

Personal Accident Insurance Claim Form 人身意外保險賠償申請表



QBE Hongkong & Shanghai Insurance Limited 昆士蘭聯保保險有限公司
QBE General Insurance (Hong Kong) Limited 昆士蘭保險 (香港) 有限公司

33/F, Oxford House, Taikoo Place
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香港鰂魚涌英皇道 979 號太古坊濠豐大廈 33 樓

www.qbe.com/hk

**Claims
理賠**
Hotline 熱線
Fax 傳真
Email 電郵

**Hang Seng Bank Customers
恒生銀行客戶**
852 2828 3133
852 2537 1384
claims.gjkh@qbe.com

**Other Customers
其他客戶**
852 2877 8608
852 3607 0530
qbehksicclaims@qbe.com

A. NOTES 注意事項

- All questions must be answered. If not applicable, please write "n/a". You may attach additional sheet(s) if necessary.
所有問題必須作答。如不適用者，請填上「不適用」。如有需要，可附上額外紙張。
- The issue of this claim form is not an admission of liability by QBE Hong Kong.
發出此索償申請表並不代表昆士蘭保險香港承認任何責任。
- Original receipt(s) will not be returned. A copy of the original receipt(s) will be returned upon request.
正本收據將不獲發還，如需取得收據副本，請與本公司聯絡。

B. DETAILS OF THE INSURED 保戶資料

How did you purchase the insurance policy?
閣下從何處購買此份保單？

- Hang Seng Bank 恒生銀行
 Insurance agents / brokers 保險代理 / 經紀
 Manulife 宏利
 Others 其他

Policy no.
保單號碼：

Name of the Insured
保戶姓名：

Address
地址：

Home tel. no.
住宅電話：

Office tel. no.
辦公室電話：

Mobile tel. no.
流動電話：

Contact person
聯絡人姓名：

Email
電郵：

Occupation / business
職業 / 行業：

Present position
現時職位：

Present salary
現時薪金：

Employer's name, tel. no. and address
僱主名稱、聯絡電話及地址：

C. ACCIDENT DETAILS 意外詳情

Date (DD/MM/YYYY)
日期(日/月/年)：

Time
時間： am / pm
上午 / 下午

Place
地點：

Detailed description of the accident
意外之詳情：

Particulars of injuries 受傷詳情

Region of injury
受傷部位：

- Hand 手
 Head 頭
 Others 其他：

- Leg 腳
 Eye 眼

Nature of injury
受傷性質：

- Sprain 扭傷
 Contusion 撞傷
 Others 其他：

- Fracture 骨折
 Laceration 割傷

Was the accident arising out of occupation or business related? Yes 是
意外是否由工作引致？ No 否

Have you ever encountered a similar accident or sustained an injury of similar nature in the past? Yes 是
閣下過往有否遇上類似意外或損傷？ No 否
If "Yes", please provide details (including insurance claims).
如「是」，請詳細列明（包括保險索償）。

The following document(s), if any, should be attached with this claim form
下列文件（如適用）須與此申請表一併提交：

- Hospitalization period certificate 住院證明書 From 由： To 至：
- Sick leave certificate 病假證明書 From 由： To 至：
- Receipt(s) issued by registered doctor(s) 由註冊醫生發出之收據 HK\$ 港元
- Receipts issued by non-registered doctor(s) 由非註冊醫生發出之收據 HK\$ 港元

Are you fully recovered? Yes 是
閣下是否已完全康復？ No 否

(Note: Benefit stated in the Schedule shall be payable when you are fully recovered and the total amount of the Benefit shall have been ascertained and agreed.)

附註：閣下完全康復，保障金額確定及協定後，本公司方會一筆整付賠償。）

If "Yes", please provide date (DD/MM/YYYY)
如「是」，請提供康復日期（日/月/年）：

If "No", please state the treatments that you are currently undertaking.
如回答屬「否」，請說明現時所接受之治療。

D. DETAILS OF THE POLICE OR OTHER AUTHORITY 警方或其他有關政府機構資料

If the case was reported to the police or other authority, please provide the following information.
若事件已報告警方或其他有關政府機構，請填寫下列資料。

Please attach the following document(s) with this claim form 請連同以下文件與此索償申請表一併遞交：

- Letter of consent 同意書
- Copies of report from the police / authority and statement, if applicable 警方或有關政府機構之報告文件及口供副本（如適用）

Name and address of the police station /
other authority reported to
報案警署或其他有關政府機構名稱及地址：

Report / reference no.
報案 / 檔案號碼：

Date of report (DD/MM/YYYY)
報案日期（日/月/年）：

E. OTHER INSURANCE DETAILS 其他保險資料

Do you also report this case to your employer for employees' compensation insurance claim? Yes 是
閣下是否同時向僱主報告事件以申報僱員補償保險索償？ No 否

Was there any other insurance (including employees' compensation insurance) covering this accident at the time of occurrence? Yes 是
是次意外發生時是否同時享有其他保險之保障（包括僱員補償保險索償）？ No 否

If "Yes", please provide details.
如「是」，請提供詳情。

Name of insurer 保險公司名稱：	
Type of insurance 保險種類：	Policy no. 保單號碼：
Claim no. 索償號碼：	Claim amount received / claimable amount 已收取之賠償金額 / 可索償之金額：

F. PAYMENT MODE 收取賠償款項方式

Subject to the terms and conditions of your policy, you may select to receive the claim payable amount by way of direct credit or cheque. Normally, you will receive your payment 3-5 working days earlier if you choose the direct credit option. If you do not provide your payment preference, a cheque will be issued for any claim payment.

在保單條款許可情況下，閣下可選擇以銀行轉賬或支票方式收取賠償款項。一般情況下，選擇銀行轉賬收取賠償款項較支票快 3-5 個工作天。如閣下沒有選擇收取賠償款項方式，將會視作選擇以支票收取賠償款項。

Important Note for Direct Credit 銀行轉賬重要事項

a. The claim payment shall be credited to the bank account in the name of the Insured Person in accordance with the terms and condition of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.

有關之賠款將按其保單條款，存入該受保人名下之銀行賬戶。請確保賬戶號碼及賬戶持有人名稱正確，以免引致不必要之延誤。

b. If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and/or account holder name, we shall not be liable to make any further payment and any other additional banking handling charges regardless of whether the claim payment can be recovered.

如索償人提供之銀行賬戶號碼及 / 或戶口持有人名稱不正確，而導致本公司錯誤將賠款存至第三者戶口，無論有關賠款能否取回，本公司無任何責任再支付該賠款及其引致之相關銀行手續費用。

<input type="checkbox"/> Option (1) 選擇 (一)	By direct credit - for HKD account only 銀行轉賬 - 只限港元戶口			
	Please provide your bank account details 請提供相關銀行資料： Bank Name <input type="checkbox"/> Hang Seng Bank 恒生銀行 銀行名稱 <input type="checkbox"/> Others, please specify 其它，請列明：			
	Name of Account Holder (in English & block letter) 賬戶持有人姓名 (英文及以大楷書寫)：			
<input type="checkbox"/> Option (2) 選擇 (二)	Bank Account Information 銀行賬戶資料：			
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Bank Code 銀行編號</td> <td style="width: 50%; text-align: center;">Bank A/C No. 銀行賬戶號碼</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Bank Code 銀行編號	Bank A/C No. 銀行賬戶號碼	
Bank Code 銀行編號	Bank A/C No. 銀行賬戶號碼			

G. DECLARATION & AUTHORIZATION 聲明及授權

I / We hereby declare that:

本人 / 我等就此聲明：

- The above information provided by me / us in this form is true and complete to the best of my / our knowledge and belief.
本人 / 我等在此表格提供的資料全是真實正確無訛。
- I / We have not withheld from QBE Hongkong & Shanghai Insurance Limited or QBE General Insurance (Hong Kong) Limited any information within my / our knowledge connected with the accident / incident.
本人 / 我等就本人 / 我等所知，並未有向昆士蘭聯保保險有限公司或昆士蘭保險 (香港) 有限公司隱瞞 / 保留任何有關意外 / 事件資料。
- I / We hereby authorize any medical practitioner, hospital, clinic, insurance company or organization that has any records or knowledge of me / us or my / our health, to furnish to QBE Hongkong & Shanghai Insurance Limited or QBE General Insurance (Hong Kong) Limited or its authorized representative, any and all information with respect to my / our illness or injury, medical history, consultation prescription or treatment. A photocopy of this authorization shall be considered as effective and valid as the original.

本人 / 我等現授權任何醫生、醫院、診所、保險公司或機構可將本人 / 我等之病情、以往病歷、診治及申請賠償等資料給予昆士蘭聯保保險有限公司或昆士蘭保險 (香港) 有限公司或其代表。此授權書之副本與正本同等有效。

4. I / We have read the QBE Hongkong & Shanghai Insurance Limited or QBE General Insurance (Hong Kong) Limited's Personal Information Collection Statement ("Notice") and acknowledge and agree that all personal data and information with respect to me / us which is provided by me / us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Notice.

本人 / 我等確認本人 / 我等已細閱昆士蘭聯保保險有限公司 / 昆士蘭保險 (香港) 有限公司之收集個人資料聲明 (「通知」) ，並知悉及同意有關於本人 / 我等於是次申請由本人 / 我等提供的所有個人資料及其他資料將可能被持有、使用、處理或披露予有關各方以用作「通知」上所載的用途上。

5. I / We understand and agree that QBE Hongkong & Shanghai Insurance Limited or QBE General Insurance (Hong Kong) Limited by requesting me / us to submit and complete this form, and by requesting me / us to make the declaration and give the authorization herein, does not constitute a waiver of its rights entitled under the terms and conditions under the Policy and the law in general.

本人 / 我等明白並同意昆士蘭聯保保險有限公司或昆士蘭保險 (香港) 有限公司，在要求本人 / 我等完成及提交此表格，及在要求本人 / 我等聲明及授權，是不會構成其放棄保險單內條款和條件及一般法例權益。

Signature of the insured 保戶簽署：	Signature of the patient (if not the insured) 傷者簽署 (如非投保人) ：
H.K.I.D. no. 香港身份證號碼：	H.K.I.D. no. 香港身份證號碼：
Date (DD/MM/YYYY) 日期 (日/月/年)：	Date (DD/MM/YYYY) 日期 (日/月/年)：

H. ATTENDING PHYSICIAN'S STATEMENT 主診醫生證明書

This section is to be completed by the claimant's attending physician at the claimant's own expense.

此欄須由索償申請人之主診醫生填寫，所需費用由索償申請人自行承擔。

Diagnosis (In respect of the disability described on the claim form)

診斷 (有關索償申請表描述之殘疾) ：

Are you the patient's regular physician? 閣下是否病人慣常求診之醫生？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Date of first consultation (DD/MM/YYYY) 首次求診日期 (日/月/年)：
Date unfit for work (DD/MM/YYYY) 須休假期 (日/月/年)：	Date fit for work (DD/MM/YYYY) (if uncertain, please estimate) 可復工日期 (日/月/年) (如不確定，請作估算) ：	

If there is a prior history of the same or similar condition, please provide details.

如曾患有相同或類似病症，請詳細說明。

In my opinion, the patient is / was totally disabled from engaging in his / her usual occupation as (please briefly state the nature of duties required)

本人認為病人完全無法擔任以下慣常職位 (請簡述要求的職責性質) ：

Date (DD/MM/YYYY) From To
日期 (日/月/年)： 由 至

I certify that to the best of my knowledge, the foregoing statements are correct.

茲證明就本人所知，以上陳述均屬正確。

Doctor's name

醫生姓名：

Qualification(s)

資歷：

Address

地址：

Tel. no.

電話：

Chop and signature

印章及簽署：

Date (DD/MM/YYYY)

日期(日/月/年)：

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

QBE Hongkong & Shanghai Insurance Limited or QBE General Insurance (Hong Kong) Limited ("the Company") may use the personal data the Company collect about you for the following purposes:

Insurance Services (Mandatory)

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. any alterations, variations, cancellation or renewal of any insurance and related services;
4. investigating, analyzing, processing and paying claims made under your insurance policy;
5. invoicing and collecting premiums and outstanding amounts from you;
6. exercising any right under the insurance policy including right of subrogation, if applicable;
7. complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order.
8. contacting you for any of the above purposes;
9. other ancillary purposes which are directly related to the above purposes;

The information you provide to the Company may be provided or transferred to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:

- a. any agent, advisor, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
- b. 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;
- c. any members of the Federation by the Federation for any of the above or related purposes;
- d. regulators;
- e. lawyers;
- f. auditors; and
- g. other insurance companies within the QBE Group which have undertaken to keep such information confidential and solely for the purposes set out in the above paragraph.

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services.

Direct Marketing of Products and Services

To provide a more comprehensive range of financial and insurance services, the Company may use your name, mobile phone number, residential phone number, office phone number, residential address, correspondence address, email address, age, gender and occupation (the "Marketing Personal Data") in direct marketing. Save in the circumstances exempted in the Personal Data (Privacy) Ordinance, the Company cannot so use your Marketing Personal Data without your consent (which includes an indication of no objection). In this connection, please note that the Company may use your Marketing Personal Data for the following purposes:

- 1) any sales or direct marketing of insurance, banking, financial services, provident schemes products or related services of the Company or of the financial services providers engaged by the Company; and
- 2) to conduct research, insurance survey and analysis for the purpose of product design and development and improvement of our services to you and such data may be transferred to third party service provider in Hong Kong or overseas who provides administrative, data processing, marketing services, consulting services and storage services.

If you do not want to receive any sale or marketing of any of the products or services from the Company at any time, you may also contact the Company's Data Protection Officer.

You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company subject to payment of an administrative fee. Requests for such access or correction can be made in writing to the Data Protection Officer, QBE Hongkong & Shanghai Insurance Limited / QBE General Insurance (Hong Kong) Limited, 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

September 2016

昆士蘭聯保保險有限公司及昆士蘭保險（香港）有限公司（本公司）將所收集閣下的個人資料，可能用作下列的用途：

保險服務（強制）

1. 處理及評估任何保險產品之申請，及有關服務之日常運作；
2. 管理閣下的保單及為閣下的保單提供相關服務；
3. 有關保險產品及服務的任何更改、變更、取消或續保；
4. 閣下保單索償的調查、分析、處理及賠償；
5. 保費通知、收集保費和款項；
6. 行使有關保險單賦予的任何權利包括代位權，如適用；
7. 遵守及乎合任何法例及條例規定的要求、行業手則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求；
8. 為上述任何用途與閣下聯絡；
9. 與上述用途直接有關之其他附帶的目的。

閣下向本公司提供的資料可能會提供或轉送予下列各方在香港或海外單位作前段所述的用途：

- a. 任何代理人、顧問、諮詢人、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應人或任何其他從事與保險或再保險業務有關的公司，或中介人，或索償或調查或其他提供與保險業務有關的服務供應人，以達到任何上述或有關的用途；
- b. 現存或不時成立的任何保險公司協會或聯會或類同組織（聯會），以達到任何上述或有關的用途，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；
- c. 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；
- d. 監管機構；
- e. 執業律師；
- f. 認可核數師及
- g. 昆士蘭保險集團內的其他保險公司已承諾將資料保密並純粹用作上述的用途。

如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下之申請及為閣下提供服務。

直接市場推廣產品及服務

為提供更全面的金融和保險服務，本公司可能會使用閣下的姓名、手提電話號碼、家居電話號碼、辦公室電話號碼、居住地址、郵寄地址、電子郵件地址、年齡、性別及職業（「市場推廣用途的個人資料」）作直接促銷。除非本公司已取得閣下的同意（包括表示不反對），否則本公司不可以如此使用閣下的市場推廣用途的個人資料，但個人資料（私穩）條例下所指明的豁免情況除外。就此，本公司可能會使用閣下的市場推廣用途的個人資料作下列用途：

- 1) 任何銷售或市場推廣有關本公司或本公司之業務伙伴的保險、銀行、金融服務、公積金計劃或有關服務。
- 2) 進行研究、保險調查及分析以供產品設計及發展及提升本公司提供予閣下的服務質素的用途上，閣下該等資料將轉移到香港或海外的第三方的服務供應商以提供行政、資料處理、市場推廣、諮詢及儲存服務。

如閣下於任何時間不欲收取本公司的任何產品或服務的任何銷售或推廣，閣下亦可聯絡本公司的資料保護主任。

閣下有權查明本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，並需支付行政費用。有關查閱或更正的要求，可致函香港鰂魚涌英皇道979號太古坊濠豐大廈33樓，向昆士蘭聯保保險有限公司/昆士蘭保險（香港）有限公司資料保護主任提出。

2016年9月

Note: In case of discrepancies between the English and Chinese versions, the English version shall prevail.

注意：中英文版本如有歧異，概以英文版本為準。