## 保险使用方法 How to apply for claim

Firstly, you should prepare the following documents as required. Then, please send the documents you have prepared to us.

| Document s for Clai m Insurance Liabilities      | Copy of pas<br>sport and vi<br>sa page | Original<br>of recei<br>pt | Medical record(th<br>e date in every m<br>edical record sho<br>uld be correspond<br>ing to the date in<br>every receipt) | Original of d<br>etailed expe<br>nditure she<br>et | Course a<br>nd certifi<br>cate of a<br>ccident | Copy of hosp<br>ital discharg<br>e summary o<br>r medical rec<br>ord of hospit<br>alization | Copy of passbook<br>or information sh<br>eet of bank card c<br>ustomer |
|--|--|----------------------------|--|--|--|---|--|
| Outpatient (because o f accident)                | Needful                                | Needful                    | Needful  |  | Needful  |   | Needful  |
| Outpatient (because o f disease)                 | Needful                                | Needful                    | Needful  |  |  |   | Needful  |
| Hospitaliza<br>tion(becau<br>se of accid<br>ent) | Needful                                | Needful                    |  | Needful  | Needful  | Needful   | Needful  |
| Hospitaliza<br>tion(becau<br>se of disea<br>se)  | Needful                                | Needful                    |  | Needful  |  | Needful   | Needful  |

Please pay attention to the following matters:

- 1. Before seeing a doctor, please call 4008105119 and press NO.1 key for medical consultation.
- 2. Certificate of accident, in case of a traffic accident, please submit a liability conformation of traffic accident issued by the traffic unit. And if other accidents happen, please also submit relative certification materials.
- 3. The information about bank account has to include account number, account name and name of the deposit bank.

Materials for claims of settlement sent to: 北京市朝阳区东三环中路 55 号双子座 B座 303 室(邮编 100022)

Addressee:来华项目理赔部

Please Dial 4008105119 转 1