様式第７号

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| 第三者行為による傷病届 | | | | | | | | | | | | | | | | | | | | 宛名番号 | | | | | | |  | |  | | |  | |  | | |  | |  | |  | | |  | |  | |  | |
| 被保険者 | 医療種別 | | | 国保一般(　割)退職本人・家族(　割)前期高齢者(　割)後期高齢者(　割) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 証記号 | | |  | | | | 証番号 | | |  | | | | | | | | | 個人番号 | | | | | |  | |  | |  | | |  | |  | | |  |  |  | |  | | |  | |  | |  |
| 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 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療 | 病院名  薬局名 | |  | | | | | | | | | | | | | | | | 初診日 | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | |
| 国保診療開始日 | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | |
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| 国保診療開始日 | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | 初診日 | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | |
| 国保診療開始日 | | | | | | | | | | 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  　　　　　　組合理事長 | | | | | | | | | 殿 | | | | | | | | |