



Claim form Healthcare Insurance 健康保险索赔申请表

You can use this declaration form for your healthcare insurance claims. Please fill in all the requested details and make a copy for your own administration. You can download a new form on www.students-insurance.eu/cssnl.
您可以使用此表格递交健康保险索赔申请。请仔细填写所有要求的问题并且请自行备份以方便查询。您可以在 www.students-insurance.eu/cssnl 下载此表格。

INSURED 被保险人

Name 姓名 _____
Address 地址 _____
Telephone 电话号码 _____
E-mail 电子邮件 _____
Programme/institute 项目/学校 _____
End of study 学习结束时间 _____
Certificate number F 保险证书号码 _____

PAYMENT 费用

Please pay by way of a Dutch 请使用荷兰账号付款

☐ Bank account nr. 银行帐号 _____ In the name of 姓名 _____
☐ Giro nr. 银行帐号 _____ In the name of 姓名 _____

Any other way of payment is not possible. 不支持其他支付方式

ADDITIONAL INFORMATION 附加信息

Do you have any other insurance that may be covering the medical costs as currently claimed? ☐ Yes 是 ☐ No 否
您是否有其他保险可以覆盖您现在申报的医疗费用?

If so, please give us the name of the insurance company and your policy number.

如果是, 请提供相关保险公司名称和您的保险号码

Insurance company 保险公司名称 _____
Policy number 保险号码 _____

ACCIDENT 意外事故

Are the costs related to an accident? 此费用是否与意外事故相关? ☐ Yes 是 ☐ No 否

If a third party was involved please fill in their details here: 是否涉及第三方, 如果有, 请填写他们的信息:

Name 姓名 _____
Address 地址 _____
Telephone 电话号码 _____
E-mail 电子邮件 _____

ANY FURTHER REMARKS 其他备注

For additional comments, remarks, questions, etc. please send an e-mail to chinesestudents@aon.nl.

如果有其他的备注, 问题, 请发email到chinesestudents@aon.nl

CLAIMS 索赔

Please fill in the other side to complete your claim. 请填写另一面完成您的索赔申请

CLAIMS 索赔

Please enclose the original invoices and note: only original, specified invoices will be accepted. No reimbursement will take place on the basis of reminders, copies, duplicates or unspecified invoices. 请附上所有收据或者发票的原件，请特别注意我们只接受发票或者收据原件。复印件或者不相关的发票将不予赔偿。

Claim (doctor/pharmacy/ hospital)	Reference/invoice number (not mentioned, leave open)	Date of treatment	Amount (mention currency if other than EUR)	Payment should be made to (doctor/pharmacy/ hospital or myself)	Code Aon (do not fill in, applies to Aon only)
索赔 (医生 / 药房 / 医院)	备注 / 发票号码 (如果没有就不需填写)	治疗日期	费用 (如果是其他 货币请注明币种)	费用需要支付给 (医生, 药房 / 医院 / 投保人)	Aon 填写此项
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

In case of treatment by a medical specialist a writer(如果您接受的是专科门诊特殊治疗，您需要出具家庭医生书面推荐书。如果您接受医院治疗，您需要出具专科医生的诊断书。 your specialist with a medical diagnosis is required.

SIGNING 签名

日期

签名

Date

Signature

回寄地址
RETURN ADDRESS 请邮寄到以下地址
Please send this form to

Aon Consulting Expatriate Services, P.O. Box 1005, 3000 BA Rotterdam, The Netherlands.

