签单差错处理申请表

Policy Issuance Mistake Processing Request Form

保险单号： Policy No.：	申请日期： Date of Request:
投保人/被保险人： Policy Holder/ Insured:	

差错原因： Causes of Mistake : □ 录入有误 Input mistake □ 经办人提供信息有误 Wrong information provided by channel sales/agent	更改方式： Modification Method： □ 批改 Endorsement 更改内容 Content to be modified: 更改为 Modification: □ 退保重出 Cancellation and issue a new policy

申请人签字/代理名称：

Signed by Requester:

渠道业务员：

Signed by Channel Sales:

申请人部门经理意见：

Comments of Requester's Departmental Manager: