

平安养老保险股份有限公司来华人员保险理赔指南

A Guide for People Coming to China to Insurance Claim against Ping An Annuity Insurance Company, Ltd.

尊敬的客户：

您如果想了解平安养老保险股份有限公司来华人员综合保险理赔服务事项，请您仔细阅读如下内容。

Dear Customer:

If you would like to learn about the services for settlement of claims of comprehensive insurance for people coming to China of Ping An Endowment Insurance Co., Ltd., please read this guide carefully.

1、理赔程序

(1) 保险事故发生后，理赔的规范程序：

向平安养老保险股份有限公司北京分公司或北京环球救援公司报案；

(2) 理赔咨询电话：

平安养老北京分公司客户服务咨询及理赔报案电话： 01059731688； 01059731677；
01066217668（兼传真机）

以上电话工作时间：星期一至星期五、上午 8：30 至 12：00、下午 13：30 至：17：30

北京环球救援公司 24 小时理赔及救援咨询电话：400-6506119 010-64079595

1. Procedure for settlement of claims:

(1) Normative procedure for settlement of claims after the occurrence of insured incidents:

Submit your claim to Beijing Branch of Ping An Annuity Insurance Company, Ltd. or to Beijing Global Medical Rescue Co., Ltd.

(2) Hotlines for consultation:

Hotlines for customer service consultation & submission of claims of Beijing Branch of Ping An Annuity Insurance Company, Ltd.: 01059731688; 01059731677; 01066217668(also as a fax No.)

Working time of the hotlines above: Monday to Friday、8: 30am -12: 00pm、13: 30am-17: 30pm

24 hours hotlines for settlement of claims & consultation for rescue of Beijing Global Medical Rescue Co., Ltd.: 400-6506119 010-64079595

2、理赔应备文件：

① 团体一年定期寿险

A 被保险人护照复印件；

B 被保险人伤残时需提供伤残鉴定证明（由司法或劳动部门出具）；

C 被保险人死亡需提供死亡证明；

D 如发生交通事故，需出具公安交通管理部门的事故证明；

E 被保险人死亡时提供受益人身份证明复印件；

F 死亡赔付需提供受益人亲笔签字认可的保险分配方案的文件；

G 被保险人投保凭证复印件；

2. Documents to be presented for settlement of claims:

① Group term life insurance of one year

A. Copy of passport of the insured;

B. Disability assay certificate in case the insured is disabled (provided by judicial or labor department);

C. Death certificate of the insured;

D. Proof of accident provided by the communications department of the police in case an traffic accident occurs;

E. Copy of the beneficiary's identity proof in case the insured is dead;

F. Insurance distribution scheme signed and ratified by the beneficiary in death compensation;

G. Copy of the insurance certificate of the insured.

② 团体意外伤害附加医疗

A 被保险人护照复印件；

B 意外事故经过及证明（若是交通事故则需出具公安交通管理部门事故证明）；

C 医院诊断证明、病历本以及门诊收据、药费处方、超声波、CT、X 光片、核磁等辅助检查报告单；

D 被保险人投保凭证复印件；

② Annexed medical treatment to group accidental injury

- A. Copy of passport of the insured;
- B. Process of the accident and its proof (A proof of accident provided by the communications department of the police has to be presented in case a traffic accident occurs);
- C. Diagnoses certificate and the medical records and medical examination receipt, diagnoses with medical charge, assist examination record of ultrasonic, CT, X-ray, nuclear and magnetic etc.
- D. Copy of the insurance certificate of the insured.

③团体住院医疗

- A 被保险人护照复印件;
- B 意外事故经过及证明;
- C 医院诊断证明以及住院收据住院明细文件原件;
- D 被保险人投保凭证复印件;

③Group medical treatment in hospital

- A. Copy of passport of the insured;
- B. Process of the accident and its proof;
- C. Original copy of diagnoses certificate and receipt and detailed documents for hospitalization;
- D. Copy of the insurance certificate of the insured

④每次赔案文件中须附上被保险人或学校指定的银行帐号,并本人签字及学校盖章。

④Account number of the insured and the school in designated bank and the signature or school's seal is to be annexed to each of the claim settling documents.

注意事项:

1、若一次保险事故分别在两家(含)以上医院就诊,须出具相应医院诊断证明书、病历本等相关文件。

2、就诊医院仅限于中华人民共和国大陆境内公立医院。

3、保险公司理赔完成后将加盖本公司公章的医药费分割单同赔款一同寄至申请人,以报销余下部分医药费。

4、护工费申请要求:

(1) 被保险人个人申请所需材料: 医院出具的护工费收据;

(2) 被保险人所在单位申请所需材料: 医院出具的护工费收据或单位开具的证明和护工本人的签字并加盖申请单位公章;

5、材料寄送地址: 北京市西城区金融街 23 号

平安大厦九层中介部来华项目组

接收人: 杜新平、宋庆锋、岳望

Notes:

1. Where in one insured incident, the insured has to be treated in two or more hospitals, diagnoses certificate from those aforesaid hospitals and the medical records and other documents in respect thereof shall be presented.

2. The hospitals for treatment shall be limited to the public hospitals within the territory. or mainland of P.R.C

3. After the insurance company settles a claim, dividable medical charge bill sealed by the insurance company and the indemnity will be sent to the applicant so as to compensate the remaining medical charge.

4. Application of Nursing Fee:

(1) Materials the insured is required to submit: Receipt of nursing fee issued by the hospital;

(2) Materials required from the applicant's working unit: Receipt of nursing fee issued by the hospital or letter of identification with nurse's signature and official seal of the unit of applicant;

5. Materials sent to: Project Group for Foreign

Floor 9 of Ping An Building

Financial Street No.23, Xicheng District, Beijing City

Recipients: Du Xinping, Song Qingfeng, Yue Wang

以上内容若有争议,以中文的解释为准