

理赔申请&委托授权书

APPLICATION & POWER OF ATTORNEY

兹有：学校(School name): _____, 国籍(Nationality): _____, 性别: (Gender): _____, 年龄 (Age): _____, 证件类型 (ID type) : _____, 证件号码 (ID/Passport number) : _____, 中文名 (Chinese name) : _____, 英文名 (证件全名) English name (Full name on ID) _____,

本人因疾病或意外伤害在医院进行治疗, 申请北京道博康健科技有限公司进行医疗费用垫付, 并授权联华国际保险经纪(北京)有限公司办理本次理赔申请, 并同意中国平安财产保险股份有限公司(下称: 保险人)将理赔款转账至北京道博康健科技有限公司指定账户: Due to illness / accidental injury go to the hospital for treatments. I hereby apply for advanced payment from Dao Broad Healthcare Technology Co.,Ltd and authorize Unichina International Insurance Brokers (Beijing)Co., Ltd apply claim and agree Ping An Property & Casualty Insurance Company of China, Ltd. (hereinafter referred to as the Insurer) transfer the reimbursement to Dao Broad Healthcare Technology Co.,Ltd.

账户名称: 北京道博康健科技有限公司

账号: 11014719655007

开户行: 平安银行北京金融街支行

本人郑重声明 Solemnly Declare:

- 本人声明上述填写内容,及本人提供的一切资料均完全属实, 如有虚假不实或隐瞒情况, 本人愿意承担由此产生的一切法律后果。All information in this form and all documents that I have provided are completely true and I shall willingly be held liable for any legal consequences should there be any falsification or concealment.
- 本人同意并委托保险人就本次事故进行调查、取证、复印病历资料等相关事宜,同意相关单位或个人向保险人提供与此次理赔申请有关的资料。I agree and entrust insurer to conduct investigations, collect evidence, and photocopy medical records and other related matters regarding this occurrence. I also agree that any unit or individual may provide Insurer with materials related to this claim application.
- 除法律另有规定外, 基于为本人提供更优质的服务和产品的目的, 本人授权保险人及因服务所需而委托的第三方合作机构提供、查询、收集本人信息。信息包括但不限于本人的身份信息、生物识别信息、通信信息、医疗健康信息、行踪轨迹信息、电子设置信息及为本人提供保险服务相关的其他信息。

Unless otherwise provided by law, for the purpose of providing me with better services and products, I hereby authorize the Insurer and any third-party service providers it engages as necessary to provide, inquire about, and collect my personal information. Such information includes, but is not limited to, my identity details, biometric data, communication records, medical and health information, travel and location data, electronic device information, and any other information relevant to providing me with insurance services.

- 本人同意并授权就读学校作为管理单位向保险人提供核实个人信息、事故信息, 协助处理理赔相关事宜。I agree and authorize the institute as management unit to provide and verify my personal information and occurrence information to insurer, and assist in handling matters related to claims.
- 本人同意保险人将理赔结果传回至联华国际保险经纪(北京)有限公司。I agree and authorize Unichina International Insurance Brokers (Beijing)Co., Ltd to receive claim result from Insurer
- 本人同意保险人将理赔款汇至联华国际保险经纪(北京)有限公司指定账户。I agree that the Insurer will remit the claim payment to the designated account of Unichina International Insurance Brokers (Beijing)Co.,Ltd.
- 本人自愿签署本理赔申请&委托授权书, 即视为同意和遵守申请流程及上述授权, 并执行保险条款中的各项规定。I voluntarily sign this application and power of attorney, and I shall be deemed to agree and comply application procedure, authorization with the provisions in the insurance clauses.

被保险人签字(Full name signature):

院校(盖章)(Collge stamp):

日期 Date:

以上内容准确无误 The above contents are accurate

单位: 北京道博康健科技有限公司(盖章)

Dao Broad Healthcare Technology Co.,Ltd (seal)

日期 Date: