

# ACCIDENT MEDICAL QUESTIONNAIRE 意外伤害医疗信息补充表

Contact Us 热线服务  
Tel 电话 : 400-816-9300

Please scan and submit completed form with appropriate signatures via e-mail to [chinaservice@gbg.com](mailto:chinaservice@gbg.com)  
请扫描并邮件发送已完整填写且签名的表格至 [chinaservice@gbg.com](mailto:chinaservice@gbg.com)

**ACCIDENT QUESTIONNAIRE MUST BE COMPLETED BY THE MEMBER AS SOON AS POSSIBLE,  
FOLLOWING THE ACCIDENTAL INJURY.**

请在意外伤害发生后尽快填写此表格。

## A. PATIENT INFORMATION

### 就诊人信息

Name (Last, First, MI) : 姓名:	Alias : 别名:
Date of Birth (MM/DD/YY) : 出生日期 (月/日/年) :	Policy ID Number : 保单号码 :
Policyholder Name : 主被保险人姓名 :	Date of Accident (MM/DD/YY) : 意外发生日期 (月/日/年) :
Detailed Description of How Accident Occurred (use back if more space needed) : 请描述意外发生的详细记录 (若空格不够, 请使用背面) :	
Was any other person responsible for causing your accident? 有其他人应对您的意外伤害负责吗? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
If Yes, please explain: 如果“是”, 请说明:	
Were you under the influence of drugs or alcohol at time of accident? 意外发生受您服用的药物或酒精影响吗? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Is there another insurance plan with potential financial liability for this injury, ex. Workman' s Compensation, Automobile, Property insurance? 您有其他保险会为此意外赔付吗? 比如工人抚恤金, 车险, 财产保险。 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
If Yes, please provide details of other plan policy holder, policy number, plan name, contact number: 如果“是”, 请提供此保险主被保险人姓名, 保单号码, 保险计划名称, 联系电话等详细信息:	

Please attach a scanning copy of the official police accident report, if applicable.

如果可以请提供警方出具的事故报告的扫描件。

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## B. PRIMARY TREATING PHYSICIAN INFORMATION

### 主治医生信息

Name (Print) : 姓名 :	Telephone Number : 电话号码 :
Address : 地址 :	

## C. FRAUD WARNING

### 欺诈警告

Any person, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, who submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.  
任何人提交载有虚假或欺骗性陈述的索赔申请而企图讹骗或促使对承保人讹骗的行为是保险诈骗犯罪行为。

Signature 签名: \_\_\_\_\_ Date 日期: \_\_\_\_\_

Please attach a scanning copy of the official police accident report, if applicable.  
如果可以请提供警方出具的事事故报告的扫描件。