



# 三井住友海上火灾保险（中国）有限公司

Mitsui Sumitomo Insurance (China) Company, Limited  
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Pudong New Area, Shanghai, China

致：三井住友海上火灾保险（中国）有限公司  
To: Mitsui Sumitomo Insurance (China) Company, Limited

保险公司签收

## 境外旅行综合保险索赔申请书

### OVERSEAS TRAVEL COMPREHENSIVE INSURANCE CLAIM AND ACCIDENT REPORT

|                              |  |                               |  |
|------------------------------|--|-------------------------------|--|
| POLICY NUMBER<br>保险单号码:      |  | INSURANCE CLASS<br>保险险种:      |  |
| INSURED<br>被保险人名称:           |  | CLAIM AM'T<br>索赔金额:           |  |
| IDENTIFICATION TYPE<br>证件类型: |  | IDENTIFICATION No.<br>证件号码:   |  |
| WHICH OCCURRED ON<br>事故发生日期: | (Y)/(M)/(D)<br>____/____/____<br>年 月 日   | LOCATION OF THE LOSS<br>事故地点: |  |
| SUMMARY OF THE LOSS<br>事故概要: | <input type="checkbox"/> SEE ATTACHED REPORT<br><input type="checkbox"/> 附事故损失报告参照 | CAUSED BY<br>损失原因:            |  |

THERE IS NO OTHER INSURANCE APPLICABLE TO THIS LOSS EXCEPT AS STATED HEREUNDER  
请说明其他对本事件有效之保险

| INSURANCE COMPANY<br>保险公司名称 | POLICY PERIOD<br>保险期间 | COVERAGE OR BOND FORM<br>保险险种 | AMOUNT OF INSURANCE<br>保险金额 |
|-----------------------------|-----------------------|-------------------------------|-----------------------------|
|                             |                       |                               |                             |

#### DECLARATION 声明

I/WE HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT AND TO THE BEST OF MY/OUR KNOWLEDGE.我/我们郑重声明：本表格所反映的信息是尽我/我们所知及所信，本表格的资料全属正确无误。并无任何保留。  
THIS GIVEN FORM WILL NOT INFLUENCE THE INSURANCE CONTRACT BETWEEN THE INSURER AND ME/US.此表并不改变或影响保险合同的各项规定。  
I/WE HEREBY UNDERTAKE TO PROVIDE ANY DOCUMENTS OR ASSISTANCE TO THE INSURER FOR RECOVERY AGAINST ANY OTHER THIRD LIABLE PARTY ACCORDING TO THE POLICY.我们承诺根据保险合同规定，协助保险公司向任何有责任的第三方进行追偿。  
AFTER I/WE'VE RECEIVED THE FINAL AND TOTAL CLAIM AMOUNT, WE WILL NOT CLAIM AGAINST YOUR COMPANY ANY MORE WITH REGARD TO THIS ACCIDENT.我/我们收到上述最终及全部赔款后，就此事故不再向贵司提出任何索赔。  
I/WE PROMISE THAT CONCERNING THE LOSS/DAMAGE OF THIS INSURANCE CLAIM APPLICATION, HAVE NEVER RECEIVED ANY COMPENSATION FROM ANY THIRD PARTY. IF THERE IS ANY DISCREPANCY, I/WE PROMISE TO RETURN THE INSURANCE INDEMNITIES BACK TO YOUR COMPANY PROMPTLY. 我/我们承诺就本次向贵司申请理赔的损失未从任何第三方获得赔偿，如有与上述不符的情况，我/我们承诺返还相应的保险赔偿金。

ON THE DATE OF  
日期: \_\_\_\_\_(Y:年)\_\_\_\_\_(M:月)\_\_\_\_\_(D:日)

AT THE LOCTION OF  
地址:

\_\_\_\_\_  
SIGNATURE OF THE INSURED  
被保险人/索赔人署名/盖章

PLEASE PAY BY CHECK                       请用支票支付

PLEASE PAY BY WIRE-TRANSFER     请通过银行转帐

| NAME OF BANK<br>银行名 | NAME OF BRANCH<br>分支行名 | ACCOUNT NUMBER<br>帐号 | ACCOUNT NAME<br>帐号名称 |
|---------------------|------------------------|----------------------|----------------------|
|                     |                        |                      |                      |

