

eClaims

- 提交索賠申請
- 追蹤索賠進度

Qnect Training - For Internal Use Only



索償需於發生事
故當天起30天內
提出申請

進入網上索償系統

QBE Insurance Claims

Simple Online Insurance Claim Experience

Start your claim here

Your Policy Number*

How to find my policy
number?

Date of Loss/Incident*

DD/MM/YYYY

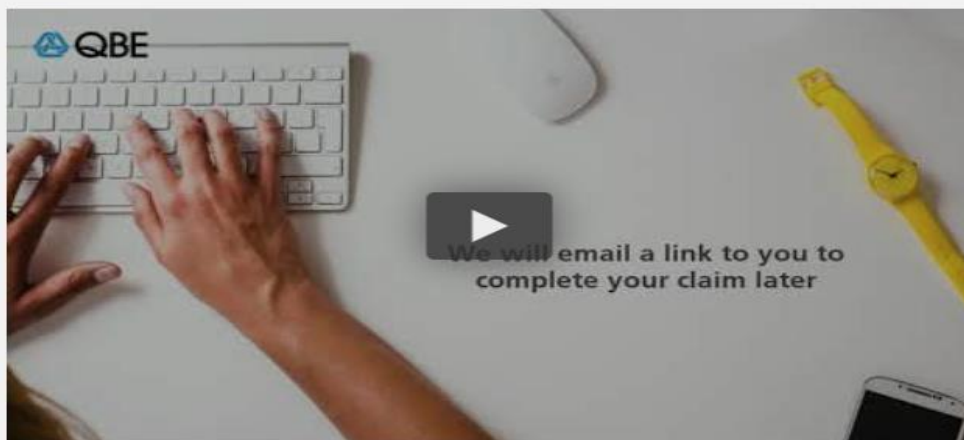


Start >

or you may want to

Check Claim Status

Read the FAQ



Documents to prepare

- Bond
- Builders Risk/Hull
- Burglary
- Commercial Property
- Directors & Officers
- Electronic Equipments
- Employee Compensation
- Errors & Omissions
- Fidelity Guarantee
- Home
- Jewellers Block
- Marine Cargo
- Marine Liability/Freight Forwarders
- Medical
- Personal Accident
- Pleasure craft
- Professional Indemnity
- Residential Fire
- Others

右欄已列出所需
預備的文件

索償需於發生事故當天起30天內提出申請

輸入保單編號及意外發生日



QBE Insurance Claims

Simple Online Insurance Claim Experience

Start your claim here

Your Policy Number*

Date of Loss/Incident*

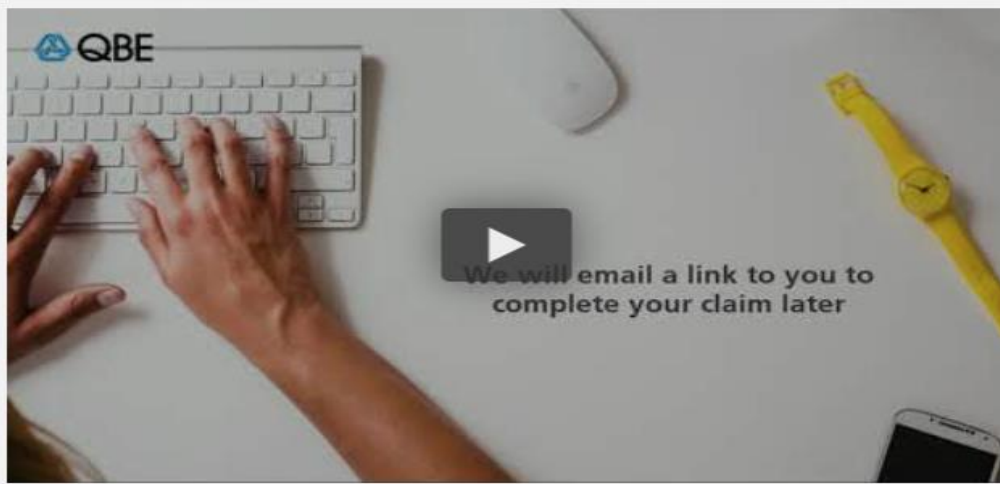
Start >

[How to find my policy number?](#)

or you may want to

[Check Claim Status](#)

[Read the FAQ](#)



Documents to prepare

- Bond
- Builders Risk/Hull
- Burglary
- Commercial Property
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- Personal Accident
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- Residential Fire
- Others

索償需於發生事故當天起30天內提出申請

QBE Insurance Claims

Simple Online Insurance Claim Experience

點擊[Start], 提交所需資料

Start your claim here

Your Policy Number*

How to find my policy number?

Date of Loss/Incident*

Start >

or you may want to

Check Claim Status

Read the FAQ




Documents to prepare

- Bond
- Builders Risk/Hull
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- Commercial Property
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- Errors & Omissions
- Fidelity Guarantee
- Home
- Jewellers Block
- Marine Cargo
- Marine Liability/Freight Forwarders
- Medical
- Personal Accident
- Pleasure craft
- Professional Indemnity
- Residential Fire
- Others

Welcome

Personal Accident A0000001

 **Authenticate Yourself**


 Select Insured

 Accident details

 Injury details


 Claim details

 Payment & Contact

 Review & Submit

Authentication

Fill in details below for verification.

Full name* 

HKID no. /Passport no./ Business Registration no.*

輸入保單持有人**全名及**
香港身份證或護照號碼進行認證

- ✔ **Authenticate Yourself**
- ✎ **Select Insured**
- ✕ **Accident details**
- ✕ **Injury details**
- ✕ **Claim details**
- ✕ **Payment & Contact**
- ✕ **Review & Submit**

Tell us who is involved in this claim

Select insured person

Chan Tai Man

[Click here](#) if you cannot find the insured person



選擇受保人參與此索賠

Welcome Chan Tai Man
Personal Accident A0000001

- ✓ **Authenticate Yourself**
- ✎ **Select Insured**
- ✕ **Accident details**
- ✕ **Injury details**
- ✕ **Claim details**
- ✕ **Payment & Contact**
- ✕ **Review & Submit**

Tell us who is involved in this claim

Select insured person

Chan Tai Man

[Click here](#) if you cannot find the insured person

請點擊[Next],
到下一頁

Next →

Authenticate Yourself

Select Insured

Accident details

Injury details

Claim details

Payment & Contact

Review & Submit

← Back

Accident Details

Occupation of Insured Person*

Please select

Job Title of Insured Person*

Date and Time of the Incident*

20/12/2023 12:00

Where was the insured when subject illness/injury occurred?*

HONG KONG

Place where incident happened?*

Use my current location



Details of how the incident happened*

Empty text area for details of how the incident happened.

Save for Later

Next →

Welcome Chan Tai Man
Personal Accident A0000001

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- Accident details**
- ✗ **Injury details**
- ✗ **Claim details**
- ✗ **Payment & Contact**
- ✗ **Review & Submit**

選擇受保人的職業

← Back

Accident Details

Occupation of Insured Person*

Please select

- Please select
- Accountant / Auditor
- Actuary
- Acupuncturist
- Adjustor, Insurance
- Administrative Officer / Clerk
- Advertising Agent (Clerical staff only)
- Agent, Real Estate
- Architect
- Babysitter
- Bakers
- Banker
- Barista
- Barrister
- Bartender
- Beautician
- Building Attendant
- Butcher
- Cashier
- Chauffeur



Details of how the incident happened*

Empty text box for incident details.

Save for Later

Welcome Chan Tai Man
 Personal Accident | A0000001

- ✓ [Authenticate Yourself](#)
- ✓ [Select Insured](#)
- ✎ [Accident details](#)
- ✗ [Injury details](#)
- ✗ [Claim details](#)
- ✗ [Payment & Contact](#)
- ✗ [Review & Submit](#)

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Accident Details

Occupation of Insured Person*

Accountant / Auditor

Job Title of Insured Person*

manager

Date and Time of the Incident*

20/12/2023 12:00

Where was the insured when subject illness/injury occurred?*

HONG KONG

Place where incident happened?*

[Use my current location](#)



Details of how the incident happened*

[Save for Later](#)

輸入受保人的職銜



Welcome | Chan Tai Man
Personal Accident A0000001

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✎ **Accident details**
- ✗ **Injury details**
- ✗ **Claim details**
- ✗ **Payment & Contact**
- ✗ **Review & Submit**

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Accident Details

Occupation of Insured Person*

Accountant / Auditor

Job Title of Insured Person*

manager

Date and Time of the Incident*

20/12/2023 12:00

Where was the insured when subject illness/injury occurred?*

December 2023

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

12 : 00

輸入意外受傷
日期及時間



Details of how the incident happened*

Empty text area for describing the incident details.

[Save for Later](#)

Welcome Chan Tai Man

Personal Accident A0000001

- ✓ [Authenticate Yourself](#)
- ✓ [Select Insured](#)
- ④ [Accident details](#)
- ✗ [Injury details](#)
- ✗ [Claim details](#)
- ✗ [Payment & Contact](#)
- ✗ [Review & Submit](#)

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Accident Details

Occupation of Insured Person*

Accountant / Auditor

Job Title of Insured Person*

manager

Date and Time of the Incident*

19/12/2023 12:00

Where was the insured when subject illness/injury occurred?*

HONG KONG

FRENCH SOUTHERN TERRITORIES

GABON

GAMBIA

GEORGIA

GERMANY

GHANA

GIBRALTAR

GREECE

GREENLAND

GRENADA

GUADELOUPE

GUAM

GUATEMALA

GUINEA

GUINEA-BISSAU

GUYANA

HAITI

HEARD AND MC DONALD ISLANDS

HONDURAS

HONG KONG



Details of how the incident happened*

Empty text area for incident details.

選擇意外受傷國家

Welcome Chan Tai Man
Personal Accident A0000001

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✎ **Accident details**
- ✕ Injury details
- ✕ Claim details
- ✕ Payment & Contact
- ✕ Review & Submit

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Accident Details

Occupation of Insured Person*

Accountant / Auditor

Job Title of Insured Person*

manager

Date and Time of the Incident*

19/12/2023 12:00

Where was the insured when subject illness/injury occurred?*

HONG KONG

Place where incident happened?*

Hong Kong, Tai Wai, 丰公廟路



Details of how the incident happened*

[Save for Later](#)

選擇意外受傷地區

Welcom Chan Tai Man
Personal Accident A0000001

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✎ **Accident details**
- ✗ **Injury details**
- ✗ **Claim details**
- ✗ **Payment & Contact**
- ✗ **Review & Submit**

← Back

Accident Details

Occupation of Insured Person*

Accountant / Auditor

Job Title of Insured Person*

manager

Date and Time of the Incident*

19/12/2023 12:00

Where was the insured when subject illness/injury occurred?*

HONG KONG

Place where incident happened?*

Hong Kong, Tai Wai, 車公廟路



Details of how the incident happened*

[Redacted text area]

Please enter a value

Save for Later

輸入意外發生的資料

Welcom Chan Tai Man
Personal Accident A0000001

- ✓ [Authenticate Yourself](#)
- ✓ [Select Insured](#)
- ✎ [Accident details](#)**
- ✗ [Injury details](#)
- ✗ [Claim details](#)
- ✗ [Payment & Contact](#)
- ✗ [Review & Submit](#)

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Accident Details

Occupation of Insured Person*

Job Title of Insured Person*

Date and Time of the Incident*

Where was the insured when subject illness/injury occurred?*

Place where incident happened?*



Details of how the incident happened*

[Save for Later](#)

請點擊[Next],
到下一頁



[Next →](#)

Welcome Chan Tai Man

Personal Accident A0000001

✓ **Authenticate Yourself**

✓ **Select Insured**

✓ **Accident details**

✎ **Injury details**

✗ **Claim details**

✗ **Payment & Contact**

✗ **Review & Submit**

← Back

Injury Details

Have you been injured in the accident?*

Yes

No

回覆簡單問題

Next →

- ✔ Authenticate Yourself
- ✔ Select Insured
- ✔ Accident details
- ✔ **Injury details**
- ✘ Claim details
 - Details of the incident
 - Reporting the loss
 - Supporting documents
- ✘ Payment & Contact
- ✘ Review & Submit

← Back

Injury Details

Have you been injured in the accident?*

Yes No

Area(s) of Injury
Right



Please select a value

Are there any injured areas that are internal? Eg: Internal organ damage, concussion / traumatic brain injury, etc*

Yes No

Nature of Injury*

Please select

Have you ever encountered similar incident or sustained an injury of similar nature in the past?*

Yes No

Save for Later

Next →

Welcome Chan Tai Man
Personal Accident A0000001

✓ **Authenticate Yourself**

✓ **Select Insured**

✓ **Accident details**

Injury details

✗ **Claim details**

Details of the incident
Reporting the loss
Supporting documents

✗ **Payment & Contact**

✗ **Review & Submit**

← Back

Injury Details

Have you been injured in the accident?*

Yes

No

Area(s) of Injury

Right

Left



選擇受傷部位

Are there any injured areas that are internal? Eg: Internal organ damage, concussion / traumatic brain injury, etc*

Yes

No

Nature of Injury*

Please select



回覆簡單問題

Have you ever encountered similar incident or sustained an injury of similar nature in the past?*

Yes

No

Save for Later

請點擊[Next],
到下一頁

Next →

Welcome Chan Tai Man
Personal Accident A0000001

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✓ **Accident details**
- ✓ **Injury details**
- ✎ **Claim details**
- ✓ **Payment & Contact**
- ✕ **Review & Submit**

← Back

Tell us what happened

Select claim type



Accidental Medical Expenses



Others / Not Sure

選擇賠償類型

1. 選擇意外醫療費用賠償



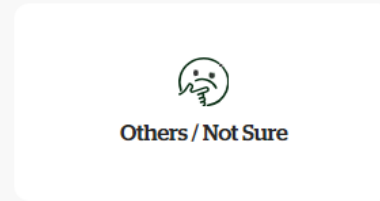
Welcome **Chan Tai Man**
Personal Account A0000001

- ✓ Authenticate Yourself
- ✓ Select Insured
- ✓ Accident details
- ✓ Injury details
- ✓ Claim details
- ✗ Accidental Medical Expenses Remove
 - Hospital/Clinical Expenses
 - Stayed in Intensive Care
 - Outpatient Consultations
 - Supporting documents
- ✓ Payment & Contact
- ✗ Review & Submit

← Back

Tell us what happened

Select claim type



選擇這賠償類型展示

Save for Later

請點擊[Next],
到下一頁

Next →

Welcome **Chan Tai Man**

Personal Accident , A0000001

- ✓ [Authenticate Yourself](#)
- ✓ [Select Insured](#)
- ✓ [Accident details](#)
- ✓ [Injury details](#)
- ✓ [Claim details](#)
- ⊗ [Accidental Medical Expenses](#) Remove
 - [Hospital/Clinical Expenses](#)
 - [Supporting documents](#)
- ⊗ [Payment & Contact](#)
- ⊗ [Review & Submit](#)

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Hospital/Clinical Expenses

Were you admitted to a hospital?*

Yes No

選擇問題

請點擊[Next],
到下一頁

[Next →](#)

Welcome Chan Tai Man

Personal Accident A0000001

- ✓ Authenticate Yourself
- ✓ Select Insured
- ✓ Accident details
- ✓ Injury details
- ✓ Claim details
- ⊗ Accidental Medical Expenses Remove
 - Hospital/Clinical Expenses
 - Stayed in Intensive Care
 - Outpatient Consultations
 - Supporting documents
- ✓ Payment & Contact
- ⊗ Review & Submit

[← Back](#)

Hospital/Clinical Expenses


Were you admitted to a hospital?*

 Yes No


Hospital Expense 1

Name of Hospital*

Date and Time of Admission*

Date and Time of Discharge*

Total amount of hospitalization expenses*

 [+ Add visit details](#)[回覆簡單問題](#)[Save for Later](#)

請點擊[Next],
到下一頁

[Next →](#)

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✓ **Accident details**
- ✓ **Injury details**
- ✓ **Claim details**
- ⊗ **Accidental Medical Expenses** Remove
 - Hospital/Clinical Expenses
 - Stayed in Intensive Care
 - Outpatient Consultations
 - Supporting documents
- ✓ **Payment & Contact**
- ⊗ **Review & Submit**

← Back

Stayed in Intensive Care

Did you stay in Intensive Care?*

Yes

No



選擇問題

請點擊[Next],
到下一頁



Next →

Welcome | Chan Tai Man
Personal Accident | A0000001

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✓ **Accident details**
- ✓ **Injury details**
- ✓ **Claim details**
- ⊗ **Accidental Medical Expenses** Remove
 - Hospital/Clinical Expenses
 - Stayed in Intensive Care
 - Outpatient Consultations
 - Supporting documents
- ✓ **Payment & Contact**
- ⊗ **Review & Submit**

← Back

Outpatient Consultations

Have you had any outpatient consultations?*

Yes

No

選擇問題

請點擊[Next],
到下一頁

Next →

Welcome **Chan Tai Man**
Personal Accident A0000001

✓ [Authenticate Yourself](#)

✓ [Select Insured](#)

✓ [Accident details](#)

✓ [Injury details](#)

✓ [Claim details](#)

✗ [Accidental Medical Expenses](#) Remove

Hospital/Clinical Expenses

Stayed in Intensive Care

[Outpatient Consultations](#)

Supporting documents

✓ [Payment & Contact](#)

✗ [Review & Submit](#)

[← Back](#)

Outpatient Consultations

Have you had any outpatient consultations?*

Yes

No

Clinical Expense 1

Date of Visit*

18/12/2023



Medical attention received from / for*



Please select
General practitioner
Specialist
Registered Chinese Medicine Practitioner
Physiotherapy
Occupational Therapist
Diagnostic Testing
Chiropractor
Dentist
Others

Total amount of the clinical expenses*

HKD



[+ Add visit details](#)

Are you fully recovered, and are all your medical receipts ready to be submitted to QBE?*

Yes

No

[回覆簡單問題](#)

Welcome Chan Tai Man
Personal Accident A0000001

✓ [Authenticate Yourself](#)

✓ [Select Insured](#)

✓ [Accident details](#)

✓ [Injury details](#)

✓ [Claim details](#)

✗ [Accidental Medical Expenses](#) Remove

[Hospital/Clinical Expenses](#)

[Stayed in Intensive Care](#)

[Outpatient Consultations](#)

[Supporting documents](#)

✓ [Payment & Contact](#)

✗ [Review & Submit](#)

[← Back](#)

Outpatient Consultations

Have you had any outpatient consultations?*

[Yes](#)

[No](#)

Clinical Expense 1

Date of Visit*

19/12/2023



Medical attention received from / for*

Specialist



Total amount of the clinical expenses*

HKD



500.00

[+ Add visit details](#)

Are you fully recovered, and are all your medical receipts ready to be submitted to QBE?*

[Yes](#)

[No](#)

[Save for Later](#)

請點擊[Next],
到下一頁



[Next →](#)

Welcome | Chan Tai Man
Personal Accident A0000001

✓ **Authenticate Yourself**

✓ **Select Insured**

✓ **Accident details**

✓ **Injury details**

✓ **Claim details**

✗ **Accidental Medical Expenses** Remove

Hospital/Clinical Expenses

Stayed in Intensive Care

Outpatient Consultations

Supporting documents

✓ **Payment & Contact**


✗ **Review & Submit**

[← Back](#)

Upload your supporting documents


Please submit the following 4 document(s) to process the claim.

Medical Receipt

 Drag and Drop file here or Choose file(s)

[+ Add another file](#)

Hospital Discharge Slip/Summary

 Drag and Drop file here or Choose file(s)


[+ Add another file](#)

Referral Letter for specialist care (eg: Physiotherapy, Chiropracter or Diagnostic Tests (X-Ray, MRI, CT))

 Drag and Drop file here or Choose file(s)

[+ Add another file](#)

Medical report/ certificate(s) stating diagnosis and date of injury commenced and certified by a qualified medical practitioner (if applicable)

 Drag and Drop file here or Choose file(s)

[+ Add another file](#)

If you have more documents that will help us process your claim, [upload here](#)

Please retain the original copy of the submitted documents for 3 months.

[Save for Later](#)

提供所需文件

[Next →](#)

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✓ **Accident details**
- ✓ **Injury details**
- ✓ **Claim details**
- ✗ **Accidental Medical Expenses** Remove
 - Hospital/Clinical Expenses
 - Stayed in Intensive Care
 - Outpatient Consultations
 - Supporting documents
- ✓ **Payment & Contact**
- ✗ **Review & Submit**

← Back

Covered by another insurance policy?

Is the claim covered by any other insurance policy?*

Yes No

回答是否向其他保險公司就是次事件提出索賠

Save for Later

Next →

Welcome! Chan Tai Man

Personal Accident A0000001

 Authenticate Yourself Select Insured Accident details Injury details Claim details Accidental Medical Expenses Remove

Hospital/Clinical Expenses

Stayed in Intensive Care

Outpatient Consultations

Supporting documents

 Payment & Contact Review & Submit[← Back](#)

Payment bank account details

Account holder name*

Chan Tai Man

Bank Code / Bank Name*

004 | HSBC

Finding Branch code

×🔄

HSBC

123 123456 789

Branch Code Account Number

You can find the Branch Code and Account Number on your HSBC ATM Card.

The first 3 digits are the Branch Code and the following 7 or 9 digits are the Account Number.

Branch code (3 digits)*

Account number (6-9 digits)*

If you are having difficulties filling up the bank account details, [click here](#)

[Save for Later](#)

提供您的收款銀行資料
注意：賠償金額以港元結算

[Next →](#)

Welcome: Chan Tai Man
Personal Accident A0000001

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✓ **Accident details**
- ✓ **Injury details**
- ✓ **Claim details**
- ⊗ **Accidental Medical Expenses** Remove
 - Hospital/Clinical Expenses
 - Stayed in Intensive Care
 - Outpatient Consultations
 - Supporting documents
- 🔗 **Payment & Contact**
- ⊗ **Review & Submit**

[← Back](#)

Contact information

We may contact you for any update of the claim

Name*

Chan Tai Man

Mobile Number*

+852 12345678

This number will be used for any whatsapp / sms notification

Email Address*

chantaiman01@gmail.com

Confirm Email Address*

Would you like us to send a copy of all email notifications to your agent / broker on this claim?*

Yes

No

提供您的聯絡資料

[Save for Later](#)

[Next →](#)

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✓ **Accident details**
- ✓ **Injury details**
- ✓ **Claim details**
- ✗ **Accidental Medical Expenses** Remove
 - Hospital/Clinical Expenses
 - Stayed in Intensive Care
 - Outpatient Consultations
 - Supporting documents
- ✓ **Payment & Contact**
- 🔗 **Review & Submit**

[← Back](#)

確認資料

Summary of claim submission

Please review your claim details before submitting

Policy: **A0000001**

Insured person
Date of Birth

Chan Tai Man

01/01/1979

Accident Details

Occupation of Insured Person
Job Title of Insured Person
Date and Time of the Incident
Where was the insured when subject illness/injury occurred?
Place where incident happened?
Details of how the incident happened

**Accountant / Auditor
manager
18/12/2023 12:00
HONG KONG
Tsim Sha Tsui, Hong Kong
fall**

Injury Details

Have you been injured in the accident?
Area(s) of Injury
Nature of Injury
Have you ever encountered similar incident or sustained an injury of similar nature in the past?

**Yes
Left Shoulder, Neck
Fracture
No**

確認資料

Accidental Medical Expenses

Hospital/Clinical Expenses

Were you admitted to a hospital?

Yes

Hospital Expense 1

Name of Hospital

St. Baptist

Date and Time of Admission

18/12/2023 16:28

Date and Time of Discharge

20/12/2023 16:28

Total amount of hospitalization expenses

HKD 4,000.00

Stayed in Intensive Care

Did you stay in Intensive Care?

No

Outpatient Consultations

Have you had any outpatient consultations?

Yes

Clinical Expense 1

Date of Visit

19/12/2023

Medical attention received from / for

Specialist

Total amount of the clinical expenses

HKD 500.00

Are you fully recovered, and are all your medical receipts ready to be submitted to QBE?

Yes

Supporting documents

Medical Receipt

x Document Not Uploaded

Hospital Discharge Slip/Summary

x Document Not Uploaded

Referral Letter for specialist care (eg: Physiotherapy, Chiropracter or Diagnostic Tests (X-Ray, MRI, CT))

x Document Not Uploaded

Medical report/ certificate(s) stating diagnosis and date of injury commenced and certified by a qualified medical practitioner (If applicable)

x Document Not Uploaded

Another insurance?

Is the claim covered by any other insurance policy?

No

Payment & Contact

Payment information

Account holder name

Chan Tai Man

Bank Code / Bank Name

004 | HSBC

Branch code

123

Account number

123456

Contact Information

Name

Chan Tai Man

Mobile

+852 12345678

Email

chantaiman01@gmail.com

Would you like us to send a copy of all email notifications to your agent / broker on this claim?

Yes

Terms and Conditions:

I / We hereby confirm that I / we have read and fully understood the below documents / notice.

- Personal Information Collection Statement "PICS" Acknowledgment
- Declaration & Authorization

確認所有資料無誤後，拉到頁面底部，點擊同意

點擊 [Submit]
提交

Submit →

Save for Later

2. 選擇其他賠償



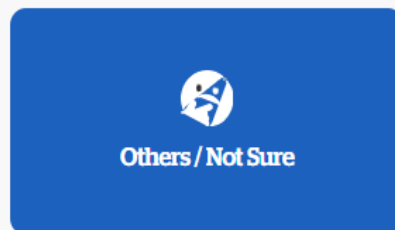
Welcome | Chan Tai Man
Personal Accident A0000001

- ✓ Authenticate Yourself
- ✓ Select Insured
- ✓ Accident details
- ✓ Injury details
- ✎ Claim details
- ✗ Others / Not Sure Remove
 - Details of the incident
 - Reporting the loss
 - Supporting documents
- ✗ Payment & Contact
- ✗ Review & Submit

← Back

Tell us what happened

Select claim type



選擇這賠償類型展示

請點擊[Next],
到下一頁

Next →

Welcome Chan Tai Man
Personal Accident , A0000001

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✓ **Accident details**
- ✓ **Injury details**
- ✓ **Claim details**
- ⊗ **Others / Not Sure** Remove
 - Details of the incident
 - Reporting the loss
 - Supporting documents
- ⊗ **Payment & Contact**
- ⊗ **Review & Submit**

描述意外發生

← Back

Tell us what happened

Details of the incident

Description of the Incident*

Please enter description of the incident

Amount claimed*

Welcome Chan Tai Man
Personal Accident A0000001

- ✓ **Authenticate Yourself**
 - ✓ **Select Insured**
 - ✓ **Accident details**
 - ✓ **Injury details**
 - ✓ **Claim details**
 - ✗ **Others / Not Sure** Remove
- Details of the incident
Reporting the loss
Supporting documents
- ✗ **Payment & Contact**
 - ✗ **Review & Submit**

← Back

Tell us what happened

Details of the incident

Description of the Incident*

I fall down due to.....

Amount claimed*

HKD

- HKD
- JPY
- CNY
- SGD
- USD
- AUD
- IDR
- MYR
- GBP
- EUR
- AED
- CAD
-
- ALL
- ANG
- ARS
- AWG
- BAM
- BBD

選擇貨幣及輸入金額

請點擊[Next],
到下一頁

Next →

Save for Later

Welcome Chan Tai Man
Personal Accident | A0000001

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✓ **Accident details**
- ✓ **Injury details**
- ✓ **Claim details**
- ⊗ **Others / Not Sure** Remove
 - Details of the incident
 - Reporting the loss
 - Supporting documents
- ⊗ **Payment & Contact**
- ⊗ **Review & Submit**

← Back

Tell us what happened

Reporting the loss

Was the Incident reported to the police?*

Yes

No

回覆簡單問題

Welcome, Chan Tai Man

Personal Accident A0000001

✓ [Authenticate Yourself](#)

✓ [Select Insured](#)

✓ [Accident details](#)

✓ [Injury details](#)

✓ [Claim details](#)

✗ [Others / Not Sure](#) [Remove](#)

[Details of the incident](#)

[Reporting the loss](#)

[Supporting documents](#)

✗ [Payment & Contact](#)

✗ [Review & Submit](#)

[← Back](#)

Tell us what happened

Reporting the loss

Was the Incident reported to the police?*

Yes

No

Date of report*

DD/MM/YYYY



Report reference number*

回覆簡單問題

Welcome Chan Tai Man
Personal Acciden A0000001

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✓ **Accident details**
- ✓ **Injury details**
- ✓ **Claim details**
- ✗ **Others / Not Sure** Remove
 - Details of the incident
 - Reporting the loss
 - Supporting documents
- ✗ **Payment & Contact**
- ✗ **Review & Submit**

[← Back](#)

Tell us what happened

Reporting the loss

Was the Incident reported to the police?*

Yes No

Date of report*

18/12/2023

Report reference number*

report1234

請點擊[Next],
到下一頁



Welcome | Chan Tai Man
Personal Accident A0000001

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✓ **Accident details**
- ✓ **Injury details**
- ✓ **Claim details**
- ⊗ **Others / Not Sure** Remove
 - Details of the incident
 - Reporting the loss
 - Supporting documents
- ⊗ **Payment & Contact**
- ⊗ **Review & Submit**

← Back

Covered by another insurance policy?

Is the claim covered by any other insurance policy?*

Yes

No

回答是否向其他保險公司就是次事件提出索賠

請點擊[Next],
到下一頁

Next →

Welcome! Chan Tai Man
Personal Accident A0000001

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✓ **Accident details**
- ✓ **Injury details**
- ✓ **Claim details**
- ✗ **Others / Not Sure** Remove
 - Details of the incident
 - Reporting the loss
 - Supporting documents
- ✗ **Payment & Contact**
- ✗ **Review & Submit**

[← Back](#)

Payment bank account details

Account holder name*

Bank Code / Bank Name*

If you are having difficulties filling up the bank account details, [click here](#)

**揀選銀行代碼/
銀行名稱**

Bank Code / Bank Name*

- 024 | HANG SENG BANK LIMITED
- 004 | HSBC
- 012 | BANK OF CHINA (HONG KONG) LIMITED
- 014 | BANK OF CHINA (HONG KONG) LIMITED
- 019 | BANK OF CHINA (HONG KONG) LIMITED
- 026 | BANK OF CHINA (HONG KONG) LIMITED
- 030 | BANK OF CHINA (HONG KONG) LIMITED
- 031 | BANK OF CHINA (HONG KONG) LIMITED
- 033 | BANK OF CHINA (HONG KONG) LIMITED

Save for Later

Next →

Welcome! Chan Tai Man
 Personal Accider A0000001

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✓ **Accident details**
- ✓ **Injury details**
- ✓ **Claim details**
- ✗ **Accidental Medical Expenses**
 - Details of the incident
 - Reporting the loss
 - Supporting documents
- ✗ **Payment & Contact**
- ✗ **Review & Submit**


[← Back](#)

Payment bank account details

Account holder name*

Bank Code / Bank Name*

Finding Branch code



123

123456 789

Branch Code

Account Number

You can find the Branch Code and Account Number on your HSBC ATM Card.

The first 3 digits are the Branch Code and the following 7 or 9 digits are the Account Number.

Branch code (3 digits)*

Account number (6 - 9 digits)*

If you are having difficulties filling up the bank account details, [click here](#)

提供您的收款銀行資料
注意：賠償金額以港元結算

[Save for Later](#)

[Next →](#)

Welcome Chan Tai Man

Personal Accident A0000001

 Authenticate Yourself Select Insured Accident details Injury details Claim details Others / Not Sure [Remove](#)

Details of the incident

Reporting the loss

Supporting documents

 Payment & Contact Review & Submit[← Back](#)

Payment bank account details

Account holder name*

Chan Tai Man

Bank Code / Bank Name*

004 | HSBQ

Finding Branch code

×

HSBC

123

123456 789

Branch Code Account Number

You can find the Branch Code and Account Number on your HSBC ATM Card.

The first 3 digits are the Branch Code and the following 7 or 9 digits are the Account Number.

Branch code (3 digits)*

Account number (6-9 digits)*

If you are having difficulties filling up the bank account details, [click here](#)

[Save for Later](#)

提供您的收款銀行資料
注意：賠償金額以港元結算

請點擊[Next],
到下一頁

[Next →](#)

Welcome Chan Tai Man
Personal Accident A0000001

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✓ **Accident details**
- ✓ **Injury details**
- ✓ **Claim details**
- ✗ **Others / Not Sure** Remove
 - Details of the incident
 - Reporting the loss
 - Supporting documents
- ✗ **Payment & Contact**
- ✗ **Review & Submit**

[← Back](#)

Contact information

We may contact you for any update of the claim

Name*

Chan Tai Man

Mobile Number*

+852 ▾

This number will be used for any whatsapp / sms notification

Email Address*

chantaiman01@gmail.com

Confirm Email Address*

Would you like us to send a copy of all email notifications to your agent / broker on this claim?*

Yes

No

提供您的聯絡資料

[Save for Later](#)

[Next →](#)

Welcome **Chan Tai Man**
Personal Accident A0000001

- ✓ **Authenticate Yourself**
- ✓ **Select Insured**
- ✓ **Accident details**
- ✓ **Injury details**
- ✓ **Claim details**
- ✗ **Others / Not Sure** Remove
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 - Supporting documents
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- ✗ **Review & Submit**

[← Back](#)

Contact information

We may contact you for any update of the claim

Name*

Mobile Number*

+852 ▾	12345678
--------	----------

This number will be used for any whatsapp / sms notification

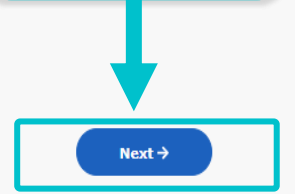
Email Address*

Confirm Email Address*

Would you like us to send a copy of all email notifications to your agent / broker on this claim?*

Yes **No**

請點擊[Next],
到下一頁



- Authenticate Yourself**
- Select Insured**
- Accident details**
- Injury details**
- Claim details**
- Others / Not Sure** Remove
 - Details of the incident
 - Reporting the loss
 - Supporting documents
- Payment & Contact**
- Review & Submit**

[← Back](#)

確認資料

Summary of claim submission

Please review your claim details before submitting

Policy A0000001

Insured Person
Date of Birth

Chan Tai Man
01/01/1980

Accident Details

Occupation of Insured Person
Job Title of Insured Person
Date and Time of the Incident
Where was the insured when subject illness/injury occurred?
Place where incident happened?
Details of how the incident happened

**Accountant / Auditor
manager**
18/12/2023 12:00
HONG KONG
Tsim Sha Tsui, Hong Kong
knee

Injury Details

Have you been injured in the accident?
Area(s) of Injury
Nature of Injury
Have you ever encountered similar incident or sustained an injury of similar nature in the past?

Yes
Left Shoulder, Neck
Fracture
No

Others / Not Sure

Details of the incident

Description of the incident
Amount claimed

k
HKD 300.00

Reporting the loss

Was the Incident reported to the police?
Date of report
Report reference number

Yes
18/12/2023
report1234

Supporting documents

Medical/hospital bills/Receipts with clearly marked diagnosis and certified by a legally qualified and registered medical practitioner for Accidental medical expenses claim

x Document Not Uploaded

Medical report showing the extent of injury and the percentage of permanent disability for Permanent total & Total temporary disablement claim

x Document Not Uploaded

Police report (if applicable)

x Document Not Uploaded

Relevant expense receipts

x Document Not Uploaded

Another insurance?

Is the claim covered by any other insurance policy?

No

Payment & Contact

Payment information

Account holder name

Chan Tai Man

Bank Code / Bank Name

004 | HSBC

Branch code

123

Account number

123456

Contact Information

Name

Chan Tai Man

Mobile

+852 12345678

Email

chantaiman01@gmail.com

Would you like us to send a copy of all email notifications to your agent / broker on this claim?

Yes

確認所有資料無誤後，拉到頁面底部，
點擊同意

Terms and Conditions:

- I / We hereby confirm that I / we have read and fully understood the below documents / notice.
- Personal Information Collection Statement "PICS" Acknowledgment
 - Declaration & Authorization

Save for Later

Submit →

Another insurance?

Is the claim covered by any other insurance policy?

No

Payment & Contact

Payment information

Account holder name

Chan Tai Man

Bank Code / Bank Name

004 | HSBC

Branch code

123

Account number

123456

Contact Information

Name

Chan Tai Man

Mobile

+852 12345678

Email

chantaiman01@gmail.com

Would you like us to send a copy of all email notifications to your agent / broker on this claim?

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Terms and Conditions:

I / We hereby confirm that I / we have read and fully understood the below documents / notice.

- Personal Information Collection Statement "PICS" Acknowledgment
- Declaration & Authorization

Save for Later

點擊 [Submit]
提交



Submit →

提交索賠申請 - 個人意外保險 - 中途儲存



Welcome **Chan Tai Man**
Personal Acciden A0000001

- ✔ **Authenticate Yourself**
- ✔ **Select Insured**
- ✔ **Accident details**
- ✔ **Injury details**
- ✔ **Claim details**
- ⊗ **Accidental Medical Expenses** Remove
 - Hospital/Clinical Expenses
 - Stayed in Intensive Care
 - Outpatient Consultations
 - Supporting documents
- ✔ **Payment & Contact**
- ⊗ **Review & Submit**

← Back

Accident Details

Occupation of Insured Person*

Accountant / Auditor

Job Title of Insured Person*

manager

Date and Time of the Incident*

18/12/2023 12:00

Where was the insured when subject Illness/Injury occurred?*

HONG KONG

Place where incident happened?*

Tsim Sha Tsui, Hong Kong

Use my current location



Details of how the incident happened*

Empty text box for describing the incident details.

如希望儲存早前所輸入的資料，
待下次繼續處理s

Save for Later

Welcome **Chan Tai Man**

Personal Acciden A0000001

 Authenticate Yourself **Select Insured** **Accident details** **Injury details** **Claim details** **Accidental Medical Expenses** Remove

Hospital/Clinical Expenses

Stayed in Intensive Care

Outpatient Consultations

Supporting documents

 Payment & Contact **Review & Submit**[← Back](#)

Accident Details

Occupation of Insured Person*

Accountant / Auditor

Job Title of Insured Person*

manager

Date and Time of the Incident*

18/12/2023 12:00

Where was the insured when subject illness/injury occurred?*

HONG KONG

Place where incident happened?*

Tsim Sha Tsui, Hong Kong

[Use my current location](#)

Details of how the incident happened*

點擊 [Save for Later]

[Save for Later](#)

Welcome Chan Tai Man

Personal Accider A0000001

 Authenticate Yourself Select Insured Accident details Injury details Claim details Accidental Medical Expenses Remove

Hospital/Clinical Expenses

Stayed in Intensive Care

Outpatient Consultations

Supporting documents

 Payment & Contact Review & Submit[← Back](#)

Accident Details

Occupation of Insured Person*

Accountant / Auditor

Job Title of Insured Person*

manager

Date and Time of the Incident*

18/12/2023 12:00

Where was the insured when subject illness/injury occurred?*

HONG KONG

Place where incident happened?*

Tsim Sha Tsui, Hong Kong

[Use my current location](#)

Details of how the incident happened*

fall

Save for later

Please provide your email address below and we will email you the link for resuming your claim submission.

[Send](#)

輸入您的電郵地址，系統會儲存您早前輸入過的所有資料，並把連結發送到此電郵地址，供您下次繼續索償申請

[Save for Later](#)[Next →](#)


繼續進行上次索償
申請電郵

A0000001 - Resume your online claim lodgement 繼續您的網上索償申請



QnectAsia@qbe.com

To

 If there are problems with how this message is displayed, click here to view it in a web browser.



Online Insurance Claims Lodgement

網上保險索償申請

Thank you for using our online claims service. Please be reminded that you're halfway towards completing the claims submission. Your claims data is only now saved and we **DO NOT** process any data until you complete the claims submission.

感謝你使用我們的網上索償服務。請注意你的索償申請尚未完成，我們已為你所填寫的索償資料暫存。在你還沒完成提交索償申請之前，我們並不會處理你所暫存的資料。

If you wish to resume your claims submission, please click the button below
如果你想繼續填寫你的索償申請，請點擊下面的按鈕

[Resume 繼續索償](#)

The above link will be expired in 7 days. 以上連結將於7天後失效。

QBE Hong Kong

點擊連結，繼續您的
索償申請

追蹤索賠進度-個人意外精選保障



QBE Insurance Claims

Simple Online Insurance Claim Experience

Start your claim here

Your Policy Number*

How to find my policy number?

Date of Loss/Incident*

DD/MM/YYYY 

Start >

or you may want to

 [Check Claim Status](#)

 [Read the FAQ](#)

點擊
[Check Claim Status]



Documents to prepare

- Bond
- Builders Risk/Hull
- Burglary
- Commercial Property
- Directors & Officers
- Electronic Equipments
- Employee Compensation
- Errors & Omissions
- Fidelity Guarantee
- Home
- Jewellers Block
- Marine Cargo
- Marine Liability/Freight Forwarders
- Medical
- Personal Accident
- Pleasure craft
- Professional Indemnity
- Residential Fire
- Others

Claim Status Checking

提供所需資料

Product*

Personal Accident Insurance

Policy Number | Claim Number

A0000001

[How to find my policy number?](#)

Full Name* 

CHAN TAI MAN

HKID no./Passport no./ Business Registration no.*

A123456|

Check

Claim Status Checking

Product*

Personal Accident Insurance

Policy Number | Claim Number

A0000001

How to find my policy number?

Full Name* ?

CHAN TAI MAN

HKID no./Passport no./ Business Registration no.*

A123456

Check

點擊 [Check]

Claim Status Checking

Status of claims related to

Product

**Personal
Accident**

Policy Number

A0000001

[Check for another policy](#)

Filter by date of loss/incident



Filter by status



Claim Number: AC814451

[Claim Lodgement](#)[查看申請進度](#)

In assessment

Your claim is currently under review.

Policyholder: CHAN TAI MAN
Update as of: 11 October 2023

Date of Loss/Incident: 11 Oct 2023