

## 工银安盛人寿保险有限公司健康险直付理赔申请表（2023）

## A - 病人（被保险人/受益人）信息 - 此项由病人（被保险人/受益人）填写

姓名（必填）：	性别（必填）： <input type="checkbox"/> 男 <input type="checkbox"/> 女	出生日期（必填）： 年 月 日		
证件类型（必填）：	证件号码（必填）：	证件有效期间（必填）： 年 月 日至 年 月 日		
会员编号（必填）：	与投保人的关系：	国籍：		
工作内容或职业：	固定电话-区号： 固定电话：	分机号： 手机号码：		
通讯地址： 省/自治区*：	市*：	区/县*：	乡镇/街道/路*：	村/小区/号*：
其他地址：	邮编：			

申请金额大于等于人民币1万元或外币等值1000美金，必须填写证件有效期间、与投保人的关系、国籍、工作内容或职业、固定电话/手机号码、通讯地址（\*必填），并请提供身份证件原件。

## 反保险欺诈提示

诚信是保险合同基本原则，涉嫌保险欺诈将承担以下责任：

- 【刑事责任】进行保险诈骗犯罪活动，可能会受到拘役、有期徒刑，并处罚金或者没收财产的刑事处罚。保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条件的，以保险诈骗罪的共犯论处。
- 【行政责任】进行保险诈骗活动，尚不构成犯罪的，可能会受到15日以下拘留、5000元以下罚款的行政处罚；保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条件的，也会受到相应的行政处罚。
- 【民事责任】故意或因重大过失未履行如实告知义务，保险公司可能不承担赔偿或给付保险金的责任。

## 声明 - 此项由病人（被保险人/受益人）填写

- 本人在此声明此理赔申请表提供的信息均真实、准确，且未遗漏与此次理赔相关的重要信息。本人理解若此次理赔被发现有全部或部分欺诈，本人将承担法律责任并将导致本保单无效。
- 本人确认已认真阅读并充分理解《个人信息使用授权书》上的各项条款内容（特别是黑体字条款）并确保个人信息的完整和准确。同时，本人也知晓《个人信息使用授权书》中所述相关个人信息还包括本次理赔申请中的未成年人的个人信息。如本人签署姓名，即表示本人已同意《个人信息使用授权书》。

病人（被保险人/受益人）签字（必填）：

日期：

## B - 医疗信息 - 此项由执业医师填写

如果医疗机构提供的有医生签署的病历资料能完全覆盖B-医疗信息，则此项信息可不填写，但第6项声明必须要有执业医师签字或医院盖章

## 1. 症状

a) 该病人以前是否遭受过相同或类似症状？  是  否  
若是，请提供详情：

b) 该病人最早发现该医疗状况的症状和体征是哪一天（年/月/日）？

c) 该病人首次向您陈述该病症是哪一天（年/月/日）？

d) 请提供需要治疗该病症的详细信息：

## 2. 诊断

a) 目前所知的对该医疗状况的诊断：

b) ICD-10 代码：

## 3. 治疗需要

a) 诊疗建议：

b) 是否有复诊要求？  是  否

若是，请确认何时（年/月/日）：

请提供详情：

## 4. 处方 - 请附上明细（如有配药，请提供）

## 5. 疾病状况类型

在您看来，该医疗状况是： 急性的  慢性的  慢性疾病急性发作

## 6. 声明 - 此项由执业医师签署或医院盖章

本人声明以本人所知所言在此理赔申请表上的陈述内容是完整，真实和无保留的。

执业医师签字或医院盖章（必填）：

日期：

# 个人信息使用授权书

## Letter of Authorization for Use of Personal Information

《个人信息使用授权书》（以下简称“本授权书”）适用于您向工银安盛人寿保险有限公司（以下简称“我们”）申请购买产品、提供持续的保障或使用服务，如保险产品的投保、保险合同的保全服务、理赔服务，或保险合同存续期间的其他服务。

This Letter of Authorization for Use of Personal Information ("Letter of Authorization") applies to your application to ICBC-AXA Assurance Co., Ltd. ("we," "us," or "our") for purchase of products or provision of continuous services in connection with coverage or use, such as the purchase of insurance products, the policy owner service (POS) and claims handling of insurance contracts, or other services during the term of an insurance contract.

### 一、我们如何收集、加工和使用您的个人信息

#### I. How We Collect, Process, and Use Your Personal Information

##### （一）订立和履行保险合同 Establishment and performance of insurance contract

当您申请购买我们的保险产品，或使用我们提供的保险服务时，我们需要收集、使用以下与您本人或与您有关的个人信息主体相关的个人信息，且这些信息为订立和履行保险合同所必需（全部所需信息将在您办理具体业务时所使用的业务相关文件中逐一列明）：

When you apply to purchase our insurance products or use insurance services provided by us, we need to collect and use the following personal information either belonging or related to you. Such information is necessary for establishing and performing the insurance contract (**all necessary information is listed in the documents which are provided to you at the time of your application**). The aforementioned personal information includes:

1. 个人基本信息：姓名、性别、国籍、婚姻状况、出生日期、证件类型、证件号码、证件有效期、工作单位或就读学校、投保人与被保险人/受益人关系、被保险人与受益人关系、投保人/被保险人/受益人与营销人员关系、职业信息、工作性质、工作内容及职位、工作部门、工作证号、联系地址信息、邮编、所在地地址信息、手机号码、固定电话、电子邮箱、所属区域信息、社保或医保信息、税收个人及组织信息、申请人与被保险人关系、领款人与投保人/被保险人/受益人关系、签名信息、人脸信息。

Basic personal information: Name, gender, nationality, marital status, date of birth, **ID type, ID number**, ID expiration date, employer or school, relationship between the insurance applicant and the insured/beneficiary, relationship between the insured and the beneficiary, relationship between the insurance applicant/the insured/the beneficiary and the salesperson, occupation, nature of work, job description and position, department, staff ID, **contact address**, postal code, residential address, **mobile phone number, landline number, email address**, region, **social security or medical insurance information, individual/business taxpayer information**, relationship between the applicant and the insured, relationship between the payee and the insurance applicant/the insured/the beneficiary, signatures and **facial recognition data**.

2. 个人财务及金融账户信息：个人及家庭收入情况、收入来源、银行账户信息（包括银行账号、账户名、开户银行、开户省份、开户城市、银行预留手机号）。

Personal financial account information: **Personal/household income, source of income, bank account information (including account number, account name, account opening bank, province/city where the account was opened and registered mobile phone number)**.

3. 个人健康生理信息以及因就医产生的相关记录：身高、体重、症状、体征、既往健康状况或现病史（包括诊治情况、检查或检验结果（病理报告、检查报告等）、门急诊病史、住院病史、诊断证明、儿保资料以及其它必要的医学资料）、体检报告；医疗发票、医疗账单、治疗费用明细、医保结算单、享有基本医疗保险或公费医疗保障的情况。

Personal health and physiological information and medical records: Height, weight, **symptoms, physical signs, previous health conditions or history of current illness (including diagnosis and treatment, examination or test results (pathological reports, examination reports, etc.), outpatient and emergency records, inpatient records, diagnostic evidence, child healthcare records and other necessary medical information)**, **physical examination reports; medical invoices, medical bills, detailed treatment expenses, medical insurance settlement documentation, and evidence of basic medical insurance or access to free medical services**.

4. 投保人需要提供与其有劳动关系的劳动者的个人基本信息（如适用）。

The applicant needs to provide basic personal information of workers who are employed by the applicant (if applicable).

5. 为满足反洗钱等法律法规相关要求（针对较大保险额度的人身保险），投保人、被保险人可能需要提供个人或家庭财务信息，包括：收入证明、纳税证明、存款信息、账户流水、房产信息、经营或参股企业信息、企业财务报表；个人信用信息，包括：信贷记录、征信记录、涉诉信息。

In order to comply with applicable laws and regulations such as anti-money laundering legislation (in the case of personal insurance applications with large insured amounts), the applicant and the insured may need to provide **personal or household financial information, including proof of income, tax certificates, deposit information, account statements, property ownership information**, information (including financial statements) on enterprises which are operated or owned by the applicant/insured, and **personal credit information, including credit records, credit reports, and details of relevant litigation**.

6. 其他资料：问卷信息、告知信息（如适用）、出生证明、工作证明、关系证明、死亡证明、授权委托书等相关证明文件，以及身份证明文件、银行卡、医务资料、意外事故证明等影像文件。

Other information: Questionnaires, disclosures (if applicable), birth certificate, employment evidence, proof of relationship, death certificate, power of attorney and other supporting documents, as well as image documents such as **identification, bank card, medical records, and proof of accidents**.

7. 敏感个人信息：指一旦泄露或者非法使用，容易导致自然人的尊严受到侵害或者人身、财产安全受到危害的个人信息，包括生物识别、宗教信仰、特定身份、医疗健康、金融账户、行踪轨迹等信息，以及不满十四周岁未成年人的个人信息。本授权书中提及的个人敏感信息以加黑加粗方式显著提示。

Sensitive personal information: **Refers to personal information that, once disclosed or unlawfully used, may easily lead to infringement of a natural person's dignity or harm to his or her property or personal safety, including biometrics, religious beliefs, specific identity, medical health, financial accounts, whereabouts and other information, as well as personal information of minors under the age of fourteen. Sensitive personal information mentioned in this Letter of Authorization is highlighted in bold.**

（二）当您向我们申请办理投保业务时，为向您提供优质的投保和承保服务及满足监管要求、履行相应的法定义务，我们将使用上述内容提及的您的个人信息或与本次投保申请相关人员的个人信息，如被保险人（投保被保险人非本人）、受益人等。具体信息根据投保产品的情况，需要您提供的信息会有所不同，具体以电子投保页面或投保单填写内容，以及投保过程中根据您的健康和财务等具体情况要求提供的信息范围为准。前述加黑加粗信息涉及您的个人敏感信息，如您不同意提供信息，可能无法使用我们提供的服务。

In order to provide you with premium application and underwriting services, comply with regulatory requirements and fulfill our corresponding legal

obligations, we will use personal information of your own or other person related to this application, such as the insured (where the insured is not the applicant himself) and the beneficiary, mentioned hereinabove after you submit insurance application to us. The information you need to provide may vary subject to the insurance product you apply to purchase. Please refer to the information to be filled in on the electronic application page or the application form, as well as the scope of information to be provided during the application process in light of your health and financial circumstances. **The information highlighted in bold above involves your sensitive personal information. If you do not agree to provide such information, you may be unable to use our services.**

(三) 当您申请使用我们提供的预核保服务时, 为保证本服务的顺利完成及满足监管要求, 我们将使用上述内容提及的您的个人信息, 如被保险人(投保被保险人非本人)等。具体信息根据您意向投保产品的情况, 需要您提供的信息会有所不同, 具体以预核保页面填写内容, 以及您的健康和财务等具体情况要求提供的信息范围为准。您在本服务中进行的健康告知、递交的健康资料效力等同于投保告知。前述加黑加粗信息涉及您的个人敏感信息, 如您不同意提供信息, 可能无法使用我们提供的服务。

In order to ensure the smooth completion of the pre-approval service and comply with regulatory requirements, we will use personal information of your own, such as the insured (where the insured is not the applicant himself) mentioned hereinabove after you submit your pre-approval application to us. The information you need to provide may vary subject to the insurance product you intend to purchase. Please refer to the information to be filled in on the pre-approval page as well as the scope of information to be provided in light of your health and financial circumstances. The health disclosure and health information you submit for this service shall have the same force as the application disclosure. **The information highlighted in bold above involves your sensitive personal information. If you do not agree to provide such information, you may be unable to use our services.**

(四) 当您向我们申请办理保全业务时, 为向您提供优质的保全服务及满足监管要求、履行相应的法定义务, 我们将使用或需要您重新提供上述内容提及的您的个人信息或与本次保全申请相关人员的个人信息, 如被保险人(投保被保险人非本人)、新投保人、受益人等。具体信息根据保全项目不同, 需要您提供的信息会有所不同, 具体以电子保全申请页面或申请书填写内容, 以及申请相应保全项目要求提供的信息范围为准。前述加黑加粗信息涉及您的个人敏感信息, 如您不同意提供信息, 可能无法使用我们提供的服务。

In order to provide you with a premium policy owner service (POS), comply with regulatory requirements and fulfill our corresponding legal obligations, we will use or need you to resubmit personal information of your own or person related to this POS application, such as the insured (where the insured is not the applicant himself), new applicant and the beneficiary mentioned hereinabove after you submit your POS application to us. The information you need to provide may vary subject to the POS. Please refer to the information to be filled in on the electronic POS application page or the POS application form as well as the scope of information to be provided during the POS application. **The information highlighted in bold above involves your sensitive personal information. If you do not agree to provide such information, you may be unable to use our services.**

(五) 当您向我们申请办理理赔业务时, 为向您提供优质的理赔服务及满足监管要求、履行相应的法定义务, 我们将使用或需要您重新提供上述内容提及的您的个人信息或与本次理赔申请相关人员的个人信息, 如申请人、出险人、受益人与领款人等。根据理赔事项不同, 需要您提供的信息会有所不同, 具体以电子理赔申请页面或申请书填写内容, 以及理赔过程中根据案件情况要求提供的信息范围为准。前述加黑加粗信息涉及您的个人敏感信息, 如您不同意提供信息, 可能无法使用我们提供的服务。

In order to provide you with a premium claims handling service, comply with regulatory requirements and fulfill our corresponding legal obligations, we will use or need you to resubmit personal information of your own or person related to this claim such as the applicant, the insured, the beneficiary and the payee mentioned hereinabove after you submit your claim application to us. The information you need to provide may vary subject to the claim. Please refer to the information to be filled in on the electronic claim application page or the claim application form as well as the scope of information to be provided during the claim handling process. **The information highlighted in bold above involves your sensitive personal information. If you do not agree to provide such information, you may be unable to use our services.**

(六) 除上述内容提及的个人信息外, 基于核保、理赔之必要, 我们除了向第三方合作机构及必要的合作伙伴以外, 可能还需要额外向必要的单位、组织和个人, 包括但不限于医院、诊所、体检机构、医生、司法行政机关、社保中心、保险公司、增值服务供应商等通过法律法规允许的各种渠道和方式就保险有关事宜查询、收集并获取与您相关的信息、资料和证明; 您同时授权以上单位、组织和个人, 就保险有关事宜向我们及我们的第三方合作机构提供如下信息, 如个人基本信息、医疗健康信息、涉税信息、家庭财产信息、生物学信息、金融账户信息、保单信息、保险事故信息、投保理赔信息等。前述加黑加粗信息涉及您的个人敏感信息, 如您不同意我们查询、收集和获取该信息, 可能无法使用我们提供的服务。

In addition to the foregoing information, we may also need to inquire into, collect, and obtain information, documents, and certificates concerning you through various channels and means permitted by laws and regulations as necessary for underwriting or claims handling from other agencies, organizations, or individuals in addition to third-party partners and necessary partners, including but not limited to hospitals, clinics, physical examination service providers, doctors, judicial administrative agencies, social security centers, insurers, and value-added service providers; you authorize such agencies, organizations, and individuals to provide your **personal basic information, medical and health information, biological information, financial account information, policy information, accident information, and insurance and claims information** to us and our third-party partners in connection with insurance matters. **The information highlighted in bold above is your sensitive personal information. If you do not agree to us querying, collecting, or obtaining such information, you may be unable to use our services.**

(七) 基于为您提供更好的产品及服务的目的, 我们会向第三方合作机构及必要的合作伙伴提供或委托第三方服务机构加工、处理您的个人信息, 包括投保、保全和理赔环节收集、更新的信息, 或其他与委托业务相关的信息。具体信息内容根据委托处理的项目不同, 提供的信息有所不同, 受委托的第三方将仅在与我司约定的处理目的、方式和范围内处理个人信息。我们会要求受委托的第三方采取必要措施保护个人信息, 并对其个人信息处理活动进行监督。第三方委托合同终止的, 我们会要求第三方合作机构将个人信息返还或予以删除, 不得保留。前述加黑加粗信息涉及您的个人敏感信息, 如您不同意我们提供或委托使用该信息, 可能无法使用我们提供的产品及服务。

In order to provide you with better products and services, we will provide your personal information to third-party partners and necessary partners or entrust third-party service providers to process your personal information, including information collected and updated during the application, POS and claims handling stages, or other information related to entrusted services. The information you need to provide may vary subject to the scope of information being processed. Entrusted third-parties can only process your personal information for the purpose, method and scope agreed with us. We will request entrusted third parties to take necessary measures to protect your personal information and supervise their personal information processing activities. Upon the termination or expiration of a third-party contract, we will request that the third party return or delete your personal information. **The information highlighted in bold above contains your sensitive personal information. If you do not agree to us providing or entrusting a third party to use such information, you may be unable to use the better products and services we provide.**

(八) 根据监管机构规定, 为实现个人保险实名制管理目的的需要, 您同意授权我们可采集您办理保险业务所需的信息要素(包括但不限于投保人、被保险人、受益人姓名、证件类型、证件号码、证件有效期起止期限等), 传递给必要合作机构及信息认证专门机构进行有效性核验并向我们反馈。我们可采集涉及您的保险业务信息(包括但不限于证件信息、办理的保险业务种类、基本内容等), 并由我们必要合作机构进行存储、登记, 上述各单位均可对上述信息进行合理的使用与传递。

As necessary for our management of personal insurance based on identity verification according to applicable regulations, you agree to authorize us to collect the information required by your insurance, (including but not limited to the name of the applicant, the insured, and the beneficiary as well as the type, number, start and end dates of the validity period of their identification), and to communicate such information to necessary partners and professional information verification service providers for validity verification. We may collect information involved in your application for insurance, (including but not limited to identity document information and the types and general information of your insurance), and have such information stored and registered by our necessary partners, who may reasonably use and transfer such information.

(九) 我们将遵守相关法律法规及监管规定对您的个人信息承担保密义务, 并采取必要措施保障您的个人信息安全, 并将依据《保险法》、《反洗钱法》等相关法律法规规定的保存期限保存您的个人信息。

We will keep your personal information confidential as required by applicable laws and regulations, take necessary measures to maintain the security of your personal information, and retain your personal information for such periods as provided for by applicable laws and regulations, such as the Insurance Law of the People's Republic of China and the Anti-Money Laundering Law of the People's Republic of China.

(十) 第三方合作机构及必要的合作伙伴

Third-party Partners and Necessary Partners

1. 中国银行保险信息技术管理有限公司 (以下简称“中国银保信”, 联系方式: [privacy@cbit.com.cn](mailto:privacy@cbit.com.cn))

China Banking and Insurance Information Technology Management Co., Ltd. (hereinafter referred to as "CBIT"; email address: [privacy@cbit.com.cn](mailto:privacy@cbit.com.cn))

(1) 健康险及意外险数据服务平台系统: 为支持保险业务风控目的或用途, 您同意授权我们将您的个人信息 (包括姓名、证件类型、证件号码、保单号) 提供给中国银保信, 并同意中国银保信收集该服务所需的您的个人信息 (包括上述信息、以及投保、承保、理赔、医疗、健康相关信息), 经必要加工、使用后, 传输给我们, 用于上述目的或用途。中国银保信的上述处理行为对于您接受我们的服务具有必要性, 不会对您的个人权益造成非法侵害。

Data Service Platform System for Personal Accident Insurance and Health Insurance: In order to support the risk control purpose or use of our insurance business, you agree to authorize us to provide your personal information (including name, ID type, ID number, policy number) to CBIT and agree that CBIT collects the personal information required for the service (including the above information, as well as application, underwriting, claims handling, medical and health information), after necessary processing and use, transmits the personal information to us for the above purposes. CBIT's above processing behavior is necessary for you to accept our services and will not illegally infringe on your personal rights and interests.

(2) 全国反保险欺诈信息系统: 为支持反保险欺诈等保险相关服务之目的或用途, 您同意授权我们将您的姓名、证件类型、证件号码、手机号码, 可能涉及疑似欺诈风险的赔案号, 以及风险评定信息提供给中国银保信, 并同意中国银保信向知悉您的相关保险机构 (与中国银保信有反保险欺诈合作关系) 查询、收集与您有关的承保、理赔、风险评定等信息, 经必要的处理、加密后, 将处理结果 (包括您的姓名、证件类型、证件号码、手机号码、可能涉及疑似欺诈风险的赔案号, 以及风险评定信息) 传输给我们。为保护保险消费者合法权益, 加强保险欺诈风险联防联控, 提升理赔服务水平与核保准确性, 您同意通过中国银保信将上述处理结果传递给相关保险机构, 各方均应严格履行保密义务。中国银保信的上述处理行为对于您接受我们的服务具有必要性, 不会对您的个人权益造成非法侵害。客服邮箱 [service\\_fqz@cbit.com.cn](mailto:service_fqz@cbit.com.cn)。

National Anti-Insurance Fraud Information System: For the purposes of supporting the provision of anti-insurance fraud and other insurance-related services, you agree to authorize us to provide your name, ID type, ID number, mobile phone number, claim number that may involve suspected fraud, and risk assessment information to CBIT and agree to CBIT querying and collecting information in connection with your underwriting, claims handling, and risk assessment from insurance institutions that have access to your personal information (cooperating with CBIT on anti-insurance fraud). After being processed and encrypted as necessary, CBIT shall transmit the processing results (including your name, ID type, ID number, mobile phone number, claim number that may involve suspected fraud, and risk assessment information) to us. In order to protect the legitimate rights and interests of insurance consumers, prevent and control insurance fraud, and improve claims handling services and approval accuracy, you agree to CBIT transmitting the above processing results to relevant insurance institutions; all parties involved are required to keep such information strictly confidential. Our provision of services to you depends on the aforementioned processing by CBIT, which will not result in illegal infringement of your personal rights and interests. Customer Service email address: [service\\_fqz@cbit.com.cn](mailto:service_fqz@cbit.com.cn).

(3) 票据资产信息查验服务: 为支持反保险欺诈等保险相关服务之目的或用途, 您同意授权我们将您理赔时提供的医疗发票信息 (包括票据代码、票据号码、开票日期、票据金额、校验码) 提供给中国银保信, 并同意中国银保信收集医疗发票全票面信息, 并将全票面信息传输给我们。中国银保信的上述处理行为对于您接受我们的服务具有必要性, 不会对您的个人权益造成非法侵害。

Verifying invoice information: For the purposes of supporting the provision of anti-insurance fraud and other insurance-related services, you agree to authorize us to provide your medical invoice information (including invoice code, invoice number, invoicing date, invoice amount and verification code) necessary for claim handling to CBIT as well as agree to CBIT collecting all information in connection with medical invoices and transmitting the processing results to us. Our provision of services to you depends on the aforementioned processing by CBIT, which will not result in infringement of your personal rights and interests.

(4) 退保黑产欺诈风险控制服务 (仅适用于在上海投保的客户): 为保护消费者合法权益, 遏制“代理退保”黑产乱象目的或用途, 您同意授权我们将您的姓名、证件类型、证件号码、保险公司名称和保单号等保单信息、与保单有关的银行账户等相关信息提供给中国银保信, 并同意中国银保信收集上述信息以及可能涉及疑似欺诈风险的投保、承保、保全、理赔信息, 经必要加工、使用后, 传输给我们用于上述目的或用途。中国银保信的上述处理行为对于您接受我们的服务具有必要性, 不会对您的个人权益造成非法侵害, 不会因向我们提供服务而侵犯任何第三方合法权益。

Services for Controlling and Preventing the Risks of Contract Cancellation-Related Insurance Fraud (only applicable to customers who apply for insurance in Shanghai): For the purpose of protecting the legitimate rights and interests of customers and controlling and preventing the risks of contract cancellation-related insurance fraud, You agree to authorize us to provide CBIT with your policy information such as your name, ID Type, ID number, insurance company name and policy number, as well as other relevant information like bank accounts related to the policy. You also agree that the CBIT may collect the above information along with the information on insurance application, underwriting, policy maintenance, and claims settlement that may involve suspected fraud risks. After necessary processing and utilization, such information will be transmitted to us for the aforementioned purposes or uses. Our provision of services to you depends on the aforementioned processing by CBIT, which will not result in infringement of your personal rights and interests.

2. 为保证承保、理赔业务、预核保服务的顺利完成, 您同意授权我们将姓名、证件类型、证件号码、年龄、性别、投保单、体检报告、病历资料等提供给与我们合作的再保险公司用于对上述信息进行审核并给出承保、理赔意见。再保险公司列表以及联系方式详见我司官网-客户服务-资料中心-保单服务/理赔服务/投保服务 ([www.icbc-axa.com](http://www.icbc-axa.com))。

To ensure the smoothness of underwriting, claims handling and pre-approval activities, you agree to authorize us to provide your personal information such as name, ID type and number, age, gender, insurance application form, physical examination report, and medical record to reinsurers that cooperate with us as necessary so they can verify such information and provide advice on underwriting or claims handling. Please see our website ([www.icbc-axa.com](http://www.icbc-axa.com)) and navigate to Customer Service > Resources Center for a list of reinsurers and their contact information.

3. 四川反保险欺诈信息系统 (仅适用于在四川投保的客户)

Sichuan Anti-insurance Fraud Information System (For customers insured in Sichuan)

您同意在购买了一年期及以下的意外险产品 (或产品组合)、健康险产品 (或产品组合) 保单后, 在中国法律允许或要求的范围内, 授权我们将您的信息及保单信息提供给四川省保险行业协会用于行业反保险欺诈排查。

To the extent permitted or required by the laws of the PRC, after purchasing an accident insurance product (or product portfolio) or health insurance product (or product portfolio) policy with a term of one year or less, you agree to authorize us to provide your information and policy information to the Sichuan Insurance Industry Association for the purpose of fraud screening.

(十一) 我们委托的第三方服务机构 Our entrusted third-party service providers

为向您提供更好的运营服务，我们会委托第三方机构提供产品和/或服务并处理您的个人信息，如保险合同和信函的打印及递送、体检服务等。我们委托的第三方服务机构列表详见我司官网-客户服务-资料中心-保单服务/理赔服务/投保服务（www.icbc-axa.com）。

In order to provide you with better services, we will entrust third-party service providers to provide products and/or services to you and process your personal information, such as printing and delivery of insurance contracts and letters, physical examination services, etc. A detailed list of our entrusted third-party service providers is available on our website (www.icbc-axa.com) under Customer Service > Resources Center > Policy Service/Claim Service/Application Service.

(十二) 本授权书授权期限为我们实现上述业务目的所需期间和/或法律法规允许或要求的期限。

This Letter of Authorization will remain valid during the period needed to achieve the aforementioned business aims and/or the period permitted or required by applicable laws and regulations.

## 二、 如何联系我们

### II. How to Contact Us

(一) 我们的公司全称为工银安盛人寿保险有限公司，注册地址为中国（上海）自由贸易试验区银城路16号30层3001单元、31层、32层、33层、34层、36层（电子邮箱：service@icbc-axa.com）。

i. Company name: ICBC-AXA Life Insurance Co., Ltd.; registered address: Unit 3001, Floor 30 and Floors 31,32,33,34 and 35, No. 16 Yincheng Road, China (Shanghai) Pilot Free Trade Zone, China; email address: service@icbc-axa.com.

(二) 如您对本授权文件有任何意见、建议、疑问，或需要行使《个人信息保护法》规定的个人信息相关权利，您可以通过95359电话客服、工银安盛人寿APP、工银安盛人寿官微等我司客户服务渠道与我们联系咨询，一般情况下，我们将在15个工作日内给予答复。如您想查询更详细的个人信息处理规则，可登陆我司官网（www.icbc-axa.com）。

ii. If you have any comments, suggestions or questions about this Letter of Authorization, or need to exercise your rights in association with personal information as stipulated in the Personal Information Protection Law, you may contact us by calling our customer service hotline on 95359 or 工银安盛人寿APP or ICBC-AXA Life's official WeChat account. Normally, we will respond within 15 working days. For more information on how we process your personal information, visit our website at www.icbc-axa.com.

### **重要提示：**

尊敬的客户，为了保障您的权益，请在签署本授权书前，务必审慎阅读、充分理解本授权书各项条款内容（特别是黑体字条款）并确保个人信息的完整和准确。除非您已阅读并接受本授权书所有条款，否则请您暂时不要进行后续操作（或者前往工银安盛人寿各营业网点柜面办理业务）。如您通过线上页面点击“确定”、“同意”等确认动作按钮或者签署姓名，即表示您已同意本授权书。

### **Important:**

Dear customer, to safeguard your rights and interests, before signing this Letter of Authorization, please carefully read and fully understand the terms of this Letter of Authorization, particularly those highlighted in bold, and make sure that your personal information is complete and accurate. **Unless you have read and accepted all of the terms of this Letter of Authorization, you must not proceed (or go to any outlet of ICBC-AXA for transaction processing at the counter).** By clicking on "Confirm", "Agree" or other confirmation button or providing your signature on the online page, you agree to the provisions in this Letter of Authorization.

若您是不满十八周岁未成年人的法定监护人并代表该未成年人签署本授权书，则上述授权所述相关个人信息还包括该未成年人的个人信息。

If you are the legal guardian of a minor under the age of eighteen and sign this Letter of Authorization on behalf of the minor, personal information mentioned hereinabove also includes personal information of the minor.

为使用保险合同的保全、理赔服务，若您是保险服务的委托代办人员，并代表授权人签署本授权书，请确认已获得对方的书面授权，本授权书所述相关个人信息为授权人的个人信息，以及为完成委托代办流程收集的受托人的个人信息。

In order to use the POS and claims handling service stipulated in the insurance contract, make sure that you have obtained the written authorization from the authorizer if you are entrusted and sign this Letter of Authorization on behalf of the authorizer. Personal information mentioned in this Letter of Authorization includes both personal information of the authorizer and personal information of the entrusted person collected to complete the authorization process.

为了完成保险产品的投保，使用保险合同的保全服务、理赔服务，或保险合同存续期间的其他服务，您向我们提供受益人或其他与本次服务相关人员信息的，请确认已向对方披露本授权书涉及的相关内容并取得其授权同意。

In order to complete the insurance product application, use the POS and claims handling service stipulated in the insurance contract, or other services during the term of the insurance contract, make sure you have disclosed the relevant content of this Letter of Authorization to the beneficiary or other person related to this service and have obtained their authorization and consent before providing us with their personal information.