海外旅行保険　契約証

TRAVEL ACCIDENT INSURANCE CERTIFICATE

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| 契約証番号CERTIFICATE NUMBER | {{certNumber}} |
| 保険タイプ | {{insuranceType}} |
| 保険期間PERIOD OF INSURANCE | From {{periodOfInsuranceFrom}} To {{periodOfInsuranceTo}} |
| 保険契約者POLICY HOLDER | {{policyHolderName}} |
| 被保険者（旅行者）INSURED (PRINCIPAL) | {{insuredName}} |
| 生年月日 DATE OF BIRTH | {{insuredBirthDate}} |
| 性別 SEX | {{insuredSex}} |
| Eメール EMAIL | {{insuredEmail}} |
| 旅行目的 PURPOSE OF TRIP | {{purposeOfTrip}} |
| 旅行先（目的地） DESTINATION | {{destination}} |
| 取扱代理店AGENT | 大崎支店 |

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| 補償内容およびご契約金額 COVERAGE AND AMOUNT INSURED | |
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| 障害死亡後遺障害 (INJYURY DEATH AND RESIDUAL DISABILITY) | \200,000,000. |
| 治療費用 (MEDICAL EXPENSES) | \150,000,000. |
| 疾病死亡 (SICKNESS DEATH) | \200,000,000. |
| 賠償責任 (LIABILITY) | \100,000,000. |
| 携行品 (BAGGAGES) | \300,000. |
| 救援者 (RESCUER’S EXP) | \15,000,000. |
| 手荷物遅延 (BAGGAGE DELAY) | \100,000. |
| 航空機遅延 (FLT. DELAY EXP) | \30,000. |
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| 地域区分 (AREA) |  |
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|  | 死亡保険金受取人：被保険者の法定相続人 |
| 合計保険料 (TOTAL PREMIUM) | \35,000. |

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| 発行日 DATE OF ISSUE | {{dateOfIssue}} |
| 契約日 DATE OF CONTRACT | {{dateOfContract}} |
|  | |
| 保険契約者　署名：　{{Sig\_es\_:signer1:signature}} | |