



QBE General Insurance (Hong Kong) Limited

1606 - 11, Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong
Claims Hotline: +852 2828 3133 Fax: +852 2537 1384 Email: claims.gihk@qbe.com www.qbegihk.com

昆士蘭保險（香港）有限公司

香港鰂魚涌英皇道979號太古坊德宏大廈16樓1606 - 11室
賠償部電話 : +852 2828 3133 賠償部傳真 : +852 2537 1384 賠償部電郵 : claims.gihk@qbe.com www.qbegihk.com

人身意外保險賠償申請表

PERSONAL ACCIDENT INSURANCE CLAIM FORM

根據保單條款，此賠償申請表應詳細填妥並簽署，及遞上各有關單據、病假紙及醫生介紹書，以免延緩索償進度。

According to Policy Conditions, this form should be fully completed and signed, and the available medical bills, sick leave certificates and doctor's referral letter be submitted, to avoid delay in claim process.

如投保人因傷不能書寫，投保人之家屬或負責人可代為填簽。

If the Insured is unable to write on account of disablement, this form should be filled up and signed by a close relative or other responsible person in charge of the Insured for the time being.

呈遞此賠償申請表，並不表示公司承擔賠償責任。

By furnishing this form the Company makes no admission of liability.

日期

Date: _____

甲項 投保人資料 SECTION A INSURED'S INFORMATION

姓名 Name	香港身份證／護照號碼 HKID Card/Passport No.	保單號碼 Policy No.
出生日期 Date of Birth	性別 Sex	職業 Occupation
地址 Address		
電郵地址 E-Mail Address		流動電話號碼 Mobile Phone No.
傷者姓名(如非投保人) Name of Injured Person (if not the Insured)	與投保人關係 Relationship with the Insured	職業 Occupation
出生日期 Date of Birth	聯絡電話 Tel No.	

乙項 意外詳情 SECTION B PARTICULARS OF ACCIDENT

日期 Date	時間 Time	上午／下午 a.m./p.m.	地點 Place
敘述意外發生之詳情 Describe exactly how the accident occurred			

意外是否由工作引致
Was the accident arising out of occupation or business related

是 Yes 否 No

丙項 受傷之詳情 SECTION C PARTICULARS OF INJURY

受傷部位 Region of Injury	受傷性質 Nature of Injury
<input type="checkbox"/> 手 hand <input type="checkbox"/> 腳 leg	<input type="checkbox"/> 扭傷 sprain <input type="checkbox"/> 骨折 fracture
<input type="checkbox"/> 頭 head <input type="checkbox"/> 眼 eye	<input type="checkbox"/> 撞傷 contusion <input type="checkbox"/> 割傷 laceration
<input type="checkbox"/> 其他 others _____	<input type="checkbox"/> 其他 others _____

是否已完全康復 是 否 若是，康復日期
Whether fully recovered? Yes No If yes, give date _____

附註：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。

Note: 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.

丁項 收取賠償款項方式
SECTION D PAYMENT MODE

在保單條款許可情況下，閣下可選擇以銀行轉賬或支票方式收取賠償款項。一般情況下，選擇銀行轉賬收取賠償款項較支票快3-5個工作天。如閣下沒有選擇收取賠償款項方式，將會視作選擇以支票收取賠償款項。
Subject to the terms and conditions of your policy, you may select to receive the claim payable amount by way of direct credit or cheque. Normally, you will receive payment 3 – 5 working days earlier if you choose the direct credit option. If you do not provide payment preference, a cheque will be issued for any claim payment.

銀行轉賬重要事項 Important Note for Direct Credit

- a. 有關之賠款將按其保單條款，存入該受保人名下之銀行賬戶。請確保賬戶號碼及賬戶持有人名稱正確，以免引致不必要之延誤。
The claim payment shall be credited to the bank account in the name of the Insured Person in accordance with the terms and condition of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.
- b. 如索償人提供之銀行賬戶號碼及 / 或戶口持有人名稱不正確，而導致本公司錯誤將賠款存至第三者戶口，無論有關賠款能否取回，本公司無任何責任再支付該賠款及其引致之相關銀行手續費用。
If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and/or account holder name, we shall not be liable to make any further payment and any other additional banking handling charges regardless of whether the claim payment can be recovered.

選擇(一)

Option (1) 銀行轉賬 By direct credit – 只限港幣戶口 for HKD account only

請提供相關銀行資料 Please provide your bank account details

銀行名稱 恒生銀行 Hang Seng Bank
Bank Name: 其它，請列明 Others, please specify _____

賬戶持有人姓名(英文及大楷寫)
Name of Account Holder
(in English & block letter)

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銀行賬戶資料 Bank Account Information

銀行編號 Bank Code	銀行賬戶號碼 Bank A/C No.

選擇(二) 港幣支票
Option (2) Hong Kong Dollar Cheque

聲明及授權書

DECLARATION AND AUTHORISATION

本人/吾等聲明上述資料完整及正確無訛。本人/吾等並無隱瞞任何重要資料。本人/吾等明白公司可要求更多資料。本人/吾等確認本人/吾等已細閱昆士蘭保險(香港)有限公司的收集個人資料聲明(「通知」),並知悉及同意有關於本人/吾等於是次申請由本人/吾等提供的所有個人資料及其他資料將可能被持有、使用、處理或披露予有關各方以用作「通知」上所載的用途上。

I/We declare that the above information is true and complete to the best of my/our knowledge and belief and I/we have not withheld any material information connected with this claim. I/We understand that the Company can request for more information. I/We confirm that I/We have read the QBE General Insurance (Hong Kong) Limited's Personal Information Collection Statement ("Notice") and acknowledge and agree that all personal data and information with respect to me/us which are provided by me/us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Notice.

本人/吾等現授權任何醫生、醫院、診所、保險公司或機構可將本人/吾等之病情、以往病歷、診治及申請賠償等資料給予昆士蘭保險(香港)有限公司或其代表。此授權書之副本與正本同等有效。

I/We hereby authorize any medical practitioner, hospital, clinic, insurance company or organization that has any records or knowledge of me/us or my/our health, to furnish to QBE General Insurance (Hong Kong) Limited or its authorized representative, any and all information with respect to my/our illness or injury, medical history, consultation prescription or treatment. A photostat copy of this authorization shall be considered as effective and valid as the original.

傷者簽署(如非投保人)
Signature of Injured Person (if not the Insured)

投保人簽署
Signature of Insured

戊項 醫生證明 (如申請跌打費用單項賠償, 本欄無須填寫)

SECTION E CERTIFICATE OF MEDICAL ATTENDANT (To be completed for all types of claims, except for bone-setting claims)

以下須交由主診醫生填寫, 而費用須由投保人負責

The following must be completed by the Attending Doctor at the expense of the Insured

病人姓名 _____ 意外日期 _____
Patient's Name _____ Date of Accident _____

於上述意外發生後, 閣下何時替病人作首次檢查?

Upon what date did you first examine the patient after the accident described herein? _____

據閣下所知, 是什麼原因引致受傷?

To your knowledge, what was the cause of the injuries? _____

受傷部位 (如肢體, 說明右或左)

Regions injured (If a limb, state right or left) _____

受傷性質及其程度

Nature and Extent of Injuries _____

病人的情況是否唯一由上述意外引起?

是

否

Is the patient's condition solely due to the accident herein? Yes No

若否, 說明其他原因

If no, state other cause _____

除以上所述受傷情況外, 有否其他情形, 例如: 心臟病、痛風、風濕病、癱瘓或其他疾病可能會導致或延長其傷殘時間?

Has any circumstance, irrespective of the accidental injuries, such as cardiac affection, gout, rheumatism, paralysis, disease or otherwise, tended to produce or prolong disablement?

是

否

若有, 請詳述

Yes No If yes, please give particulars _____

請根據病人於上頁所述的職業, 就下列情況說明:

Bearing in mind the patient's occupation as stated overleaf, please state:

1. 病人完全失去一切工作能力的期間:

The period during which the patient has been totally disabled from attending to business of any kind:

由 From: _____ 至 To: _____

2. 病人完全失去本身工作能力的期間:

The period during which the patient has been totally disabled from attending his/her usual occupation or business:

由 From: _____ 至 To: _____

3. 病人失去部份本身工作能力的期間:

The period during which the patient has been partially disabled from attending his/her usual occupation or business:

由 From: _____ 至 To: _____

本人謹此證明本人已親自為此病人就上述之受傷進行檢查, 並確認上述事實代表本人對他/她的情況之意見。

I hereby certify that I have personally examined the patient for the above injuries and that the facts given above represent my opinion of his/her condition.

簽署(及印章)

Signed (with chop) _____

姓名

Name _____

日期

Date _____

專業資歷

Qualifications _____

地址

Address _____



QBE General Insurance (Hong Kong) Limited

昆士蘭保險（香港）有限公司

A member of the worldwide QBE Insurance Group 澳洲昆士蘭保險集團成員

QBE General Insurance (Hong Kong) Limited - Personal Information Collection Statement

QBE General Insurance (Hong Kong) Limited ("the Company") may use the personal data the Company collect about you for the following purposes:

Insurance Services (mandatory)

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. any alterations, variations, cancellation or renewal of any insurance and related services;
4. investigating, analyzing, processing and paying claims made under your insurance policy;
5. invoicing and collecting premiums and outstanding amounts from you;
6. exercising any right under the insurance policy including right of subrogation, if applicable;
7. complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order.
8. contacting you for any of the above purposes;
9. other ancillary purposes which are directly related to the above purposes;

The information you provide to the Company may be provided or transferred to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:

- a. any agent, advisor, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
- b. any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- c. any members of the Federation by the Federation for any of the above or related purposes;
- d. regulators;
- e. lawyers;
- f. auditors; and
- g. other insurance companies within the QBE Group which have undertaken to keep such information confidential and solely for the purposes set out in the above paragraph.

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services.

Direct Marketing of Products and Services

To provide a more comprehensive range of financial and insurance services, the Company may use your name, mobile phone number, residential phone number, office phone number, residential address, correspondence address, email address, age, gender and occupation (the "Marketing Personal Data") in direct marketing. Save in the circumstances exempted in the Personal Data (Privacy) Ordinance, the Company cannot so use your Marketing Personal Data without your consent (which includes an indication of no objection). In this connection, please note that the Company may use your Marketing Personal Data for the following purposes:

- 1) any sales or direct marketing of insurance, banking, financial services, provident schemes products or related services of the Company or of the financial services providers engaged by the Company.
- 2) to conduct research, insurance survey and analysis for the purpose of product design and development and improvement of our services to you and such data may be transferred to third party service provider in Hong Kong or overseas who provides administrative, data processing, marketing services, consulting services and storage services.

You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company subject to payment of an administrative fee. Requests for such access or correction can be made in writing to the Data Protection Officer, QBE General Insurance (Hong Kong) Limited, Suites 1606-11, 16/F, Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. Fax: (852) 3607 0391.

If you do not want to receive any sale or marketing of any of the products or services from the Company at any time, you may also contact the Company's Data Protection Officer.

Apr 2015



昆士蘭保險（香港）有限公司 - 收集個人資料聲明

昆士蘭保險（香港）有限公司（本公司）將所收集閣下的個人資料，可能用作下列的用途：

保險服務（強制）

1. 處理及評估任何保險產品之申請，及有關服務之日常運作；
2. 管理閣下的保單及為閣下的保單提供相關服務；
3. 有關保險產品及服務的任何更改、變更、取消或續保；
4. 閣下保單索償的調查、分析、處理及賠償；
5. 保費通知、收集保費和款項；
6. 行使有關保險單賦予的任何權利包括代位權，如適用；
7. 遵守及乎合任何法例及條例規定的要求、行業手則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求；
8. 為上述任何用途與閣下聯絡；
9. 與上述用途直接有關之其他附帶的目的。

閣下向本公司提供的資料可能會提供或轉送予下列各方在香港或海外單位作前段所述的用途：

- a. 任何代理人、顧問、諮詢人、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應人或其他從事與保險或再保險業務有關的公司，或中介人，或索償或調查或其他提供與保險業務有關的服務供應人，以達到任何上述或有關的用途；
- b. 現存或不時成立的任何保險公司協會或聯會或類同組織（聯會），以達到任何上述或有關的用途，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；
- c. 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；及
- d. 監管機構；
- e. 執業律師；
- f. 認可核數師及
- g. 昆士蘭保險集團內的其他保險公司已承諾將資料保密並純粹用作上述的用途。

如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下之申請及為閣下提供服務。

直接市場推廣產品及服務

為提供更全面的金融和保險服務，本公司可能會使用閣下的姓名、手提電話號碼、家居電話號碼、辦公室電話號碼、居住地址、郵寄地址、電子郵件地址、年齡、性別及職業（「市場推廣用途的個人資料」）作直接促銷。除非本公司已取得閣下的同意（包括表示不反對），否則本公司不可以如此使用閣下的市場推廣用途的個人資料，但個人資料（私穩）條例下所指明的豁免情況除外。就此，本公司可能會使用閣下的市場推廣用途的個人資料作下列用途：

- 1) 任何銷售或市場推廣有關本公司或本公司之業務伙伴的保險、銀行、金融服務、公積金計劃或有關服務。
- 2) 進行研究、保險調查及分析以供產品設計及發展及提升本公司提供予閣下的服務質素的用途上，閣下該等資料將轉移到香港或海外的第三方的服務供應商以提供行政、資料處理、市場推廣、諮詢及儲存服務。

閣下有權查明本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，並需支付行政費用。有關查閱或更正的要求，可致函香港鰂魚涌英皇道979號太古坊德宏大廈16樓1606-11室，傳真：(852) 3607 0391 向昆士蘭保險（香港）有限公司資料保護主任提出。

如閣下於任何時間不欲收取本公司的任何產品或服務的任何銷售或推廣，閣下亦可聯絡上述資料保護主任。

[中文譯本僅供參考，文義如與英文本有歧異，概以英文版為準。]

2015 年 4 月