

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

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「海外家傭綜合保險」索償申請表
OVERSEAS DOMESTIC HELPER 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 – 保單資料 (必須填寫) SECTION 1 – POLICY PARTICULARS(REQUIRED)

保單號碼 Policy No.	保單持有人姓名 Name of Policyholder		
香港身份證 / 護照號碼： HK ID No./Passport No.	聯絡電話 Contact Tel No.		
電郵地址 E-mail Address			
通訊地址 Correspondence Address			
海外家傭姓名 Name of Overseas Domestic Helper	香港身份證 / 護照號碼 HK ID No./Passport No.		
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

第二部份 – 基本資料 SECTION 2 - GENERAL INFORMATION

意外/診治/損失日期 Date of Accident/Consultation/Loss	意外/損失地點 Place of Accident/Loss
詳情 Description	
診斷 Diagnosis	住院日期 Date of Hospitalization
有否向警方報案? Has it been reported to Police?	<input type="checkbox"/> No. 沒有 <input type="checkbox"/> Yes 有
警署區域 Police Station District	報案編號 Police Report No.
索償項目 Item(s) Claimed	索償金額 Claim Amount
該事故是否受保於其他保單 Is this incident/loss covered by any other insurance 如有，請詳述: If "yes", please specify	<input type="checkbox"/> No. 沒有 <input type="checkbox"/> Yes 有
	有否就此向其他保險公司索償或報警 Submitted claim to another insurer or reported to police 如有，請詳述: If "yes", please specify
	<input type="checkbox"/> No. 沒有 <input type="checkbox"/> Yes 有

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第三部份 – 索償文件 SECTION 3 - CLAIM DOCUMENTATION

請提供下列所需之文件連同本表格一併交回。如有需要，本公司將要求索償人提供額外之有關文件以供處理索償事宜用途。

Please ensure the documents required in relation to the claim section below are submitted with this form. Additional documents relevant to the claim may be required and to be forwarded upon request by our company.

申請賠償項目 NATURE OF BENEFIT CLAIMED	賠償所需的基本文件 BASIC SUPPORTING DOCUMENTS REQUIRED
僱主責任 Employer's Liability*	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 Copy of Form 2 or Form 2B submitted to the Labour Department, original physician's report & original medical expenses receipt * 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。 * 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.
個人意外 Personal Accident	醫療報告、死亡證明文件(如有) Medical report, death certificate (if any)
個人責任 Personal Liability	警方報告(如有)、警方口供記錄(如有)、第三者索償文件 Police report (if any), statement to police (if any), letter of claim form from third parties
送返費用 Repatriation Expenses	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) Medical report, laboratory report, original receipt for helper repatriation costs, death certificate (if any)
服務中斷現金津貼 Loss of Services Cash Subsidy	醫院出院報告、臨時傭工簽署之收據正本 Hospital Discharge Report, original receipt signed by temporary domestic helper
改聘費用 Re-hiring expenses	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) 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)
忠誠保障 Fidelity Protection	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 Police report, statement to police, valuation proof for lost property, Court result
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。 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.	

第四部份 – 聲明及授權書 SECTION 4 – DECLARATION AND AUTHORIZATION

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。

I/We hereby warrant the truth of the above statements and declare that I have not withheld any material information connected with this claim.

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 assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

個人資料收集聲明 Personal Information Collection Statement

本人已細閱並明白本賠償表最後一頁的收集個人資料聲明，並明白本人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，可以書面形式向貴公司總經理辦公室經理提出。

I have read and understand the Personal Information Collection Statement on the last page of this claim form. I understand that I have the right to obtain, to access to and to request correction of any personal information concerning myself held by your company and requests for such access can be made in writing to your Manager of the Office of the General Manager.

保單持有人簽署：

Signature of Policyholder.....

保單持有人姓名

Name of Policyholder.....

日期 (日/月/年)

Date (dd/mm/yy).....

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PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

China Taiping Insurance (HK) Company Limited (the "Company") understands its responsibilities in relation to the collection, retention, processing or use of personal data under the Personal Data (Privacy) Ordinance.

You are under an obligation to provide all of the personal data requested in this form, which is collected to enable us 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 application, any claim, providing administration, financing, claim investigation or analysis work 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 your personal data for the above purposes to the following classes of transferees:

- (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 adjusters/companies, or other service provider providing services relevant to insurance business;
- (b) the Company's related companies (as that term is defined in the Companies Ordinance);
- (c) Government and industry recognized insurance regulatory bodies: the Insurance Claims Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; and
- (d) 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.

Direct Marketing Communications: With your consent, the Company may also use and/or provide your personal data to the Company's related companies (as that term is defined in the Companies Ordinance), partners of the Company's related companies and third party financial institutions. The Company and/or the companies who obtained related personal data can contact and/or send you with direct marketing communications regarding financial and insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not wish to receive such direct marketing communications and do not consent to the Company providing your personal data to the above companies.

You have the right to access and/or request correction of any personal information concerning yourself held by the Company and/or withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time. Requests for such access can be made in writing to Office of the General Manager at 19/F., China Taiping Tower, 8 Sunning Road, Causeway Bay, 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.

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

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。閣下提供本申請表要求的個人資料，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的保險申請、索償、保單相關行政、財務工作、索償調查或分析及其它相關的服務)，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 閣下的個人資料予下列各方：

- (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)、或索償調查員/公司，或其他保險業務有關的服務提供者；
- (b) 本公司的關連公司(以《公司條例》內的定義為準)；
- (c) 政府及市場認可的保險業監管機構：保險索償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；
- (d) 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。

直接促銷通訊：經 閣下同意，本公司可能使用及/或提供閣下的個人資料給本公司的關連公司(其定義以《公司條例》內的定義為準)、關連公司之合作伙伴及第三方金融機構，本公司及/或獲取有關資料的公司可以通過書信、電郵、電話或短信與 閣下聯絡，提供金融及/或保險產品或服務的直接促銷通訊。若 閣下不欲接收有關直接促銷通訊及反對本公司將 閣下個人資料提供給以上公司，請在以下的方格內填上「✓」。

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及/或撤回給予本公司有關使用 閣下的個人資料及提供予第三方作直接促銷用途的同意。如有需要，請以書面形式向本公司的總經理辦公室提出，地址為香港銅鑼灣新寧道8號中國太平大廈19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。

- 本人反對貴公司使用和轉移本人的個人資料作直接促銷用途，並不希望接收任何推廣及直接促銷通訊。
I object to the use and provision of my personal data for direct marketing purposes, and do not wish to receive any promotional and direct marketing materials.