中國太平 CHINA TAIPING

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

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「人身意外保險」索償申請表
PERSONAL ACCIDENT INSURANCE CLAIM FORM

- 請用正楷填寫此索償申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。
  Please complete this Claim Form in BLOCK LETTERS. If the space is not enough or no applicable field available, please supplement information by attachment.
- 提交此表格並不代表本公司承擔賠償責任。本公司有權要求索償人提供更多資料以處理索償申請。如所提交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請可能會受延誤或被拒絕。
  Submission of this form is not construed as our admission of any liability. The Company is entitled to request for further information for handling the claim application. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.
- 請於蒙受損失後三十天內填妥本表格連同一切有關文件交回本公司處理，否則可能影響 閣下之賠償。
  Completed Claim Form together with supporting documents should be forwarded to us within 30 days following the loss. Otherwise, it may prejudice your claim under the policy.

第一部份 PART I (由被保險人或索償人填寫 To be completed by Insured / Claimant)

索償編號
Claim No.______________________________

A. 保單資料 INSURANCE POLICY DETAILS

投保人名稱 Name of Proposer	香港工會聯合會屬下工會及團體	保單號碼 Policy No.

B. 被保險人/索償人資料 INSURED / CLAIMANT INFORMATION (所屬工會 Name of Association:)

被保險人/索償人姓名 Name of Insured / Claimant		身份證號碼 ID Card No.
性別 Sex	出生日期 Date of Birth ______/______/______(日/月/年 DD/MM/YY)	聯絡電話 Contact Phone No.
聯絡地址 Mailing Address		

C. 索償資料 PARTICULARS OF CLAIM

意外發生日期 Date of accident ______/______/______(日/月/年 DD/MM/YY)	意外發生時間 Time of accident (時：分) (HH:MM)
意外地點及經過 Where and how did the accident happen?	
傷勢及其部位 Nature and region of injured	診斷結果 Diagnosis
因此次意外受傷就診之醫生或醫院（名稱，地址及診治日期） Details of hospitals confined or physicians consulted for the injury (Name, address and consultation date)	
診治日期 Consultation Date ______/______/______(日/月/年 DD/MM/YY)	醫生/醫院名稱及地址 Name & Address of Doctor/Hospital
是否就此次意外住院 Did you admit into a hospital for this accident	☐ 否 No ☐ 是 Yes
若「是」，請提供住院日期 If "Yes", please state the period of confinement.	由 From ____ / ____ / ____ 至 To ____ / ____ / ____ (日/月/年) (DD/MM/YY)
是否已痊癒？ Are you completely recovered?	☐ 否 No ☐ 是 Yes
若「否」，請說明閣下現時接受的治療 If "No", please state what treatment(s) that you are now receiving.	
是否就此次意外報警 Was the accident reported to the Police	☐ 否 No ☐ 是 Yes
若「是」，請提供報案警署名稱、報案號碼及警察報告/口供紙 If "yes", please provide name of police station, reference number and copy of police report/statement	

閣下以往是否遇過類似的事故？ **Have you encountered similar nature of accident?**	☐ 否 No ☐ 是 Yes
若「是」，請列明何時發生及詳情 If "yes", please provide date(s) of accident(s) and details	

有關此次治療，閣下是否向其他保險公司/機構申請賠償?
Are you making any other insurance or compensation claim as a result of this treatment? ☐ 否 No ☐ 是 Yes

若「是」，請提供下列資料。If "yes", please provide the below information.

投保公司/機構名稱 Name of insurer/organization	保單/會員號碼 Policy No./Membership No.	保障類別 Benefit type	保障金額 Benefit amount

D. 賠款發放方式 CLAIM PAYMENT METHOD

請在適當的方格內填上 "✓" 以確定賠款發放方式 Please tick "✓" the appropriate box to confirm the claim payment method

☐ **支票 Cheque**

☐ **自動轉賬 Auto-pay** (自動轉賬只適用於住院現金津貼索償額在 HK$6,300.00 或以下)
(Auto-pay applicable to Hospital Cash Benefit Claim & settlement amount below HK$6,300.00 only)

銀行名稱 Name of Bank________ 銀行編號 Bank Code______ 分行編號 Branch Code_____ 戶口號碼 Account No.________

(戶口持有人名稱必須與被保險人/索償人名稱相符 Name of Account Holder must be same as Insured/Claimant)

E. 聲明及授權 DECLARATION AND AUTHORIZATION

1. 本人／我們茲聲明上述所填報之資料皆為確實詳情，並沒有隱瞞任何與此索償有關之重要情況。本人／我們清楚明白如上述資料有誤或不實，可能導致本人／我們的賠償申請無效。
I/We hereby warrant the truth of the above statements and declare that I/we have not withheld any material information connected with this claim. I/We understand that any misrepresentation of the above statement and answers will cause my/our claim invalid.
2. 本人／我們謹此代表本人／我們／所有被保險人授權任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他機構、組織或人士，凡知道或持有任何有關本人／我們／所有被保險人記錄者，及／或曾診驗或可能將會診驗本人／我們／所有被保險人者，均可將該等資料提供給中國太平保險(香港)有限公司，此授權對本人／我們之繼承人及被保險人具有約束力；即使死亡或無行為能力時，此授權仍具效力，本授權書的影印本與正本均有同等效力。
I/We hereby authorize on behalf of myself/ourselves/the Insured Person any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/us/the Insured Person and who has attended or may hereafter to myself/ourselves/the Insured Person to disclose such information to China Taiping Insurance (H.K.) Company Limited. This authorization shall bind my successors and the Insured Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.
3. 本人／我們聲明及同意已獲被保險人授權及同意本人／我們作出上述授權。
I/We declare and agree that I/we have the full authority from and consent of the Insured Person to make the above authorizations.
4. 本人 / 我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。
I/We confirm having read and understand the Company's Personal Information Collection Statement as accompanied with this form.

索償人簽名 Claimant's Signature	香港身份證號碼 H.K.I.D. Card No.	日期 Date

香港工會聯合會

投保人簽名 (及公司蓋章，如適用) Proposer's Signature (& Company Chop, if applicable)	香港身份證號碼 / 商業登記號碼 H.K.I.D. Card No./B.R. No.	日期 Date

F. 所需文件 DOCUMENTS REQUIRED

中文	English
索償人/被保險人身份證副本	**Claimant's/Insured's ID Copy**
每日住院現金 • 醫院收費清單 • 由醫生填妥的索償表格第二部份 (適用於私家醫院) • 出院摘要 / 出院總結 (適用於香港公立醫院)	**Daily Hospital Cash** • Hospital Statement • Completion of Claim Form Section II (Applicable to private hospital) • Discharge Slip / Discharge Summary (Applicable to HK government hospital)
意外死亡或永久傷殘 • 警方報告，如適用 • 證明被保險人永久傷殘的有關醫療報告 (適用於永久傷殘索償) • 證明死因之死亡證副本 (適用於意外死亡索償) • 授予遺囑認證書 / 遺產管理書	**Accidental Death or Permanent Disablement** • Police report, if applicable • Documentary proof certifying the insured is suffering from permanent disability (applicable for permanent disability claim) • Copy of Death Certificate indicating the cause of death (applicable for death claim) • Grant of Probate / Letters of Administration
✧ ***如果醫療費用曾在其他保險公司或機構索償，請提供有關賠償紀錄。***	✧ ***If the medical expenses were claimed from another insurer or organization, please also provide their claim statement.***

注意: 本公司或需於稍後向閣下/其他有關人士索取額外文件/資料以件理賠審核之用。如有需要，本公司保留權利要求閣下提交文件正本。

Note: Supplementary documents / information may be further required from you or other related parties for claims assessment. The Company reserves the right to request for original documents if the company deemed necessary.

第二部份 主診醫生報告(適用於入住私家醫院之索償)
PART II - ATTENDING PHYSICIAN STATEMENT (Applicable to Private Hospital Confinement)

(由主診醫生填寫，費用由索償人支付 To be completed by attending physician at the Claimant's expense)

保單號碼 Policy No.	Name of Patient 病人姓名	ID Card No. 身份證號碼	Age & Sex 年齡及性別

1 診斷 Diagnosis of the condition

2 (a) 病人首次求診之主要原因
Chief complaints of the patient at your first consultation

(b) 此原因是否由意外導致
Were the complaints caused by an accident

☐ 否 No
☐ 是，請提供意外發經過及地點
Yes, please provide details how and where the accident happened

(c) 意外日期 Date of accident

_______ /______ /________(日/月/年 DD/MM/YY)

3 (a) 首次診治日期
Date of your first consultation for this condition

_______ /______ /________(日/月/年 DD/MM/YY)

(b) 於首次診治時有否外在可見傷痕
Any external & visible evidence of injury at your first consultation

☐ 否 No ☐ 是，請提供詳情 Yes, please specify

(c) 受傷部位 Part of body injury

(d) 受傷類別(例如: 扭傷、挫傷或切傷)
Type of injury(e.g. sprain, contusion or cut injury)

(e) 現時傷勢 Present condition of injury

4 有否轉介 / 進行任何治療(如物理治療 / 檢查 / 手術)
Any referral / administration of treatment (e.g. physiotherapy / examination / surgical procedure)

☐ 否 No
☐ 有，請提供以下詳情
Yes, please provide the following details
治療/檢查/手術 Treatment/Examination/ Procedure :

結果(如適用) Result (if applicable)

日期(月/日/年)Date (MM/DD/YY) ______ / _____ /______

5 有否其它因素影響痊癒進度 Was healing complicated

☐ No 否 ☐ Yes, please state reason(s) 有，請提供原因

6 是次診斷是否由其他疾病/傷患引起
Was the condition a secondary condition to some other illness / injury

☐ No 否 ☐ Yes, please give details 有，請提供詳情

疾病/傷患 Illness/ Injury	首次出現徵狀日期(日/月/年) Symptom Onset(DD/MM/YY)	首次求診日期(日/月/年) First Consultation(DD/MM/YY)

醫生/醫院名稱及地址 Name & Address of Doctor/Hospital

7 (a) 有否經其他醫生轉介 Is the patient referred by another doctor

☐ No 否 ☐ Yes, please give details 有，請提供詳情

診治日期 (日/月/年) Treatment Dates (DD/MM/YY)	醫生/醫院名稱及地址 Name & Address of Doctor / Hospital

(b) 病人以往曾否患有同類情況或徵狀
Has the patient ever had the same or similar condition or symptoms relating there to

☐ No 否 ☐ Yes, please give details 有，請提供詳情

診治日期 (日/月/年) Treatment Dates (DD/MM/YY)	醫生/醫院名稱及地址 Name & Address of Doctor / Hospital

8 (a) Hospitalization Period (if applicable)* 住院日期(如適用)*

由 From |___|_____|_____| 日/月/年 DD/MM/YY 至 To |___|_____|_____| 日/月/年 DD/MM/YY

(b) Period of Home Leave during hospitalization*住院期間請假外出日期*

由 From |___|_____|_____| 日/月/年 DD/MM/YY 至 To |___|_____|_____| 日/月/年 DD/MM/YY

9 診斷是否因下列*導致或促成
Was the conditions* caused by or contributed to by the following

(a)	受酒精/藥物/酒精飲料/麻醉劑/鎮靜劑/物品濫用所影響 under influence of alcohol / drugs / intoxicants / narcotics / sedatives / substance abuse	☐ 是 Yes ☐ 否 No
(b)	意自我傷害/企圖自殺 intentionally self-inflicted injury / attempted suicide	☐ 是 Yes ☐ 否 No
(c)	精神病/精神/心理失常 mental illness / psychiatric / psychological disorder	☐ 是 Yes ☐ 否 No
(d)	懷孕/分娩/流產/墮胎/其併發症 pregnancy / childbirth / miscarriage / abortion / complication	☐ 是 Yes ☐ 否 No
(e)	靜養療法/療養/康復/復康 rest cures / sanatorium / convalescence / rehabilitation	☐ 是 Yes ☐ 否 No
(f)	整容/整形/任何選擇性外科手術 cosmetic / plastic / elective surgery	☐ 是 Yes ☐ 否 No
(g)	愛滋病/免疫力衰減症有關之疾病 AIDS / HIV-related illness	☐ 是 Yes ☐ 否 No
(h)	牙齒治療或手術 dental treatment or surgery	☐ 是 Yes ☐ 否 No
	非健康天生牙齒(如假牙、蛀牙) not sound& natural teeth involved	☐ 是 Yes ☐ 否 No

本人謹此聲明曾為病人就上述診斷作出檢查及治療，而據本人所知所信，以上填報各項答案均屬正確。
I hereby certify that I have personally examined and treated the patient in connection to the above condition and that the answers given above are all true to the best of my knowledge and belief.

醫生姓名 Name of Physician	簽署 Signature	醫院蓋章 Hospital Stamp
資格 Qualification		日期 Date
地址 Address		電話 Tel No

* Please delete or cross out as appropriate 請刪除(如不適用)

如中文版本的內容與英文版本有任何差異，均以英文版本為準。In case of inconsistency between the Chinese and English version, the English version shall prevail.

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

中國太平保險(香港)有限公司 (下稱 "本公司")明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。閣下提供本索償表格要求的個人資料(包括信用資料和以往申索記錄)，是為了本公司提供保險業務所需，本公司並可能使用閣下的個人資料作以下用途：

(i) 任何與保險有關的產品或服務(包括處理及審批閣下索償、結清申索、保單相關行政、財務工作、索償調查或分析、偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）及其它相關的服務)，或該等產品或服務的任何更改、變更、取消或續期；
(ii) 本公司行使任何代位權；
(iii) 就以上用途聯絡 閣下；
(iv) 其它與上述用途有直接關係的附帶用途；及
(v) 遵循適用法律，條例及業內守則及指引。

本公司亦可因應上述用途披露/轉移 閣下的個人資料予下列各方，而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料：

(a) 向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問，或任何從事與保險或再保險業務有關的公司，或閣下的保險中介人(若有) 、保險理算人或索償調查員/公司，或其他保險業務有關的服務提供者；
(b) 僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；
(c) 本公司的關連公司(以《公司條例》內的定義為準)；
(d) 政府及市場認可的保險業監管機構：保險投訴局及同類的保險業機構、香港保險業聯會（或同類的保險公司聯會）及其會員；
(e) 法例要求或許可的政府機關包括運輸署。

閣下的個人資料可能因上述用途提供給以上任何機構 (在香港境內或境外)，而就此而言， 閣下同意將 閣下的資料移轉至香港境外。

閣下可有權隨時查閱及 / 或更正由本公司持有有關閣下的個人資料。如有需要，請以書面形式向本公司的總經理辦公室提出，地址為香港北角京華道18號15樓或電郵info@hk.cntaiping.com。另本公司私隱政策的全文已上載於www.hk.cntaiping.com，歡迎查閱。

本公司為預防保險詐騙偵測系統成員，詳情請參閱www.hkfi.org.hk/ifpcd/en/index.html。

本聲明的中英文版本如有任何歧異或不一致，概以英文版為準。

China Taiping Insurance (HK) Company Limited (the "Company") understands its responsibilities to the collection, retention processing or use personal data under the Personal Data (Privacy) Ordinance. The personal data you provided in this form (including credit information and claims history) is collected to enable the Company to carry on insurance business. The Company may also use your personal data for the following purposes:

(i) any insurance related product or service (include processing and evaluating your insurance claim, settling claims, providing administration, financing, claim investigation or analysis work, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;
(ii) exercising any right of subrogation;
(iii) contacting you for any of the above purposes;
(iv) other ancillary purposes which are directly related to the above purposes; and
(v) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose / transfer your personal data to the following persons who may collect and use this data only as reasonably necessary to carry out the purposes described above:

(a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjustors/companies, or other service provider providing services relevant to insurance business;
(b) employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
(c) the Company's related companies (as that term is defined in the Companies Ordinance);
(d) Government and industry recognized insurance regulatory bodies: the Insurance Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members ; and
(e) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

You have the right to access and/or request correction of any personal data concerning yourself held by the Company. Requests for such access can be made in writing to Office of the General Manager at 15/F., 18 King Wah Road, North Point, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company's Data Privacy Policy can be found at www.hk.cntaiping.com.

The Company is a member of the Insurance Fraud Prevention Claims Database, please go to website www.hkfi.org.hk/ifpcd/en/index.html for details.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.