理赔件交接流转表

投保单位： 保单号： 案件收取日期： 案件交接日期：

给付方式：[ ]系统银行转账 [ ]现金 销售人员： 联系电话： 所属营业部/门店：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 被保险人 | 单据数 | 金额 | 初审 | 受理 | 扫描 | 审核 | 结案 | 备注 |
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