

Medical Malpractice Claim Form

医疗责任事故索赔申请表

Important: The insured is requested to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to the company via email, address: chn.claims@chubb.com **The acceptance of this form is not in itself an admission of liability on the part of the Company.**

重要提示: 请索赔人尽可能全面而准确地填写此表格, 并返还保险公司 (报案邮件地址: chn.claims@chubb.com)。接受本申请表并不表示本公司已承认赔偿责任。

The Insured 被保险人

Name: 公司名称		Policy No: 保险单号码	
Business or Occupation: 业务性质		Address: 地址	
Contact Person: 联系人	Tele No.: 电话	Fax No.: 传真	Email: 电邮地址

The Claims Details 索赔详情

Claimant: 索赔人	Claim First Made to Insured: 首次向被保险人提出索赔日期	Claim Amount or Claim Involved (currency): 索赔金额或涉案金额
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Date of Alleged Wrongful Act: 声称的不当行为发生日期	Location of Alleged Wrongful Act: 声称的不当行为发生地点
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Describe in detail how alleged wrongful act occurred 陈述事件原因和经过:

When was Insured first aware of circumstance giving rise to the claim?

被保险人首次知悉可能引起此次索赔的时间

Insured's views on this Claim, i.e. Fictitious or without Merit 被保险人就此索赔的初步看法, 如案情虚构或无法律依据?

Have you admitted responsibility to the Claimant in any way? Yes No

您有没有以任何形式向索赔人表示承担责任? 是 否

Is the case in appraisal under certain committee? Yes No

是否提交医疗事故技术鉴定委员会申请鉴定? 是 否 If answer is YES, state: 如选‘是’, 请告知:

Applied on: 鉴定申请日	Committee: 受理机构
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Is the case in Litigation? Yes No

是否涉及诉讼? 是 否 If answer is YES, state: 如选‘是’, 请告知:

Complaint Received on: 诉状收到日	Venue: 审理法院	Claim Amount: 请求金额	Plaintiff's Law Firm: 原告律师事务所
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Has the Insured retained defense counsel 被保险人是否已经委托抗辩律师?

Yes(是) No(否) If answer is YES, state Counsel's name: 如选‘是’, 请告知抗辩律所/律师名称:

Are there any other insurance in force which would cover this loss in whole or in part? 有无其他有效保险保障此次事故造成的全部或部分损失?

Yes(是) No(否) If answer is YES, state: 如选‘是’, 请告知:

Name of Insurer 投保公司名称	Policy Details: 投保险种明细
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Anti-Fraud Warning & The Declaration 反保险欺诈提示及被保险人声明

Good faith is the basic principle of insurance contracts. Fraudulent insurance activities may result in the following liabilities
诚信是保险合同基本原则，涉嫌保险欺诈将承担以下责任：

【Criminal】 Fraudulent insurance activities may result in criminal sentence of criminal detention, and fine or confiscation of property. Surveyors or appraisers of insurance accidents, who facilitate others to commit fraud by intentionally providing false evidence, may constitute accomplices of insurance fraud.

【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。

【Administrative】 Fraudulent insurance activities which do not constitute a crime may be punished by administrative penalties of detention up to 15 days and/ or a fine up to 5000 RMB. Surveyors or appraisers of insurance accidents, who facilitate others to commit fraud by intentionally providing false evidence, may also be subject to corresponding administrative penalties.

【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。

【Civil】 If the insurance applicant fails to perform his information disclosure obligations intentionally or due to gross negligence, the insurance company shall be exempt from the obligations of paying the insurance compensation.

【民事责任】 故意或因重大过失未履行如实告知义务，保险公司不承担赔偿或给付保险金的责任。

I/We hereby declare that I have read and acknowledged the above Anti-Fraud Warning, and I/we have complied with the conditions and warranties of the Policy. I/We declare that all the aforesaid statements are true with no false and omission, and I/we have not concealed any information relating to this claim.

我/我们声明我/我们已经阅读并知晓《反保险欺诈提示》，并遵守和履行了保单所规定的要求和义务。我/我们所填写的内容全部属实，没有隐瞒任何与此次损失有关的讯息。

I/We understand that the acceptance of this form is not in itself an admission of liability on the part of the Company.

我/我们明白安达保险有限公司并不因提供或接受此索赔申请表而承认其赔偿责任，且不因此而放弃保险合同项下应有的权利

Signature of Insured & Company's Stamp

Date:

被保险人签字并盖公章

日期

Chubb. Insured.SM