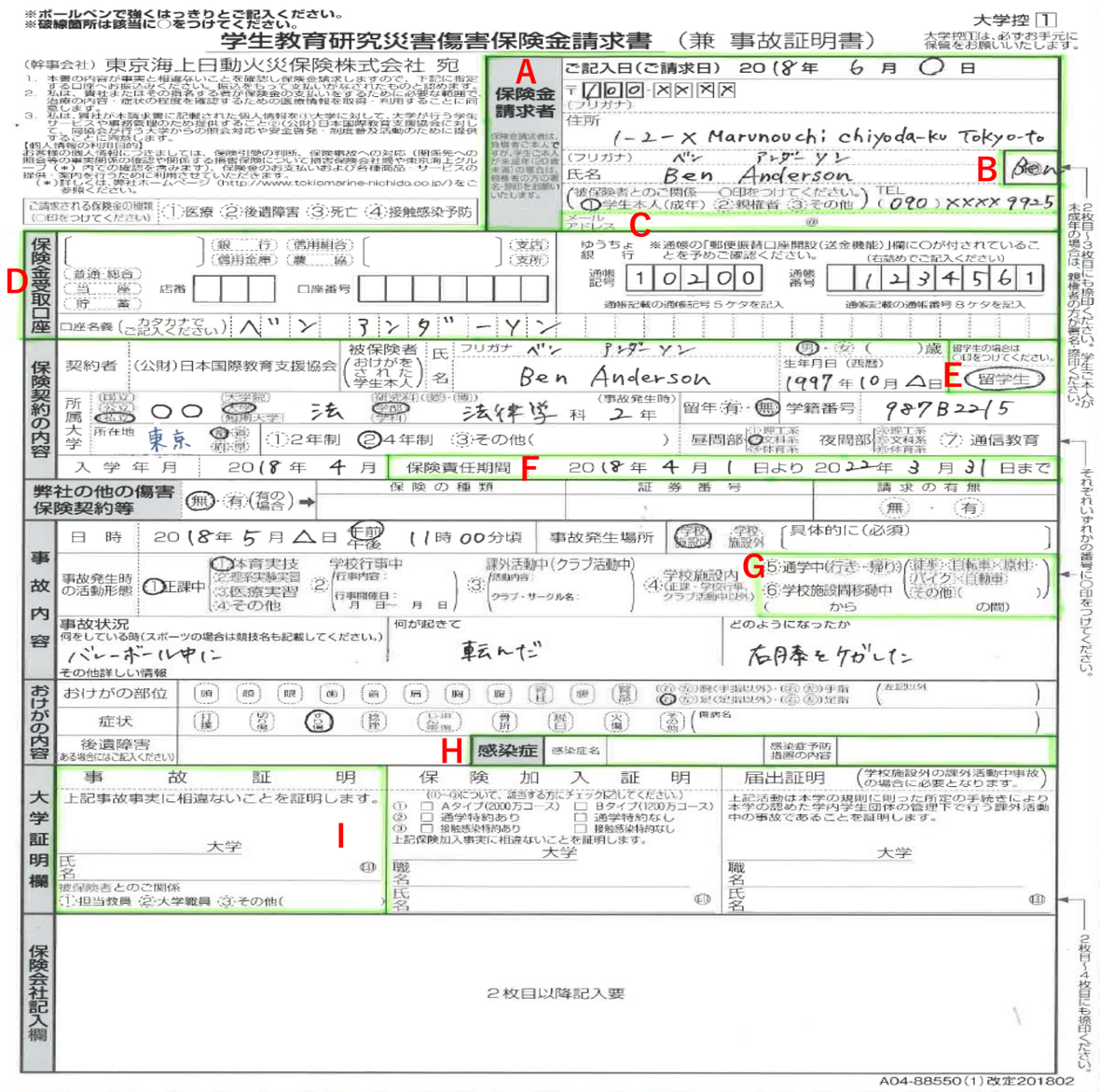
学生教育研究災害障害保険金請求書［記載例］

Claim Form of Personal Accident Insurance for Students Pursuing Education and Research (Gakkensai) [Example]

How to Fill Out the Insurance Claim Form

1. Please fill out the insurance claim form by reviewing the “example.”
2. Since the insurance claim form is a set of 4 duplicate (carbon paper not required) sheets, please also place your seal from the 2nd sheet onwards. The 1st copy is for the university. Please send us copies numbers ② to ④.
3. The claimable insurance amount subject to your contract is as per the Information on various insurance amount listed on the back. Please check it.
4. When claiming the insurance, please check about the handling of claimant’s medical information / personal information, and then submit your claim.
5. Please feel free to contact us if you have any questions or other issues pertaining to making an insurance claim.



A 保険金請求者は、けがをしたご本人ですが、ご本人が未成年の時は、親権者の方が署名捺印をしてください。

The insurance claimant can be the injured person, but a person with parental authority must sign and seal if the insured person is a minor.

B 留学生 の 場合は、お名前の他に捺印にかわるサインでもよいです。

A foreign student may write in the name and place a signatures instead of a seal.

C メールでの連絡をご希望の場合にご記入ください。

Please fill in this area if you would like to be contacted by e-mail.

D 振込先は、通帳やカードなどを見て、正確にご記入ください。ゆうちょ銀行をご指定の場合には、ゆうちょ銀行の左上 に印字されている通帳記号（5ケタ）・通帳番号（8ケタ）の口座番号をご記入ください。

Refer to your bank passbook,credit card,etc.and enter the receiving account information clearly and accurately.If you have designated the Japan Post Bank, please enter the passbook code (5 digits) and account number of the passbook number (8 digits) printed in the upper left-hand corner of the Japan Post Bank passbook.

E 本帳票でいう「留学生」とは、「出入国管理及び難民認定法」 別表第一 に定める「留学」の在留 資格（留学ビザ）の学生となります。

"Foreign student" mentioned in this form is limited to a student whose status of residence is "Study Abroad" (student visa) as determined in Article-1 of Appendix of "Immigration Control and Refugee Recognition Act".

F 保険期間は大学 窓口でご確認ください。

For the period of insurance, please confirm with your university.

G ⑤通学中または⑥学校 施設間 移動中（○○キャンパスから△△キャンパス間）の事故の場合は事故証明書のご提出が必要です。詳細は 大学 窓口でご確認ください。

An accident report must be submitted if an accident occurs while ⑤ commuting to the university or ⑥ travelling between university facilities (between ○○ campus to △△ campus) . For details, please confirm with your university.

H 接触 感染 予防保険金を請求する場合にご記入ください。なお、その場合の大学 証明 欄の事故証明は 担当 教員に 証明いただく必要があります。

Please fill in this area if you would like to claim insurance benefits for protection against infection through contact. However, in that case, the teaching staff is required to attest in the university attestation column of the accident report.

I 通学中 事故証明書・ 施設間 移動中 事故証明書をご提出 済の場合には、この欄のご記入は不要です。

Leave this column blank if you have already submitted the accident report for accident while commuting to the university / accident while travelling between university facilities.