

◎ 記入の方法は、裏面に書いてありますのでよくお読みください。

Main application form with 15 numbered sections. Includes fields for insured person details (1-2), residence (3), employer (4), injury details (5-7), third party liability (8), medical institution (9), treatment content (10), treatment period (12), reason for non-payment (13), and dates of treatment (14).

Payment section containing instructions for receiving the benefit, the name of the insured person (大久保 栄二), address (台東区浅草橋), and the representative (大丸管工株式会社 代表 広瀬 充).

Payment details section including financial institution (浅草 支店), account type (普通当座), account number, and the name of the account holder (大丸管工株式会社).

受付日付印