

# JIS 医療保険金請求書 - MEDICAL CLAIM FORM

会社名(但し個人契約の場合は記入不要)

Name of Company Insured: \_\_\_\_\_

契約者個人名

Name of Person Insured: \_\_\_\_\_

保険金(小切手)支払先

Refund Cheque Details: Name of Payee: \_\_\_\_\_

小切手送付先(会社への送付をご希望の場合会社名を明記して下さい)

Address for Forwarding Refund (including company name if applicable): \_\_\_\_\_

電話番号 (会社) (自宅) (携帯) (メールアドレス)  
 Telephone No. (Work) (Home) (Mobile) (Email)

\* クレームフォーム記入後領収書のオリジナルを添付の上、下記の住所にご送付ください。後日、会社に対する医療費補助請求のため領収証のコピーをお手元に保管してください。

クレームフォーム送付先: Japan Insurance Services Division, Aon Risk Services Australia Limited, GPO Box 4189, Sydney NSW 2001

OFFICE USE ONLY (JIS 記入欄)	
Policy No:	_____
Policy Period:	_____
Cover Type:	
Single / Couple / Family	
Ancillary Benefits	Y/N
Endorsement	Y/N
Waivers Applicable:	
_____	
_____	

傷病名(該当の文字を○で囲んで下さい)	Type of Injury or Illness(Please circle appropriate letter)	請求金額	保険会社記入欄	
		Amount Claimed	OFFICE USE ONLY	
			Comment	Refund Due A\$
D. 歯科	D. Dental			
O. 眼科	O. Optical			
P. 処方箋による医薬品(常用薬を除く)	P. Prescribed Medicine(Except Regular Medicine)			
R. 処方箋による常用薬	R. Regular Prescribed Medicine			
M. 一般医療費(傷病名を具体的にご記入下さい)	M. Medical(Please Specify)			
T. 各種療法(整体、針灸など具体的にご記入下さい)	T. Therapy(Please Specify/eg Chiropractic, Acupuncture)			
D O P R M( 具体的に傷病名の詳細をご記入下さい ) T( )				
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**ご申告**  
 I declare that  
 the information on this form and any documents attached to it, is correct and complete  
 I have not withheld any information that could affect this claim  
 I am the policy holder or a nominated beneficiary of the insured person covered by this policy

**同意文**  
 I authorize any hospital, physician or other person who has attended me to furnish Japan Insurance Services Division of Aon Risk Services Australia Ltd or at their authority insurer(s) or its representatives, any and all information with respect to any sickness or injury, medical history, consultation, prescriptions, or treatment, copies of all hospital or medical records. I agree that a photostat copy of this authorization shall be considered as effective as the original.

**ご署名**  
 Signature of Policy Holder: \_\_\_\_\_ 日付 Date: \_\_\_\_\_

## **Privacy Statement**

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Japan Insurance Services Division of Aon Risk Services Australia Ltd (We/Our/Us) wants to ensure that Our policyholders are confident that any personal information collected by Us is treated with the appropriate degree of confidentiality and privacy. To ensure this, Insurer(s) belong to the General Insurance Information Privacy Code, a voluntary code aimed at providing policyholders with best practice for privacy queries and complaints. Full details of Our Privacy Policy are available on request.

### **Privacy Commitment**

The following points explain why We collect and how We use Your information:

#### **Collection of Your personal information**

We collect only relevant information necessary to provide competitive insurance products and services.

#### **How We use Your personal information**

We use the information to provide insurance products and services and to issue and administer insurance policies.

#### **Disclosure of Your information**

We limit the release of personal information. We will not sell customer information to telemarketing companies. We will share information only when necessary to market and administer Our own insurance products and services and when required by law.

#### **Your medical information is confidential**

We will not use or share, internally or with any third parties, medical information for any purpose other than insurance underwriting or administration of a customer's policy or claim, as required by law or as authorized by You.

#### **We require strict privacy protection in Our business relationships**

We only engage in ventures with strategic partners that follow strict confidentiality requirements.

#### **How to make a privacy complaint**

Should You be unhappy about our treatment of Your personal information, please write to Our Privacy Officer clearly setting out the nature of Your concern and Our Privacy Disputes Panel will respond within fifteen (15) working days. If You require assistance in lodging Your complaint please call 02-9253-7000.

The Privacy Officer has the appropriate authority to deal with Your complaint and can refer Your complaint, if You are not satisfied with the result to the Privacy Compliance Committee at IEC Limited. Should Your complaint not be resolved by the Privacy Compliance Committee it can be referred to the Federal Privacy Commissioner. If another code adjudicator or the Federal Privacy Commissioner could more appropriately deal with Your complaint, then We or IEC Limited can refer it to them.