Overseas Accident and Emergency Health Assistance Insurance Application/Change Form 境外意外伤害及紧急救援医疗保险申请/变更表

公司名称 Company Name:								
Siemens Ltd., China SC01								
☐ Siemens Ltd., China SC01 ☐SC02 ☐SC03 ☐SC04 ☐SC05 ☐SC06 ☐SC07 ☐SC08 ☐SC11 ☐SC13 ☐SC14 ☐SC16 ☐SC18 ☐SC20 ☐SC21 ☐SC24 ☐SC								
Siemens Manufar Siemens Transfe Siemens Electrica Siemens High Vo Siemens Industria Siemens Medium	cturing and Engineericorner (Guangzhou) al Apparatus Ltd., Subltage Circuit Breaker al Turbomachinery (Fublicage Switching Toutomation Product	ng Centre Ltd. (SM Co., Ltd. (STGZ) zhou (SEAL) Co., Ltd., Hangzh Huludao) Co., Ltd. Cechnologies (Wux	ou (SHVC) (SITH) (S) Ltd. (SM		Siemens Traction Equipment Ltd., Zhuzhou Siemens Special Electrical Machines Co., Ltd(SEML) Siemens Venture Capital Co,ltd.427p Siemens Technology Development Co., Ltd. (STDC) 出京西门子汽车电驱动系统(常州)有限公司 Siemens Logistics Automation Systems (Beijing) Co., Ltd Siemens Healthcare Ltd., (SHL) Siemens Industry Software (Shanghai) Co., Ltd.(SISW) (please kindly indicate your company name and company code)			
被保险人信息 Information of Insurant:								
Surname 姓			Sex 性别	Date of birth 出生日期	Phone No. 联系电话		E-mail 电子邮箱	
WU CHENGQIAN WUCHENGQIAN 男				1989.03.26	31			
Personal No. (For Siemens employee) 员工号(西门子员工填写) C00108 Department / Location					Cost Center 费用中心 软件开发部-海外 Destination			
部门 / 地点 施维软件开发部 Passport No. 护照号码 ED0986801					出访国家 Passport Valid Date From To 108年 を 対象 (大日 日 日) 2019 05 10 2029 05 00			
护照号码 ED0986801 ID No. 身份证号码 430703198903266859					护照有效期(年/月/日) 2018.05.10 2028.05.09 Insurance Valid Period 保险有效期 (年/月/日) From フのタートント To フのフタートント			
Insurance type	Per-trip insurance	B. (RMB	34.46/perso	on/day, lon	rt distance) g distance, applicable to Schengen Visa) Arize Arize Pls. refer to Siemens China Travel			
R险类型 Annual □ B、(RMB346/person/year, short distance) □ C、(RMB419/person/year, long distance, applicable to Schengen Visa)								
Relationship with policy holder (被保险人与投保人关系): Carployee □Business partner □Relations □Else 经办人信息 Information of the Issuer;								
Issuer name Employee ID Department Phone No. Fax								E-mail
经办人姓名		员工号 部门		联系电i			电子邮箱	
扶英莎 HR 0731-88619552 申请信息变更 Application for Modification of the Insurance:								
Information of modification and reason(变更信息及原因): 注:申请退保如为拒签原因,请同时提供领使馆拒签证明。								
签字 Signature:								
Application date(申请日期): Zol 9. 1. I								
Applicant / Issuer 申请人/经办人签字:								
Authorized by 部门经理签字盖章:								
		·司签章):		1 1/1/	VV	27.30		

AIG Insurance Company China Limited Beijing Branch(美亚财产保险有限公司北京大公司)Responsible person:AIG 服务中心

E-mail: Siemens_Travel@aig.com Hotline: 400-820-8858

^{*}frequent travelers (i.e. who expect accumulated days on Siemens overseas biz travel in next continuous 12 months will exceed 94 days) may consider to purchase annual