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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.

人身意外保險索償申請表
PERSONAL ACCIDNET INSURANCE CLAIM FORM

(1) 保單持有人 / 受保人資料 Details of Policyholder / Insured

(a) 保單持有人姓名 Name of Policyholder		(b) 保單編號 Policy No.	
(c) 受保人姓名 Name of Insured		(d) 受保人香港身份證 / 護照號碼 HKID / Passport No. of Insured	
(e) 受保人職業 Occupation of Insured Person		(f) 性別 Gender	☐ M 男　☐ F 女
(f) 手提電話號碼 Mobile Phone No.	(g) 電郵地址 Email Address		(h) 出生日期 Date of Birth
(i) 通訊地址 Correspondence Address			

(2) 索償類別 Type of Claim

☐ 意外死亡 Accidental Death　　☐ 意外永久傷殘 Accidental Permanent Disablement　　☐ 暫時性完全傷殘 Temporary Total Disability

☐ 意外醫療費用 Accidental Medical Expense　　☐ 其他（請註明）Other (Please Specify)

(3) 索償事由 Description of Claim

(a) 事故發生 The Accident Occurred	日期 Date		時間 Time		國家 Country	
	地點 Place					

(b) 請詳細描述事件發生的過程 Describe in full how the incident happened

(c) 請述受傷部位及傷勢，如：骨折、刀傷、瘀腫等。
Describe the injuries sustained, indicating the part of the body injured and the type of injury, e.g. fracture, cut, bruise and etc.

(d) 病者曾否在同一病況下就醫或治療？ Has the patient had any prior treatment for this condition?

☐ 否 No	☒ 如是，請列出就上述意外而求診之所有醫生或醫院名稱及求診日期。 If yes, please list all doctor(s) or hospital(s) consulted for the injury and the date of consultation	
	醫生 / 醫院名稱 Name of Doctor/ Hospital	初診日期(日/月/年) Date of First Consultation (DD/MM/YYYY):
	1)	
	2)	

(e) 上述意外是否已向警方報案？ Has the mentioned accident been reported to the police?

☐ 否 No	☐ 如是，請提供以下資料 If yes, please provide below information	
	報案警署 Name of the Police Station	報案日期 Report Date
	報案時間 Report Time	檔案編號 Reference No.

(4) 其他保險資料 Other Insurance

(a) 您是否已經或打算就此意外事件向其他保險公司（包括勞工及團體醫療保險）申請索償？
Have you made a claim or plan to file a similar claim with other insurance companies (including employee compensation insurance or group medical scheme) related to this accident?

☐ 否 No	☐ 如是，請提供以下資料 Yes, please provide below information

保險公司名稱 Name of Insurance Company	投保種類 Type of Coverage	保單編號 Policy No.	保單生效日期(日/月/年) Policy Effective Date (DD/MM/YYYY)

(5) 索償所需之基本文件 Basic Documents Required

以協助忠意保險更快處理您的索償申請，請提交所需文件並將此申請表寄回給本公司。有關所需文件，請瀏覽以下連結：
To help Generali process your claim faster, please submit the required documents and return the application form to us. For the required documents, please visit the following link:

• https://www.generali.com.hk/EN_US/claims_and_support/required_documents/#personal_accident

(6) 收取索償款項提示 Claim Payment Method

(1) 凡選擇以「自動轉賬至銀行戶口」方式收取索償款項 If the claim payment method "Autopay to bank account" is chosen,
   a) 請同時提交印有投保人/受保人/合資格人士/索償人全名及銀行戶口號碼之戶口證明 (如銀行存摺或自動櫃員機卡或銀行月結單副本等)。
     Please provide the Insured/Insured Person/Eligible Person/Claimant's bank account proof showing the account holder's name and account number (e.g. copy of bank book, ATM card or bank statement etc).
   b) 投保人/受保人/合資格人士/索償人為個人客戶，忠意保險有限公司只接受個人儲蓄/支票戶口。
     For Insured/Insured Person/Eligible Person/Claimant who is an individual, only personal saving/current accounts will be accepted by Assicurazioni Generali S.p.A.
   c) 投保人/受保人/合資格人士/索償人為商業客戶，忠意保險有限公司只接受公司儲蓄/支票戶口。
     For Insured/Insured Person/Eligible Person/Claimant who is a corporate entity, only commercial saving/current accounts will be accepted by Assicurazioni Generali S.p.A.
   d) 忠意保險有限公司將支付/轉賬港元到指定的銀行賬戶。Assicurazioni Generali S.p.A will only pay/transfer Hong Kong Dollars to the designated bank account.
   e) 如銀行轉賬被拒絕或不成功,款項將以支票形式寄送到索償申請表內所提供的通訊地址,而恕不另行通知。
     If the bank transfer payment is rejected, declined or unsuccessful, a cheque will be issued and posted to the correspondence address mentioned on the claim form instead without further notice.

(2) 如索償款項以保單貨幣以外的貨幣結算，該款項可能會受忠意保險有限公司不時釐定的匯率而改變。匯率之波動會對索償款項構成影響。您須承受匯率風險。匯率會不時波動，您可能因匯率之波動而損失部分的利益價值。If the claim payments are settled in currencies other than the policy currency(ies), the payment amounts would be subject to change according to the prevailing exchange rate determined by Assicurazioni Generali S.p.A from time to time. The fluctuation in exchange rates may have an impact on the payment amounts.

(3) 忠意保險有限公司保留權利自行決定其索償款項的付款方式。Assicurazioni Generali S.p.A reserves the right to determine the claim payment method at its discretion.

我/我們在此要求並授權忠意保險有限公司用以下方式支付索償款項 (請以"√"作出選擇) :
I/WE hereby request and authorize Assicurazioni Generali S.p.A to pay benefit due in respect of this claim by (Please "√" the appropriate box to indicate your choice):
☐ 支票 以港元結算支付款項 (注意：支票將於索償審批成功後15個工作天內寄到您的通訊地址)
   Cheque, to be drawn in Hong Kong Dollars (Note: The cheque will be mailed to your correspondence address in 15 business days after the approval of the claim.
☐ 自動轉賬至銀行戶口 (以港元結算). 請提供以下資料 Autopay to the bank account (By HKD). Please provide the below information:

Bank Account Information 銀行戶口資料						
Name of Bank 銀行名稱			Full Name in English of Account Holder(s) 銀行戶口持有人名稱			
Bank Account No. 銀行戶口號碼		-		-		
	Bank Code 銀行編號		Branch Code 分行編號		Account No. 戶口編號	

(7) 聲明及授權書 Declaration & Authorization
(請由受保人簽署, 如受保人未滿 18 歲, 則由父母或監護人簽署. To be signed by the Insured Person or parent of or guardian if the Insured Person is below 18 years old.)

1. 本人/我們謹此聲明上述一切陳述, 不論是否本人/我們親手所寫, 均屬正確無誤, 並為本人/我們所知所信之全部, 本人/我們同意任何蓄意欺騙或隱瞞將構成法律責任並導致保單失效。
I/We hereby declare that all the statements to all questions above, whether or not written by my/our own-hand are to the best of my/our knowledge and belief complete and true. I/We agree that any concealment or misstatement as regards to the amount or otherwise, in connection with this claim may result in prosecution and the Policy will become void.

2. 本人/我們同意任何持有有關於本人/我們或上述受保人記錄或資料之醫生、醫院、藥劑師、保險公司、警署、僱主、或其他機構發放有關本人/我們或上述受保人之病歷、病情之預斷、治療、傷假、或在職、離職詳情、或在其他保障下可獲之保障額、索償金等資料予忠意保險有限公司（「忠意保險」）或其授權之代表. 而在香港私隱專員條例容許之情況下, 本人/我們並同意將個人資料給予其他在港或以外之機構。
I/We hereby authorize any doctor, hospital, pharmacy, insurance company, police station, employer, or other organization, who has records or knowledge of myself/ourselves or the Insured, to release all information regarding medical history, prognosis, treatment (including drug and alcohol abuse information), sick leave history, employment history, reasons of employment termination, earnings or benefit payable under other insurance coverage to Assicurazioni Generali S.p.A. (hereafter referred to as "Generali") or its authorized representative. In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong, by signing below, I/We consent that the personal information collected or held by the Company, whether contained in this application or otherwise obtained is provided and may be disclosed to individuals or organizations within or outside Hong Kong.

3. 此授權書之副本亦如正本一樣具同等效力。A photometric copy of this Declaration & Authorization will be valid as the original.

4. 本人/我們同意所有文件及收據予忠意保險將不獲退還。I/We hereby agree that all documents and receipts submitted to Generali will not be returned.

5. 本人/我們確認，本人/我們已獲提供 (https://eclaims.generali.com.hk/personal_information/) 一份由忠意保險發出的收集個人資料聲明（「該聲明」），本人/我們確認已經閱讀並且明白該聲明，本人/我們同意忠意保險可依照該聲明的條款收集、使用、儲存、披露、轉移及其他方式處理本人/我們的個人資料，本人/我們進一步確認，本人/我們已獲得受保人和任何有關人士（如適用的話）的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給忠意保險，並允許忠意保險可依照該聲明的條款收集、使用、儲存、披露、轉移及其他方式處理該等個人資料。
I/We acknowledge that I/we have been provided (https://eclaims.generali.com.hk/personal_information/) with the Personal Information Collection Statement (the "Statement") issued by Generali. I/We confirm that I/we have read and understand the Statement. I/We agree that Generali may collect, use, store, disclose, transfer, and otherwise process my/our personal data in accordance with the terms of the Statement. I/We further confirm that I/we have obtained the express consent of the Insured(s) and the other relevant individual(s) (where applicable) for providing their personal data to Generali for the purpose stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer, and otherwise process such personal data in accordance with the terms of the statement.

保單持有人蓋印及簽署 Signature of Policyholder	簽署日期 Date of Signed	受保人 / 父母或監護人簽署 （如受保人未滿 18 歲）Signature of Insured Person/ Parent or Guardian (if Insured person is below 18 years old)	簽署日期 Date of Signed

(8) 主診醫生報告 - 由主診醫生／外科醫生填寫，所需費用由索償人自行承擔（適用於入住私營醫院）
Attending Physician Statement - to be completed by the Attending Doctor at the Claimant's own expenses (Applicable to the admission to a private hospital)

病者姓名: Name of Patient:		醫院名稱: Name of Hospital:	
入院日期 (日/月/年): Date of Admission (DD/MM/YYYY):		出院日期 (日/月/年): Date of Discharge (DD/MM/YYYY):	

病房類別: Accommodation Level:	☐ 大房 Ward	☐ 半私家房 Semi Private	☐ 私家房 Private	☐ 門診手術 Day case

1. 意外及診斷詳情 Details of Injury and Diagnosis

a.	病者首次出現病徵/事故發生的日期 (日/月/年): Date of the symptom(s) first appeared /accident occurred (DD/MM/YYYY):
b.	據病者自述，意外是如何發生？According to the patient's, how the accident happened?
c.	傷勢診斷 (請述受傷部位及其傷勢) Injury diagnosis (please describe the injured part and its severity)
d.	在檢查中，您是否看到受傷部位有可見之表面傷痕，例如瘀傷或外部傷口？ In your examinations, did you see any visible injuries, such as bruising or an external wound? ☐ 否 No　☐ 如是，請描述狀況 If yes, please describe the condition
e.	受傷部位有沒有出現併發症？ Did the injured area develop any complications? ☐ 否 No　☐ 如是，請描述狀況 If yes, please describe the condition
f.	請問傷勢是否與過去病者之病歷有任何關連？ Is the condition related to any previous injury or medical conditions? If yes, please indicate: ☐ 否 No　☐ 如是，請詳述 If yes, please describe
g.	您有否就上述意外建議病假予傷者？ Has sick leave been recommended for the injured in the above-mentioned accident? If yes, please state the period: ☐ 否 No　☐ 如是，請述所建議之期段：　由 (日/月/年) From (DD/MM/YYYY) 到 (日/月/年) To (DD/MM/YYYY)
h.	病者受傷後首次向您求診日期是哪一天？ The date on which the patient first consulted you for medical care after being injured? (日/月/年) (DD/MM/YYYY)
i.	自首次求診後，病者有否繼續接受同類治療？ Has the patient continued to receive similar treatments since the first consultation?

2. 住院詳情 Hospitalization Summary:

a.	最後的診斷: Final diagnosis of the conditions:
b.	手術日期(日/月/年) Date of Operation DD/MM/YYYY:
c.	此次住院之治療詳情/手術名稱: Describe the type of treatment /surgical procedure given to the patient:

d.	請提供出院及/或檢查撮要（包括臨床和病理結果、病因、併發症及覆診詳情） Please give a brief discharge summary (including clinical and pathological findings, etiology, complication, and follow-up plan)	
e.	如病者於住院期間曾被轉介向其他醫生求診，請提供以下資料： If the patient has been referred to other doctors for treatment during hospitalization, please provide the following information:	

求診醫生姓名: Name of Doctor consulted:		原因: Reason:	
治療詳情? What medical treatment had the Doctor performed?			

f.	請提供該檢查及手術不可在門診/日間手術中心進行之原因: Please provide the reasons why this examination and surgery cannot be performed in outpatient/daycare centers:

3. 專業意見 Professional comment:
上述情況是否出於或與以下問題關連？（請在適當空格填上✓號）
Was the condition due to or associated with the following? (Please tick the appropriate boxes)

☐ 意外身體受傷 Accidental bodily injury ☐ 自我傷害 Self-inflicted injury ☐ 濫用藥物或酒精 Abuse of drugs or alcohol ☐ 精神紊亂 Mental disorder ☐ 屈光不正 Refractive error	☐ 懷孕 Pregnancy ☐ 不育或絕育 Infertility or sterilization ☐ 牙科治療 Dental care ☐ 一般身體檢查 General check-up ☐ 疫苗接種 Vaccination	☐ 先天性疾病/異常 Congenital condition ☐ 發育問題 Developmental condition ☐ 遺傳性問題 Hereditary condition ☐ 美容性質的治療 Treatment for cosmetic purpose ☐ 不適用 N/A

4. 其它 Other:

a.	病者是否經其他醫生轉介? Is the patient referred by another doctor?	
	☐ 否 No	☐ 若是，請列轉介醫生的姓名及地址: If yes, please state the name & address of the referring Doctor:	
b.	閣下是否該病者的慣常醫生? Are you the patient's usual Doctor?	
	☐ 否 No	☐ 若是，自(日/月/年): Yes, since (DD/MM/YY):	

5. 情況是否屬懷孕引起的？ Is the condition due to pregnancy?

☐ 否 No	☐ 若是,請提供懷孕開始日期(這是必需提供的) If yes, give the date of commencement of pregnancy (this is required)	自(日/月/年) / since (DD/MM/YY):

本人特此聲明，就本人所知，上述所有資料均準確無誤。
I hereby certify that all information given above is accurate and true to the best of my knowledge.

主診醫生姓名:
Name of Attending
Doctor: _____

專業資格:
Qualification: _____

主診醫生之印鑑及簽名:
Doctor's Signature &
Chop:

_____

地址:
Address: _____

_____

日期(日/月/年):
Date Signed
(DD/MM/YY): _____

聯絡電話號碼:
Contact Phone
No.: _____