

武田薬品健康保険組合理事長 殿

To: Chairman of the Board, Takeda Health Insurance Society

第三者行為（交通事故含む）による途中経過報告書  
Interim Report on Injury or Sickness due to a Third-party Act  
(including traffic accidents)

記入例  
Example of  
completed form

|   |                                   |  |            |
|---|-----------------------------------|--|------------|
| 事業所名<br>Employer name                         | ___ Div., ___ Industry Co., Ltd., | 社内電話<br>Ext.                               | 999-9999   |
| 被保険者名<br>Name of insured person               | Taro Kempo                        | 記号番号<br>Code/No.                           | 123 - 4567 |
| 事故当事者名<br>Name of person involved in accident | Ichiro Kempo                      | 被保険者との続柄<br>Relationship to insured person | Eldest son |

その後の状況について下記の通り報告いたします。  
Subsequent status is as reported below.

年 月 日現在  
As of ○○(Y)/○○(M)/ ○ (D)

| 経過状況及び内容/Prognoses and details                                    |   |
|---|---|
| 1. 治療状況<br>Status of treatment                                    | He still has pain in his hip, and he continues to undergo treatment.  |
| 2. 治療完了見込<br>Projected date of completion of treatment            | 年 月 頃 ・ 未定<br>Approx. (Y)/ (M)/ (D)/(TBD)<br>※症状固定、または、医師の治癒診断の時点で「治療完了届」を提出して下さい。<br>Submit a Notice of Completion of Treatment when the condition has stabilized or the doctor has made a medical diagnosis.  |
| 3. 治療費の一部または見舞金<br>Part of medical care costs or condolence money | 加害者（相手）から 年 月 日に 円を受領した。<br>但し、 として。<br>I received 50,000 yen from the party responsible (other party) on the date ○○ (Y)/○○(M)/ ○ (D), in the form of condolence money   |
| 4. 第三者行為の加入保険会社<br>Insurers for third party actions               | 相手方の自賠責保険<br>Other party's auto liability insurance<br>会社名/Company:<br>所在地/Address: 〒<br>担当者名/Staff responsible: TEL ( )  |
|   | 相手方の任意保険<br>Other party's voluntary insurance<br>会社名/Company: Fire Insurance Co., Ltd.<br>所在地/Address: 〒○○○-○○○ 1-1-1 ___-cho, ___-ku, ___<br>担当者名/Staff responsible: ○○ ○○ TEL ○○○ (○○○) ○○○○                  |
| 5. 保険金請求<br>Claim for insurance payouts                           | 保険の種類 : 自賠責保険 ・ 任意保険<br>Type of insurance: Auto liability/Voluntary   |
|   | 請求<br>Claim<br>加害者（相手）が請求した。 (金額 円)<br>Claim submitted by party responsible (other party) ( yen)<br>被害者（当事者）が請求した。 (金額 117,290 (治療費) 円)<br>Claim submitted by victim (party) (117,290 (medical care costs) yen) |
| 6. 示談<br>Settlement   | 未交渉 ・ 交渉中 ※事前に健保組合へご連絡願います。<br>Not negotiating/Negotiations underway Contact the Health Insurance Society in advance.   |
| 7. 特記事項<br>Special notes  | None in particular  |

※事故発生後、上記内容について6ヶ月毎に当報告書をご提出下さい。

Submit this report on the matters above every six months following the accident.