



Sun Flower Insurance Brokers Limited  
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Thank you for considering Sun Flower to be one of your selected intermediaries.  
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

PERSONAL ACCIDENT CLAIM FORM

意外賠償申請書

This printed form is forwarded on receipt of notice of an accident, and its being sent is in no way an admission of claim.

It, and the medical certificate annexed, must be completed and returned within Seven Days of Receipt.

本公司接到保戶意外受傷之通知後即將此份申請書寄發，但此舉不能作為允准賠償之證據。保戶必須於接獲此申請書七天內連同荷頁之醫生證明書填妥，并攜回本公司。

1.	(a) Policy No. 保單號碼	(b) Name 姓名	(c) Age 年歲	(d) H.K. I.D. No. 香港身份證號碼
2.	Corresponding Address 通訊地址			
	Telephone No. 電話號碼			
3.	Present occupation 現執何業			
	If more than one, state all 如兼職者請詳述之 Name, address, and business of employer 僱主稱號、地址及行業			
4.	State fully the particulars of the accident. 請述意外之詳情			
	(a) When did it occur? 何時發生	(a) On	The	Day of
	(b) Where did it occur? 何地發生	(b)		20
	(c) How did it occur? 如何發生	(c)		At
	(d) What were you doing at that time? 當時作何事情	(d)		午
	(e) Nature and extent of injuries-if arm or leg State if RIGHT or LEFT 受傷之輕重一倘四肢受傷須說明左或右	(e)		a.m./p.m. 點鐘
5.	(a) Give name and address of the medical attendant who attended you for the accident. 請將受傷後診治醫生之姓名及地址列明			
	(b) Is any surgical operation required due to this accident? If yes, state clearly which part of the body is to be operated. 若此次意外需動用外科手術請說明開刀位置			
6.	Were you under the influence of intoxicating liquors when the accident occurred? 是否因飲酒過多而導致意外			
7.	Have you ever been or are you at present assured in any other Accident Company or Benefit Society? State Name. 君以前或現在曾否在其他公司保有此種意外保險，若有，請述公司名稱			
8.	(a) State the number of days you expect to be necessarily and entirely confined to house or hospital, by doctor's orders, as the sole and direct result of the injuries sustained. 醫生囑咐因此次意外受傷而需住院或居家之日期	To House 居家日期	To Hospital 住院日期	
		For ..... days 共 日	For ..... days 共 日	
		From ..... 自	From ..... 自	
		To ..... 至	To ..... 至	
	(b) State the name and address of the hospital you are confined to. Detailed hospital bills must be attached to this claim form to substantiate your claim for hospital indemnity. 將留醫之醫院名稱及地址開列並將醫院之詳細賬單一併呈繳本公司參閱			
9.	(a) Are you at present attending to any portion of your business or occupation? If so, state whether superintending or working. 現時能否作一部份工作或某種業務，倘有可能請述是監察他人工作或自己工作			
	(b) Or are you totally disabled and confined to bed? 或是否完全不能行動而臥床			
10.	Quick Claims (Optional) 快速理賠(選填) Quick Claims service is applicable to the policyholder only with claims amount of HK\$5,000 or below. 快速理賠服務只適用投保人及索償金額不多於HK\$5,000。			
	Bank Name 銀行名稱	Bank Account Number 銀行帳戶號碼		

Witness (見證人簽名) ..... Signature of Insured (保戶簽名) .....

Address (地址) ..... Date (日期) .....

In the event of the assured being unable to sign the form, it should be filled up and signed by a near relative or other responsible person in charge of the assured during his disability.  
如保戶因受傷不能填寫申請書，保戶之家屬或代理人亦可代為填寫及簽字

DECLARATION

I/WE SOLEMNLY DECLARE THAT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF THE FOREGOING PARTICULARS ARE TRUE AND CORRECT IN EVERY RESPECT.

聲明：茲立宣言據我所知，以上所報資料，均屬事實。