

受傷索償表格

Injury claim form

所有問題均須由受保人完全作答
All questions must be answered by insured person

保單號碼
Policy No. _____

1. 保戶姓名英文／中文
Name of Insured in full (English/Chinese) _____ 年齡
Age _____
地址
Address _____ 聯絡電話(日間)
Tel no. (Daytime) _____
職業
Occupation (describe fully) _____ 身份證號碼
Identity Card No. _____

2. 意外在何時何地發生
When and where did the accident occur?
(a) Date 日期 _____ (b) Time 時間 _____
(c) Place 地點 _____

3. 請詳述意外如何發生
How did the accident occur? (Please state fully) _____

4. 受傷部位
Part of body injured
手 hand 腳 leg
頭 head 眼 eye
其他 others _____
(請說明 please specify)

受傷性質
Nature of injury
扭傷 sprain 折骨 fracture 燒傷 burn
撞傷 contusion 割傷 laceration
其他 others _____
(請說明 please specify)

5. 病假完畢後會否繼續應診?
After the sick leaves, do you need to attend follow up treatment/consultation: 會／否
Yes/No
若然，何時
If yes, when _____

6. 估計何時完全康復，並可繼續工作?
When do you anticipate being able to recover completely and resume your duties or attend to your business? _____

7. 意外後首位診症醫生之姓名及地址
Give name and address of the Doctor who attended you immediately after the accident _____

8. 對是次意外有否向其他保單索償(包括勞工，醫療及團體／公司醫療保險)?如有，請述保險公司名稱
Are you claiming under any other Policy or Policies (including employees compensation, medical and group/employers medical scheme) in respect of this Accident? If so, state name of Insurance Company or Companies

9. 閣下是否選擇以短訊形式通知確定收到索賠申請，以及賠款通知。 是，請以中文通知 是，請以英文通知 否
Do you prefer to receive SMS messages for claim acknowledgement and notification of payment status? If yes, in English or Chinese? Yes, in Chinese Yes, in English No

Private & Confidential 私人及保密文件

聲明:

本人特此聲明本人以上所述之受傷事件是表面可見並因劇烈意外引起。而本人現依以上保單索償。本人在此重申以上所述事實之真確及本人對有關此項要求賠償事件並無對保險公司作重要資料之保留。

DECLARATION:

I hereby declare that I have sustained the injuries described above by violent, accidental, external and visible means, and I claim compensation under the above policy in respect thereof. I hereby warrant that the above statements and facts are true, and that I have not withheld from the Company any material information connected with this claim.

本人/吾等明白並同意一切由蘇黎世保險有限公司（「貴公司」）從此表格或由 貴公司及其關連機構（「蘇黎世集團」）以其他任何方式所收集及保存之個人資料，均可能被「蘇黎世集團」使用於下列目的：

I understand and agree that the personal information collected or held by Zurich Insurance Company Ltd. ("the Company"), whether contained in this form or otherwise obtained by the Company and/or its associated companies ("the Zurich Group"), may be used by the Zurich Group for the following purposes:

1. 評核、辦理、評估及決定此項申請、索償或其他服務；
to assess, process, evaluate and determine my requests for applications, claims or services;
2. 辦理及履行銀行賬戶或信用卡直接付款；
to process and give effect to my requests for direct debit authorization or credit card payment;
3. 收取應繳付予「蘇黎世集團」之保費及/或自負額；
to collect any premium and/or deductible payable to the Zurich Group;
4. 分析、調查、批核及/或決定本人/吾等之索償；
to analyze, investigate, approve and/or determine my claims;
5. 回覆、處理及辯護任何對本人/吾等之索償、訴訟及/或起訴；
to answer, handle and defend any claim, action and/or proceedings brought against me;
6. 行使代位權及/或根據保單條例賦予「蘇黎世集團」之其他權利；
to exercise the Zurich Group's rights as more particularly defined in applicable policy wordings, including but not limited to the subrogation right;
7. 交予及提供第三方服務供應商以執行上述目的，第三方服務供應商包括法律諮詢人、調查員、理賠師、再保公司、醫護及復康人員、考察員、專業人員、維修人員、追討公司及會計師等；
to disclose and transfer to the Zurich Group's authorized service providers for their carrying out of the above mentioned purposes, and such service providers include legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, debt collectors and accountants;
8. 履行任何香港法庭或其他監管機構所發出之合法要求或命令，包括保險業監管局、香港保險業聯會、核數師、香港政府或其相關機構；
to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments;
9. 進行市場調查、保險研究及數據統計，供「蘇黎世集團」研發相關服務及保險產品。
to conduct market research, insurance surveys, and to compile statistics, for the Zurich Group's development of services and insurance products.

本人/吾等明白本人/吾等可向 貴公司之個人資料私隱主任要求查閱、更正及/或更改由「蘇黎世集團」持有有關本人/吾等的任何個人資料，地址為香港港島東華蘭路 18 號港島東中心 24 - 27 樓。本人/吾等同意 貴公司有權收取合理之行政費用。

I understand that I have the right to access to, correct and/or change any of my personal information held by the Zurich Group by contacting the Company's Personal Data Privacy Officer at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong. I agree that the Company may charge a reasonable administrative fee.

本人明白本人可以書面向 貴公司之個人資料私隱主任要求停止收取「蘇黎世集團」任何市場推廣資料。

I understand I may also contact the Personal Data Privacy Officer if I do not wish to receive any marketing materials from the Zurich Group.

如中文譯本與英文有異，概以英文文本為準。

Signature of Policy Holder 保單持有人簽署

Signature of Insured Person 受保人簽署

Date 日期

Private & Confidential 私人及保密文件

Claim documentation

Please complete and return this Claim Form together with the following document (original copy), if appropriate, for our handling:

1. Death benefit

- Death certificate
- Presumed death proclaimed by court (disappearance case)

2. Permanent disablement benefit

- Certificate issued by registered medical practitioner certifying the severity of injury and percentage of disablement

3. Medical expenses

- Doctors' receipt with diagnosis, name of patient, date of treatment and consultation fees etc.
- Hospital bill with itemized list
- Sick-leaves certificates issued by registered medical practitioner

4. Income benefit*

- Sick-leaves certificates issued by registered medical practitioner
- Income proof i.e. Pay-slip, bank statement, ir tax return or employment letter/contract etc.
- In case of self-employed, proof of in-patient treatment
- Employer's confirmation of sick leave for insured (claimants)

5. Claims service guarantee

- Upon receipt of full claim document, settlement will be made **within 7 working days**

Remark* You may submit your claim at any time before the insured is fully recovered from the injury in case the Income Benefit claim exceeds two weeks

索償文件

請填妥賠償申報表並提交以下所需證明文件(正本)寄回本公司以便處理閣下之賠償

意外死亡：

- 死亡證
- 法庭假定死亡證(失蹤事件)

永久傷殘：

- 註冊醫生發出之有關傷殘程度證明

醫療費用：

- 註冊醫生/跌打或針灸師診斷證明，包括投保人姓名、症狀、診治日期及診金
- 詳列各項費用之醫院賬單
- 註冊醫生發出之病假證明

入息保障*：

- 註冊醫生發出之病假證明
- 糧單、稅單、銀行存款單或僱主所發之僱用狀
- 凡自僱投保人，須提交住院期間證明
- 僱主認可病假證明書

賠償承諾：

- 一切有關文件齊備，保證 7 個工作天辦妥賠償

*註：索償入息保障超過兩星期者，毋須等候受保人完全康復及出院後才申請賠償

Payment Details (付款資料):

在保單條款許可的情況下，閣下可選擇以支票或銀行轉帳方式收取賠償款項。

Subject to policy liability, you are given an option for settlement by claims cheque or by direct credit.

By cheque 支票 By direct credit/ wire transfer 銀行轉帳 (只適用於以下列出之銀行及少於港幣貳萬元之賠償 limited to listed banks below and for claim less than HKD20,000)

如閣下選擇銀行轉帳，請提供相關銀行資料。此服務必須得到銀行安排下進行。本公司特此聲明，上述要求並不代表閣下之索賠現正獲成功審批。有關決定，本公司在收妥全部證明文件後，將根據保單一切條款才作最後審批。敬請留意。

Please provide your banking details if you prefer payment by direct credit. However this is subject to the bank's arrangement. Furthermore, the supply of any information or documents under this section is not construed as an admission of liability under your policy. We hereby reserve all our rights for assessing your claim subject to terms and conditions of your policy.

戶口持有人姓名 (必須與保單持有人相同) Account Holder's Name (Must be the same as the Policyholder): _____

銀行名稱: 匯豐銀行 The Hongkong and Shanghai Banking Corporation Limited 渣打銀行 Standard Chartered Bank
Bank Name: 中國銀行(香港) Bank of China (Hong Kong) 恆生銀行 Hang Seng Bank

銀行帳戶號碼

Bank A/C No

戶口持有人簽署

Signature of Account Holder: _____

蘇黎世保險有限公司 (於瑞士註冊成立之公司)

理賠部：香港港島東華蘭路 18 號港島東中心 24 - 27 樓
電話：29039388 圖文傳真：29681660

Zurich Insurance Company Limited (a company incorporated in Switzerland)

Claims dept.: 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong
Tel : 29039388 Fax : 29681660

Employer's confirmation of sick leave for insured (claimants)
僱主認可的病假證明書

To be completed by Claimant's employer
由申請賠償者的僱主填寫

This is to certify that the claimant Mr/Ms/Mrs _____ is

茲証明申請賠償者：姓名 _____

Our employee serving the position currently as _____

為本公司(職位) _____

Who suffered an injury of _____ occurred on

因意外受傷(原因) _____ 發生於(日期)

_____ and as result he/she did not attend to work during the

_____ 因這意外他/她休假

Period from _____ to _____

由 _____ 起至 _____

We further confirm that his/her monthly basic salary at the time of accident was HK\$ _____

(excluding bonus, commission, overtime and other allowance.)

本人/公司證明該申請賠償者，每月基本薪金為港幣 _____ (不包括花紅, 佣金, 超時補薪及其他津貼)

Date
日期

Signed by employer
僱主簽署

Position
職位

Company Chop
公司蓋章

Date
日期

Signed by claimant
申請賠償者簽署
(Signed to confirm the above statements are true and correct)
(茲確認上述資料正確無訛)