

**理赔申请&委托授权书**  
**APPLICATION & POWER OF ATTORNEY**

兹有：学校(School name): \_\_\_\_\_, 国籍(Nationality): \_\_\_\_\_,  
证件号码(ID number): \_\_\_\_\_, 中文名 (Chinese name) : \_\_\_\_\_,  
英文名 (证件全名) English name (Full name on ID) : \_\_\_\_\_,  
CSC号 (公费生) CSC number (Chinese government scholarship students) : \_\_\_\_\_,

本人因病 (意外伤害) 在医院进行治疗, 现提出理赔申请并授权。Due to illness / accidental injury go to the hospital for treatments. I hereby apply for reimbursement and authorization from your company.

本人申请并授权联华国际保险经纪 (北京) 有限公司代为办理本次理赔相关事宜并先行垫付医疗费用。

I applied and authorized Unichina International Insurance Brokers (Beijing) Co., LTD to handle the related matters for this claim and do the advance payment this time.

授权联华国际保险经纪 (北京) 有限公司将垫付款汇至如下指定账户:

I authorized Unichina International Insurance Brokers (Beijing) Co., LTD to remit the advance payment to the designated account as follows.

户名 Account name:

账号 Account number:

开户行 Bank branch name:

郑重声明 Solemnly Declare:

1. 本人同意保险公司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 insurance company will remit the claim payment to the designated account of Unichina International Insurance Brokers (Beijing)Co.,Ltd.

2. 本人承诺所提供信息完全属实, 如有虚假或隐瞒, 本人愿意承担由此产生的一切法律后果。

I confirm that the information provided in this document is all true. In the event of false or concealed circumstances, I am willing to undertake all the legal consequences arising therefrom.

3. 本人自愿签署申请&委托授权书, 即视为同意并遵守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 with the provisions in the insurance clauses.

被保险人签字(Insured signature) :

日 期 Date: