

記入例
Example of completed form

武田薬品健康保険組合理事長殿
To: Chairman of the Board, Takeda Health Insurance Society

念 書

Written Pledge (In connection with injury or sickness due to a third-party act)

平成 年 月 日 事故発生場所[]
において加害者[]の不正行為により被害者[]の被った保険事故について健康保険
法による保険給付を受けた場合は、私が加害者に対して有する損害賠償請求権を健康保険法第57条の規定によって健康保
険組合が給付金額の限度で賠償金を受領することに異議の無いことを書きます。
なお、あわせて次の事項を遵守することに同意します。

第三者の氏名
Name of third party

事故当事者の氏名
Name of person involved in accident

I hereby acknowledge in writing that I do not object to the Health Insurance Society exercising its right to submit a
claim for damages and to seek compensation for damages from the party responsible, up to the amount of benefits
under Article 57 of the Health Insurance Act, in the event that I used health insurance for the treatment of injuries
under the Health Insurance Act following the accident that occurred on the victim [name: Ichiro Kempo] due to the
improper actions of the party responsible [name: Saburo Kokuho] at the scene of the accident
[Location: 1-1 -cho, -ku,] on the date (Y)/ (M)/ (D).

I also pledge to comply with the following terms.

1. 加害者と示談を行おうとする場合は必ず前
2. 加害者に白紙委任状を渡しません。
3. 加害者から金品を受領したときは、受領年月日、内容、金額（評価額）をもれなくかつ遅滞なく貴職に届け出ます。
4. 自賠責保険に被害者請求をする場合は、必ず前もって貴職にその内容を届け出ます。また被害者に関して、事故発生状
況・治療状況など、求償に必要と認められる事項について、損害保険会社、医療機関に照会されること及び求償に際し
て、損害保険会社へ被害者のレセプト（写）を添付することを承諾します。

町名まで詳しく
In detail, including district

事故発生日
Date of accident

1. I agree to notify you in advance of all details before settling with the party responsible.
2. I agree not to give the party responsible blank power of attorney.
3. I agree to notify you promptly and without omission of the date of receipt, details, and amount (assessed value) of
any money or goods received from the party responsible.
4. I agree to notify you in advance of all details before making any claims as a victim under automotive liability
insurance. I also consent to the attachment of the victim's Rezepts (medical cost details) (copies) to documents
submitted to the casualty insurance company when filing claims for damages and to inquiries submitted to the
casualty insurer and medical care institutions with regard to matters deemed necessary concerning the victim
including the conditions under which the status of treatment.

提出日
Date submitted

印を忘れずに
Don't forget the seal

年 月 日
Date (Y/M/D): / /

被保険者氏名/Name of insured person: Taro Kempo

健保
Kempo
(seal)

事故当事者名/Name of person involved in accident: Ichiro Kempo

(続柄/Relationship: Eldest son)

事業所／所属： Pharmaceutical Company Limited

Employer/Section: Div., Dept. 社内 TEL/Ext. tel. 999-9999

被保険者住所/Address of insured person:

〒 000-0000 1-1 -cho, -ku,

TEL 999 (9999) 9999