

エーオン 医療保険金請求書 - AON MEDICAL CLAIM FORM

会社名
Name of Company Insured: _____

従業員名
Name of Employee: _____

保険証券番号
Policy/Certificate No. _____

(* 2 回目以降の保険金請求では銀行口座詳細をご記入いただく必要ありません。)

A. 保険金の銀行振込みを希望される場合)
Bank Account Details: 銀行名(Bank) _____ 支店名(Branch) _____

銀行支店コード(BSB) _____ 口座番号(Account No.) _____ 口座名義(Account Name) _____

B. 小切手での保険金支払いを希望される場合
小切手振り出し先 (Name of Payee): _____

A、B いずれの場合も以下にご記入下さい

小切手／支払い明細送付先住所 (Address for Forwarding Cheque/Refund Details): _____

電話番号 (会社) _____ (自宅) _____ (Email) _____
Telephone No. (Work) _____ (Home) _____ (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下さい。後日、会社に対する医療費補助請求のため領収書のコピーをお手元に保管して下さい。

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

名前 First Name of Claimant	治療日 Date of Treatment	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) M. 一般医療費、出来れば傷病名 (Medical, if possible please specify) P. 処方箋による医薬品 (Prescribed medicine) D. 歯科(Dental)	支払い済み 医療費金額 Amount Paid	保険会社記入欄 OFFICE USE ONLY	
				Comment	Refund Due
		M () P D			
		M () P D			
		M () P D			
		M () P D			
		M () P D			
		M () P D			
		M () P D			
保険会社記入欄 OFFICE USE ONLY - TOTAL			\$	TOTAL	\$

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

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.