様式第８号

第三者行為による傷病届（介護）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 被保険者 | 種　別 | | | | | 第　１　号　・　第　２　号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保険者番号 | | | | |  | | | | | | | | | 被保険者番号 | | | | |  | | | |  | |  | |  | | |  |  |  | |  |  |  |
| 氏名 | フリガナ | | | |  | | | | | | | | | | | | 生年月日 | | 大正・昭和  平成・令和 | | | | | | | | | 年　 月　 日 | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 性 別 | | 男・女 | | | | | | | | | | 年 齢 | | | | 歳 | | | |
| 住所 | 〒　　　―  (電話)　　　　―　　　― | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第三者(相手方) | 氏名 | フリガナ | | | |  | | | | | | | | | | | | 生年月日 | | 大正・昭和  平成・令和 | | | | | | | | | 年　 月　 日 | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 性 別 | | 男・女 | | | | | | | | | | 年 齢 | | | | 歳 | | | |
| 住所 | 〒　　　―  (電話)　　　　―　　　― | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 勤務先 | | | (電話)　　　　―　　　― | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 自賠責 | 有・無　　　　　　　　　　　　保険 | | | | | | | | | | | 証明書番号 | | | | | | | | |  | | | | | | | | | | | | | | | |
| 契約者 | 氏名 |  | | | | | | 住所 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 任意 | 有・無　　　　　　　　　　　　保険 | | | | | | | | | | | | 証券番号 | | | | | | | | |  | | | | | | | | | | | | | | |
| 車検証 | 所有者 | 氏名 |  | | | | | | 住所 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 使用者 | 氏名 |  | | | | | | 住所 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 車両番号 | | | （ナンバープレート） | | |  | | | | | | | | | | | 車台番号 | | | | | |  | | | | | | | | | | | | |
| 事故概要 | 届出署 |  | | | | | | 日時 | 年　　月　　日 | | | | | | | | | | | | 午前  午後 | | | | | | 時　　分頃 | | | | | | | | | | |
| 場所 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事故状況 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| サービス | 事業所名 |  | | | | | | | | | | | | | | | 初診日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | | |
| 介護給付開始日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | 初診日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | | |
| 介護給付開始日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | 初診日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | | |
| 介護給付開始日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | | |
| 上記のとおり届けます | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　　月　　　日 | | | | | | | | | | | | | | | | 住所  世帯主  　　氏名 | | | | | | | | | | | | | | | | | | | | | |
| 市・町長 | | | | | | | 殿 | | | | | | | | |