



California Insurance Company Ltd.

Rm 1607-8, China Insurance Group Bldg.
141 Des Voeux Road Central, Hong Kong
香港德輔道中 141 號中保集團大廈 1607-8 室
Tel 電話: (852) 2545 5877
Fax 傳真: (852) 2541 4454
E-mail 電郵: oh@california.com.hk
Website 網址: www.california.com.hk

祥昇保險代理有限公司
Peaceful Insurance Agency Ltd.

Unit 2605, 26/F., Tamson Plaza,
161 Wai Yip Street, Kwun Tong, Kowloon
九龍觀塘偉業街 161 號德勝廣場 26 樓 2605 室
Tel 電話: 2771 7213
Fax 傳真: 2771 7136
E-mail 電郵: peaceful01@peacefulins.com.hk
Website 網址: www.peacefulins.com.hk

OVERSEAS DOMESTIC HELPER INSURANCE CLAIM FORM
海外家傭保險索償申請表

Please complete and sign this claim form, and provide the relevant documents listed in Part IV to avoid delay in claim process.
請填寫並簽署此索償申請表，並連同第四部分所列的相關文件交回，以免延誤索償處理。

The company is entitled to request for further information and assign a loss adjuster for investigation.
本公司有權要求索償者提供更多資料以及委派公證人進行調查。

Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.
填寫及遞交此索償申請表並不表示本公司承擔賠償責任。

I. POLICY PARTICULARS 保單資料			
Policy No. 保單號碼：		Name of Policyholder 保單持有人姓名：	
HK ID No./Passport No. 香港身份證／護照號碼：		Contact Phone No. 聯絡電話：	
E-mail Address 電郵地址：			
Bank A/C Information (For Claim Settlement (if any) use only) 銀行賬戶資料 (只作賠償(如有)之用) (Account-holder must be the Policyholder 賬戶持有人必須是保單持有人)			
Name of Bank 銀行名稱		Bank Code 銀行編號	Branch Code 分行編號
		Account Number 賬戶號碼	
II. OVERSEAS DOMESTIC HELPER PARTICULARS 海外家傭資料			
Name of Overseas Domestic Helper 海外家傭姓名：			
HK ID No./Passport No. 香港身份證／護照號碼：			
III. DETAILS OF CLAIM 索償資料			
(Please complete where applicable and use a separate sheet if insufficient space 請填寫適當項目。若空位不足，請另頁詳加說明)			
Date of Accident/Consultation/Loss 意外/診治/損失日期：		Place of Accident/Loss 意外/損失地點：	
Description 詳情：			
Diagnosis 診斷：		Date of Hospitalization 住院日期：	
Has it been reported to Police? 有否向警方報案?		Yes <input type="checkbox"/> No <input type="checkbox"/> 有 沒有	
Police Station District 警署區域：		Police Report No. 報案編號：	
Item(s) Claimed 索償項目：		Claim Amount 索償金額：	
Are other insurance covering this incident / loss? 有否其他保險承保是次事件損失?		Yes <input type="checkbox"/> No <input type="checkbox"/> 有 沒有	
Name of Insurance company 保險公司名稱：		Policy No. 保單號碼：	Benefit Type 保障類別：



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IV. Claim Documents 索償文件

Employer's Liability* 僱主責任	Copy of Form 2 or Form 2B submitted to the Labour Department, original physician's report & original medical expenses receipt 呈報勞工處的表格 2 或表格 2B 副本、醫生證明書正本、醫療費用收據正本 * For work-related accidents resulting in injury of the insured helper(s), notice must be given in Form 2B (incapacity for a period not exceeding 3 days) or Form 2 (incapacity for a period exceeding 3 days) to Labour Department within 14 days of the accident. If the accident results in death of the insured helper(s), notice must be given to the Labour Department within 7 days of the accident. Form 2 and 2B could be obtained from the Labour Department. * 如受僱傭工因工受傷，請於意外發生後十四天內以表格 2B(喪失工作能力不超過三天) 或表格 2(喪失工作能力超過三天) 向勞工處呈報。如因意外導致受僱傭工死亡，須於意外發生後七天內向勞工處呈報。表格 2 及表格 2B 可向勞工處索取。
Personal Accident 個人意外	Medical report, death certificate (if any) 醫療報告、死亡證明文件(如有)
Personal Liability 個人責任	Police report (if any), statement to police (if any), letter of claim form from third parties 警方報告(如有)、警方口供記錄(如有)、第三者索償文件
Repatriation Expenses 送返費用	Medical report, laboratory report, original receipt for helper repatriation costs, death certificate (if any) 醫療報告、檢驗報告、家傭送返原居地費用的收據正本、死亡證明文件(如有)
Loss of Services Cash Subsidy 服務中斷現金津貼	Hospital Discharge Report, original receipt signed by temporary domestic helper 醫院出院報告、臨時傭工簽署之收據正本
Re-hiring expenses 改聘費用	Medical Report, laboratory report, letter of termination of employment contract, employment contract of new helper, original receipt for relevant expenses (must be hired within period of insurance) 醫療報告、檢驗報告、終止僱傭合約證明、新聘家傭的僱傭合約、有關費用的收據正本(必須於保單生效期內改聘)
Fidelity Protection 忠誠保障	Police report, statement to police, valuation proof for lost property, Court result 警方報告、警方口供記錄、損失物品的價值證明、法庭判決證明文件

This Claim Form must be submitted within 30 days from the date of accident or date of discovery of the occurrence, even if any of the claim documents is not readily available.

倘若未能即時提供所有索償文件，亦須於意外發生當天或發現事故當天起計 30 天內呈遞填索償申請表。

V. Authorization and Declaration 授權及聲明

本人/吾等在此聲明上述所填報之資料乃屬完全真確並無隱瞞任何重要資料。

I/We declare that the above contained information is true and completed to the best of my/our knowledge and belief and I/We have not withheld any material information.

本人/吾等明白並同意以下有關加洲保險有限公司(“貴公司”)處理所收集及保存本人/吾等之個人資料安排。

I/We understand and agree the following arrangement of my/our personal data collected or held by California Insurance Co Ltd (“the Company”).

由貴公司收集或持有的客戶(包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人)個人資料，均可供貴公司使用作以下**強制性用途**，以便為客戶提供服務，否則貴公司將無法為未能提供所需資料的客戶提供服務：

The personal data of customers (include policy owners, insured persons, beneficiaries, premium payers, trustees, policy assignees and claimants) collected or held by the Company may be used by the Company for the following **obligatory purposes** necessary in providing services to the customers Failure to supply such data for obligatory purpose may result in the Company being unable to provide the services to customers.

- 1) 處理或辦理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、取消或續期；
to manage or process any insurance or financial related products or services or any alterations, variations, cancellation or renewal of said products or services;
- 2) 辦理、調查(及協助他人調查)及決定保險申請、保險索償及提供持續之保險服務；
to process, investigate (and assist the third party(ies) to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
- 3) 處理任何對客戶的索償、訴訟及/或司法程序；以及行使貴公司的權利(詳情見適用保單條款所定)，包括但不限於代位權；
to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
- 4) 促進貴公司的認可服務供應商，就上述目的為貴公司及/或客戶提供服務
to facilitate the Company's authorized service provider to provide services to the Company and/or the customers for the above purposes
- 5) 辦理付款要求、直接付款授權、及債務追討；
to process requests for payment, direct debit authorization, and to collect debts;
- 6) 編製統計數字，或作會計及精算用途；
to compile statistics or the use in accounting and actuarial purposes;
- 7) 其他與上述用途有直接關係的附帶用途；及
other ancillary purposes which are directly related to the above purposes; and



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- 8) 遵循適用法律，條例及業內守則及指引。
to comply with applicable laws, regulations or any industry codes or guidelines.
- 9) 使貴公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。
to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.

就上述用途，加洲保險有限公司所收集的個人資料可能會被轉移至：

For the above purposes, the personal data which California Insurance Company Limited has collected might be transferred to:

- 1) 任何進行保險或再保險相關業務的其他公司或中介人；
any company carrying on insurance or reinsurance related business, or an intermediary;
- 2) 任何向加洲保險有限公司提供行政、電訊、電腦、付款或其他與其業務運作有關服務的代理人、承包商或第三方服務供應商；
any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the California Insurance Company Limited in connection with the operation of its business;
- 3) 第三方服務供應者，包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員及任何有關之調查性質第三方服務提供者；
third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, repairers, and any third party service providers in investigating purposes.
- 4) 信貸諮詢機構、而於客戶欠帳時，任何債務追收代理或進行索償或調查服務之公司；
credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigating services;
- 5) 根據對加洲保險有限公司具約束力的任何法律，及就任何由政府、監管或任何其他機構所頒布且加洲保險有限公司預期須遵守的任何規例，守則或指引而言，加洲保險有限公司為有責任向其作出批露的任何人士；
any person or party to whom the California Insurance Company Limited is under an obligation to make disclosure under the requirements of any law binding on the California Insurance Company Limited and for the purpose of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the California Insurance Company Limited are expected to comply;
- 6) 根據主管司法權區的法院的任何頒令人士；
any person pursuant to any order of a court of competent jurisdiction;
- 7) 加洲保險有限公司的任何實際或建議承讓人或加洲保險有限公司對保單持有人的權利的受讓人；
any actual or proposed signee of California Insurance Company Limited or transferee of the California Insurance Company Limited's rights in respect of the policy owners;
- 8) 保險索償投訴局及同類的保險業機構；
the Insurance Claims Complaints Bureau and similar industry bodies;
- 9) 現存或不時成立的任何保險公司協會或聯會或同類組織（「聯會」），以達到任何上述或有關目的，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；及透過「聯會」移轉予任何「聯會」的會員，以達到上述或有關目的。
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" and any members of the "Federation" by the "Federation" for any of the above or related purposes.

本人/吾等授權貴公司可向「聯會」從保險業收集的資料中查閱及/或核對本人任何資料。本人/吾等明白本人/吾等有權查閱及要求更正由貴公司持有有關本人的個人資料。如有需要，本人/吾等將向貴公司辦公室提出 (電話:2545 5877，傳真: 2541 4454)。

Moreover, the Company is hereby authorized to obtain access to any / or to verify any of my/our data with the information collected by the "Federation" from the insurance industry. I understand I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Requests for such access can be made to the Administration Department of the Company (Tel: 2545 5877 / Fax: 2541 4454).

根據私隱條例，加洲保險有限公司有權收取合理費用，藉以處理任何資料的查閱要求。

In accordance with the terms of the Personal Data (Privacy) Ordinance, California Insurance Company Limited has the right to charge a reasonable fee for the processing of any data access request.

Signature of Policyholder

保單持有人簽署： _____

Name of Policyholder

保單持有人姓名： _____

Date (dd/mm/yy)

日期 (日/月/年)： _____