if patient is under 18)

日期

Date

如果您对理赔有任何疑问，请联系我们管理方的客户服务团队：

- 电话：4000687866/+86 10 5854 1802
- 传真：+86 10 5854 1601

请注意，使用电子邮件是为了向您提供方便和迅速的沟通，但我们无法完全保证电子邮件沟通的安全性。一些国家和国家将监视电子邮件往来。您在选择以电子邮件方式进行沟通时，应当考虑到这点。

If you have any queries regarding your claim contact the general enquiries team of our administrator on:

- Telephone: 4000687866/+86 10 5854 1802
- Fax: +86 10 5854 1601

Email is used for your convenience and speed, but we cannot always guarantee the security of this method of communication. You need to be aware that some companies and countries do monitor email traffic. You need to take this into account when choosing to use this method of communication.

请参阅您的保险文件了解您保险公司的详细信息。

中国上海市浦东新区世博馆路200号华能上海大厦南楼全球医疗保险业务部。邮编：200126

Please refer to your policy document for details of your insurer.

Worldwide Health Insurance Department, Alltrust Insurance Company Ltd., South Building, Huaneng Shanghai Tower, No. 200 Shiboguan Road, Pudong, Shanghai, China. Postcode: 200126