

**PERSONAL ACCIDENT CLAIM FORM**  
**個人意外賠償申請表**

<b>Means of Claim Settlement (Please tick) 賠償支付方式 (請選擇)</b>			
We must emphasize that this request is not an admission of our liability. If the claim is eligible, the indemnity shall be payable to the relevant Insured only. 本公司特此聲明此項要求並不代表本公司承認賠償責任。如果索償成功，所有賠償均只可支付予此索償之相關受保人。			
<input type="checkbox"/> Hong Kong Bank Transfer <b>本地銀行過數</b> (HKD account only 只限港幣戶口) <input type="checkbox"/> Hong Kong Dollar Cheque <b>港幣支票</b> <b>Please provide copy of bank passbook or ATM card if you prefer payment by bank transfer.</b> <b>閣下選擇銀行過數，請提供銀行存摺或提款卡副本</b>		Account Holder's Name (Must be the Insured or Insured's Parent/ Legal Guardian if the Insured is below the age of 18) <b>銀行戶口持有人姓名 (必須為受保人或受保人的父母/合法監護人如受保人未滿18歲):</b>	
Bank Name <b>銀行名稱</b> :	Bank Code <b>銀行號碼</b>	Branch Code <b>分行號碼</b>	Account Number <b>戶口號碼</b>

(Please complete in block letters 請用正楷填寫)

Name of Insured <b>受保人姓名</b>			
Policy No. <b>保單號碼</b>		Occupation <b>職業</b>	
Corresponding Address <b>通訊地址</b>			
Name of Injured Person <b>受傷人姓名</b>		Occupation <b>職業</b>	
Relationship with Insured <b>與受保人關係</b>			
Daytime Contact No. <b>日間聯絡電話號碼</b>		HKID No. <b>香港身份證號碼</b>	
Present Age <b>年齡</b>	Height <b>身高</b>	Weights <b>體重</b>	

Date of Accident <b>意外日期:</b>	Time <b>時間:</b>	Accident Place <b>意外地點:</b>	
Circumstances of Accident <b>意外發生經過</b>			
Nature of Injury <b>受傷性質</b>			
Fully recovered from this injury <b>完全康復</b> / Still under treatment <b>治療中</b> *Please delete the inappropriate one (請刪除不適用者)			
Date of treatment <b>治療日期</b>	from <b>由</b>	to <b>至</b>	Date of Hospitalized <b>住院日期</b>
			from <b>由</b>
			to <b>至</b>
If hospitalized, give name and address of the hospital 如有住院，請列出醫院的名字和地址			
Are you temporary totally unable to attend work? 閣下是否暫時喪失全部工作能力以致未能如常處理業務或工作			
If yes, state the period of Temporary Total Disablement 如是，請列出暫時喪失全部工作能力的日期		from <b>由</b>	to <b>至</b>
If you are still unfit to resume duty, date on which you expect / your doctor advise to return work 倘未完全康復，閣下預料/醫生建議何時恢復工作？			
Name and Address of the Doctor attending you <b>治療閣下醫生的姓名和地址:</b>			
Please specify if you have applied for claims in other insurance company for the same accident. 就此意外，如閣下有向其他保險公司索償，請列明:			
In the past 3 years, have you ever applied for claims as a result of any accident? If "Yes", please specify. 過往三年中，如閣下曾因意外向保險公司索償，請列明:			

<b>Declaration and Authorization 聲明及授權書</b>	
I/We hereby declare that to the best of my/our knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. I authorize any hospital, physician, insurance company or organization that has any records or knowledge of me or my health, to furnish to The Tokio Marine and Fire Insurance Company (Hong Kong) Limited ("the Company") or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation prescriptions or treatment and copies of all hospital or medical records. The information provided by me/us to the Company is collected to enable the Company to carry on insurance business and may be used for the purpose of: (i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of the said products or services; (ii) any claim or investigation or analysis of such claim; and (iii) exercising any right of subrogation; and may be transferred to: (iv) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; (v) 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 (vi) any members of the Federation for any of the above or related purposes. 本人/我們現聲明上述所填報的一切資料均屬正確無訛，並無任何保留。本人授權持有本人健康或任何資料之醫院、醫生、保險公司或機構，可以將部份或全部有關本人傷患之病歷、診斷報告及藥方等資料給與東京海上火災保險(香港)有限公司(「貴公司」)或其代理人。本人/我們明白本人/我們提供的資料為貴公司提供保險業務所需，並可能使用於下列目的：(i) 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；(ii) 任何索償，或該等索償的調查或分析；及 (iii) 行使任何代位權；可能移轉予：(iv) 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；(v) 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目的，或使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 (vi) 或透過聯會移轉予任何聯會的會員，以達到任何上述或有關目的。 Moreover, the Company is hereby authorized to obtain access to and/or to verify any data provided by me/us with the information collected by the Federation from the insurance industry. I/We understand that I/we have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by the Company. Requests for such access can be made in writing to the Compliance Officer, 27th Floor, United Centre, 95 Queensway, Hong Kong. A photostat copy of this authorization shall be considered as effective and valid as the original. 此外，本人/我們授權貴公司可向聯會從保險業內收集的資料中查閱及/或核對本人/我們任何資料。 本人/我們明白本人/我們有權查閱及要求更正由貴公司持有有關本人/我們的個人資料。如有需要查閱，本人/我們可用書面寄香港金鐘道95號統一中心27A，向貴公司條例遵行主任提出。此授權書之影印本具同等效力。	
Date:	Signature:
日期	簽名

Note: Please attach the relevant medical documents 請提交有關醫療文件

*To Be a Good Company*

## Personal information collection statement (pics)

Sun Flower Insurance Brokers Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

In order to provide you with our insurance brokerage services and other services set out in the "Purpose" section below, we may collect personal data directly from you or from other third parties. Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

1. providing insurance brokerage services to you, including assessing and evaluating your needs on insurance, wealth management, estate planning, business planning or other financial matters;
2. advising or acting for you on matters relating to insurance, wealth management, estate planning, business or financial planning, or arranging insurance contracts on your behalf;
3. offering, providing and marketing to you insurance products/services of local or offshore insurance companies or other insurance service providers (see "Use and provision of personal data in direct marketing" below);
4. preparing for you any applications for insurance products/services. This will entail providing your personal data to insurance carriers for the purpose of obtaining life cover;
5. providing subsequent services to you, including but not limited to conducting face-to-face meetings or phone discussions for the purposes of reviewing and administering any products/services you have purchased; any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services you have purchased, including investigation of claims;
6. any other reasonable purposes in connection with the provision of our brokerage services;
7. designing products/services for customers;
8. conducting market research for statistical or other purposes;
9. matching any data held which relates to you from time to time for any of the purposes listed herein;
10. making disclosures as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government, regulatory or tax authorities in Hong Kong or elsewhere;
11. conducting identity checks;
12. complying with the laws of any applicable jurisdiction;
13. carrying out other services in connection with the operation of the Company's business; and
14. other purposes directly relating to any of the above.

Transfer of Personal Data: Personal data will be kept confidential and subject to the provisions of any applicable law. Your personal data may be provided to the following recipients for the Purposes listed above:

1. any of our affiliates, any person associated with the Company, insurance or any reinsurance company, claims investigation company, industry association or federation, or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
3. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

For our policy on using your personal data for marketing purposes, please see the section below "Use and provision of personal data in direct marketing". Transfer of your personal data will only be made for one or more of the

Purposes specified above.

Use and provision of personal data in direct marketing: The Company and/or its affiliates intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for the purpose of providing products and services and additional insurance advisory activities.
2. provide your personal data to insurance carriers and/or re-insurers for the purpose of obtaining life cover.
3. provide information regarding your insurance policy and/or application to a financial institution for the purpose of obtaining financing.
4. provide your personal data to insurance carriers and/or reinsurers for the purpose of obtaining additional life cover as well as health, wellness, annuity and other insurance products.
5. provide information regarding your insurance policy to the policy's owner which may be you or an affiliated entity as instructed by you.
6. use your data to provide "after-sales" services including face-to-face meetings and phone discussions for the purpose of advising, reviewing and administering your policy(ies).

You may in the future withdraw your consent to the use and provision of your personal data for providing the insurance advisory activities.

If you wish to withdraw your consent, please inform us in writing to the address in the section on "Access and correction of personal data". The Company shall, without charge to you, ensure that you are not included in future insurance advisory activities.

Access and Correction of Personal Data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

### Data Privacy Officer

**Sun Flower Insurance Brokers Limited**

**1105-08, 11/F., Hing Yip Commercial Centre, 272-284 Des Voeux Road Central, Hong Kong**

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.