

## 個人意外索償表格 PERSONAL ACCIDENT CLAIM FORM

本公司專用 Office Use

賠案編號 Claim No. \_\_\_\_\_

請回答此表格上所有問題；發出此表格並不代表本公司已承認責任。  
All questions must be answered; no liability is admitted by issuing this form.

保單資料 INSURANCE POLICY DETAILS	第一部份 Part 1
保戶名稱 Name of Insured : _____ 保單號碼 Policy No. : _____	
地址 Address : _____	
索償人名稱 Name of Claimant : _____ 香港身份證號碼 I.D. No. _____	
出生日期 Date of Birth : _____	
與保戶關係 Relationship to Insured : <input type="checkbox"/> 本人 Self / <input type="checkbox"/> 配偶 Spouse / <input type="checkbox"/> 配偶 Child / <input type="checkbox"/> 其他 Other : _____	
聯絡電話 Contact Tel No. : _____ 電郵 E-mail / 傳真 Fax. : _____	

意外詳情 CIRCUMSTANCES OF INCIDENT	第二部份 Part 2
事件發生的日期 Date occurred : _____ 時間 time : _____ <input type="checkbox"/> 上午 A.M. / <input type="checkbox"/> 下午 P.M.	
地點 Place : _____ 索償金額 Claim Amount : _____	
事件的詳情 Description of occurrence : _____ _____	
受傷性質及程度 Nature & extent of INJURY : _____	
意外是否由工作引致 Was the accident arising out of occupation or business related : <input type="checkbox"/> 是 Yes / <input type="checkbox"/> 否 No	
請在以下選擇你索償的類別 Please choose the claim section below :	
<input type="checkbox"/> 死亡及永久傷殘 Death & Permanent Disablement <input type="checkbox"/> 暫時性傷殘 Temporary Disablement <input type="checkbox"/> 醫療費用	
附上文件 Documents Submitted :	
<input type="checkbox"/> 有關是次索償之醫療費用單據正本 Original Medical and Related Receipt	
<input type="checkbox"/> 住院證明書正本 Original Hospitalization period certificate	
<input type="checkbox"/> 病假證明書正本 Original Sick leave certificate	
<input type="checkbox"/> 醫療報告正本 Original Medical Report	
<input type="checkbox"/> 香港身份證副本 Copy of Hong Kong I.D. Card	
<input type="checkbox"/> 其他文件 Others documents : _____	
閣下是否已經痊癒? Are you fully recovered?	
<input type="checkbox"/> 是 YES	
<input type="checkbox"/> 否 NO - 請說明現時所接受之治療 Please state what treatment(s) that you are now receiving : _____ _____	
附註 : Note :	
本公司將至閣下完全康復，保障金額確定及協定後，方會一筆整付賠償。 Benefit stated in the Schedule shall be payable when you are fully recovered and the total amount of the Benefit shall have been ascertained and agreed.	
本公司或會要求閣下以自行承擔費用形式提供醫生證明書及/或閣下僱主簽發之病假證明。 You may be request to provide us the certificate of Medical Attendant at your own expense and/or Confirmation of Sick Leave from your Employer.	

**警方或其他有關政府機構紀錄 POLICE OR OTHER AUTHORITY RECORD****第三部份 Part 3**

如已向警方或其他有關政府機構報告，請提供以下資料。 Please complete this section if the case is reported to Police or other authority.

向那所警署或有關機構報告： Which Police Station or Authority you reported to : \_\_\_\_\_

報案/報告編號 Report No.: \_\_\_\_\_ 報告日期 Date of report : \_\_\_\_\_

已附上 Enclosed with  報案紙複印本 Copy of Police Reporting Card /  口供紙複印本 Copy of Policy Statement

**一般查詢 GENERAL QUESTIONS****第四部份 Part 4**

你有否就此意外向其他保險公司提出索償? Have you submitted any claims to other insurer for this accident?  有 Yes /  否 No

如有，請提供詳細資料 If yes, state details \_\_\_\_\_

以往曾否遭遇同樣性質的損失? Do you have any similar loss in the past?  有 Yes /  否 No

如有，請提供詳細資料 If yes, state details \_\_\_\_\_

**聲明及授權 DECLARATION AND AUTHORIZATION****第五部份 Part 5**

1. 本人現聲明上述所填報的資料正確無訛。  
I hereby declare that the above information given is true and correct.
2. 本人茲授權持有本人健康或任何資料之醫院、醫生、保險公司或機構，可以將部份或全部有關本人傷病之病歷，診斷報告及藥方等資料給與**亞太財產保險有限公司-香港分公司**或其代理人。此授權書之影印本與正本具同等效力。  
I further authorize any hospital, physician, insurance or organization that has any records or knowledge of me or my health, to furnish to **Asia-Pacific Property & Casualty Insurance Company Limited – Hong Kong Branch** or its authorized representative, and any all information with respect to any illness injury, medical history, consultation prescriptions or treatment and copies of all hospital or medical records. A Photostat copy of this authorization shall be considered as effective and valid as the original..

\_\_\_\_\_ 索償人(病人)簽署 Signature of Claimant (Patient)

\_\_\_\_\_ 日期 Date

香港身份證號碼 HKID No.: \_\_\_\_\_

**收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT****第六部份 Part 6**

閣下提供的資料，為本公司提供保險業務所需，並可能使用於任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消、續期、索償或索償分析；及可能移轉給現存或不時成立之任何與我們有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，或任何保險公司的協會或聯會。閣下有權要求查閱及更正由亞太財產保險有限公司-香港分公司持有之閣下的個人資料，如有此項要求，請與我們的個人資料主任聯絡。

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variation, cancellation or renewal of them and any claim or analysis of it; and may be transferred to any of our related companies or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time. You have the right to obtain access to and to request correction of any personal information concerning yourself held by Asia-Pacific Property & Casualty Insurance Company Limited – Hong Kong Branch Requests for such access can be made to our Data Protection Officer.