

第三者行為による傷病届
Notification of Injury or Sickness due to a Third-party Act

(用紙 1)
(Form 1)

武田薬品健康保険組合理事長 殿

年 月 日提出
Date submitted (Y/M/D): / /

To: Chairman of the Board, Takeda Health Insurance Society

Form with multiple sections: Insured person details, Accident details, Responsibility, Treatment status, Third party information, and Insurance details. Includes a legend for symbols used in accident descriptions.

注意事項
Notes
1. 届出書には必ず「念書」を添付してください。
2. 届出後、自動車事故の場合は、速やかに自動車安全運転センター発行の「交通事故証明書(人身事故用)」を提出してください。
3. 健康保険を使用して受診された場合の治療費(自己負担分を除く)は健保組合が一旦立て替え支払い、治療完了後に加害者の加入する保険会社に請求しますので、必ず取扱保険会社名・住所・電話番号を必ず記入してください。
4. 人身傷害補償保険を使用される場合は、必ずその他の欄に取扱保険会社等をご記入ください。
1 Be sure to attach a "written pledge (Injury or Sickness due to a Third-party Act)" to this notice.
2 After submitting this notice, immediately submit the traffic accident certificate (for accident causing injury or death) issued by the Japan Safe Driving Center in the case of a traffic accident. In other cases, notify the Health Insurance Society of the receipt no. for the notice of damage submitted to the police.
3 Be sure to enter the name, address, and telephone number of the other party's insurer. If you use health insurance for examination or treatment following the accident, the Society will pay the medical care costs (not including your copayment) up front and submit an invoice for reimbursement to the insurer of the party responsible after treatment is complete.
4 If using personal injury protection insurance, be sure to provide the insurer name and other information under "Other" above.