様式第３０号（第３１条関係）

第三者の行為による被害届

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 被害者 | 被保険者証の記号番号 | | |  | | 被保険者名  (被害者名) | | |  | | | | | | 世 帯 主  との続柄 | |  | | 個人番号 | | |  | | | | | | | 生年月日 | | | | 年　　月　　日 | | | | 加害者 | 住所 |  | | | | | | 氏名 | 年　　月　　日生 | | | | | | 職業 | 電話 | | | 加害者  の使用者 | 住所 |  | | | | | | 氏名 | 年　　月　　日生 | | | | | | 職業 | 電話 | | | 負傷の日時  及び場所 | | 午前  　　年　　月　　日　　　　　　時　　分頃　場所  　　　　　　　　　　　　午後 | | | | | | | | | | | | | | | | | 発病の原因  又は負傷時  の状況 | |  | | | | | | | | | | | | | | | | | 疾病又は  負傷の程度 | |  | | | | | | | | 治癒まで  の見込み | | | 入　　　院　　　　　日  通　　　院　　　　　日  診療費総額　　　　　円 | | | | | | 国保による診療 | | | | | 年　　月　　日からしている・していない | | | | | | | | | | | | 診療を受けた  保険医療機関名 | | 当初 | | |  | | | | | 転医後 | |  | | | | | | | 自動車事故の場合の加害自動車 | 自賠責保険  契約会社名 | | | |  | | | | | 証明書番号 | | | |  | | | | | 契約者住所 | | | |  | | | | | 契約者氏名 | | | |  | | | | | 所有者住所 | | | |  | | | | | 所有者氏名 | | | |  | | | | | 登録番号又  は車両番号 | | | |  | | | | | 車台番号 | | | |  | | | | | 任意保険  (対人)の有無 | | | | 有　　　　　　　　　　　　　　　　　　　　　　・　無 | | | | | | | | | | | | | | 損害賠償に関  する交渉の経過 | | |  | | | | | | | | | | | | | | | | 国民健康保険法施行規則第３２条の６の規定により上記のとおり届けます。  　　　　　年　　月　　日  世帯主　住所    氏名　　　　　　　　　　　　　　印  　　美里町長　　　　　　　様 | | | | | | | | | | | | | | | | | |   注　１　発病の原因又は負傷時の状況は、できるだけ詳細に記入してください。  　　２　損害賠償に関する交渉の経過は、詳細に例えば○月○日見舞品をどれだけ受け取った、医療費等の費用はどちらで負担する等を記入し、示談が成立した時は示談書の写しを提出してください。  　　３　自動車のひき逃げ等で加害者が不明の場合は、その旨を書いてください。  　　４　後日調査の必要上関係者の電話番号等は、できるだけ記入してください。 |