

**「太平寵物保」索償申請表**  
**TAIPING PET 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 - 被保險人資料 (必須填寫) SECTION 1 - INSURED'S INFORMATION (REQUIRED)**

保單號碼 Policy No.		賠償號碼 (由本公司填寫) Claim No. (For Office use)	
被保險人姓名 Name of Insured		性別 Sex	出生日期 Date of Birth
聯絡電話 Contact Tel No	電子郵件 E-mail Address	被保險人香港身份證/護照號碼 Insured's HKID No. / Passport No	
通訊地址 Correspondence Address			

**第二部份 - 寵物資料 (必須填寫) SECTION 2 - PET'S INFORMATION (REQUIRED)**

寵物名稱 Name of Pet	性別 Sex <input type="checkbox"/> 雄性 Male <input type="checkbox"/> 雌性 Female
晶片號碼(必須提供) Microchip No.(Must Provide)	種類 Species <input type="checkbox"/> 狗 dog <input type="checkbox"/> 貓 cat
品種/顏色/特徵 Breed/Colour/Marking	出生日期 (月/年) Date of Birth (mm/yy)

**第三部份 - 索償項目(請選擇適當項目) SECTION 3 - BENEFITS CLAIMED (Please select the appropriate)**

1. 醫療保障 Medical Coverage Benefit <input type="checkbox"/>	2. 第三者責任保障 Third Party Liability Benefit <input type="checkbox"/>	3. 身故服務 Funeral Service Benefit <input type="checkbox"/>
4. 廣告費用 Advertising Expenses Benefit <input type="checkbox"/>	5. 寄宿保障 Boarding Fees Benefit <input type="checkbox"/>	6. 旅遊保障 Travel Protection Benefit <input type="checkbox"/>
7. 隔離期保障 Quarantine Coverage Benefit <input type="checkbox"/>	8. 假期取消保障 Holiday Cancellation Benefit <input type="checkbox"/>	9. 附加保障 Overseas Cover Benefit <input type="checkbox"/>

**第四部份 - 基本資料 SECTION 4 - GENERAL INFORMATION**

事件發生之日期及時間 Date and time of the incident	事件發生地點 Location of the incident occurred
敘述事件發生的經過 / 受傷性質及程度 Detailed description of the occurrence of the incident / Nature and Extent of Injury sustained	
閣下的寵物過往是否於同一部位受過傷? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No Has your Pet previously suffered from an injury to the same part?	
事發時，誰人照顧受保寵物 Who took care of the Insured Pet at material time of Incident	
閣下與受保寵物之關係 Relationship between you and the Insured Pet	
閣下是否有醫療單據或其他證明文件需要提交? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No Are there any medical bills or other supporting documents to be submitted? 如是，請說明索償金額： If Yes, please state the amount claimed :	
如涉及索償受保寵物身故服務，請寫出死亡原因：； If claim involved Funeral Service Benefit of the Insured Pet, please state the cause of death :	

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**第五部份 - 第三者責任索償 SECTION 5 - THIRD PARTY LIABILITY CLAIM**

假若意外中涉及第三者人身受傷或財物受損，請填妥此部份 Complete this Section if involved third parties was injured or property was damaged.		
有否向警方報案? Has it been reported to Police?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	警署區域 Police Station District
		報案編號 Police Report No.
甲. 傷者資料 A. Injured Party/parties		
姓名 Name	年齡 Age	性別 <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female Sex
聯絡電話 Contact Number	受傷部位及程度 Nature & Extent of Injury	
傷者有否被送院? Was the injured person sent to hospital?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	閣下與傷者之關係 Relationship between you and the injured

乙. 財物損毀資料(被保險人財物除外) B. Damaged Property (not belonging to Insured)	
受損財物物主 The owner of the property	財物受損 Damaged property
物主地址 The owner's address	聯絡電話 Contact Number
損毀程度 Nature & extent of damage	預計修理費 Estimated cost of repair

**第六部份 - 其他保障或賠償 SECTION 6 - OTHER INSURANCE OR COMPENSATION**

閣下的寵物是否同時另有其他寵物保險承保? Is the Pet presently also insured for Pet insurance under another Insurance Company?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
如是，請列明該保險公司名稱及保單號碼： If Yes, please state Name of Insurance Company and Policy Number:	
閣下的寵物曾否獲另一保險公司/正申請索償? Has the pet ever claimed from another Insurance Company/is claiming?	
如是，請提供賠償證明影印本。 If Yes, please provide a copy of their settlement details.	

**第七部份 - 聲明及授權書 SECTION 7 - 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/we 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人；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

本人/我們聲明及同意已獲被保險人授權及同意本人/我們作出上述授權。  
I/We declare and agree that I/we have the full authority from and consent of the Insured Person to make the above authorizations.

被保險人簽署  
Signature of Insured .....

被保險人姓名  
Name of Insured.....

日期  
Date.....

**中國太平保險(香港)有限公司**  
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**MEDICAL REPORT 醫療報告**

The Claimant must obtain at his/her own expense the medical report from his/her Veterinarian.

索償人必須提交由獸醫填寫的醫療報告，並承擔所需的費用。

<b>由主診獸醫填寫 TO BE COMPLETED BY ATTENDING VETERINARIAN</b>			
寵物名稱 Name of Pet		晶片號碼 Microchip No.	
是什麼原因導致受傷 / 疾病? What is the cause of the injury / sickness?			
最後診斷 Final Diagnosis			
傷患 / 疾病性質及程度 Nature and Extent of injury / sickness			
該疾病是否因出血、絕育或結紮所引致? Is the sickness caused by bleeding, spaying or neutering?		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
該疾病是否可透過接種疫苗及 / 或藥物預防? Is the sickness preventable by vaccines and/or prophylactic medicine?		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
治療是否屬於美容或預防性質? Is the procedure cosmetic or preventative in nature?		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
病徵初次出現日期 Date when symptom first started		發現傷患 / 疾病日期 Approximate date of discovery of the injury/sickness	
該寵物何時向您就該病況求診? When did the Pet first consult you for this condition?			
徵狀詳情、治療性質及日期 Details of presented symptoms, Nature and Date of Treatment rendered			
該寵物曾就上述病況求診的獸醫: Veterinarian previously consulted by the Pet for the above condition:			
獸醫姓名 Name of Veterinarian	日期 Date	獸醫診所 / 醫院名稱 Name of Clinic / Hospital	地址 Address
該寵物是否就該病況仍在接受您的治療? Is the Pet still under your care for this condition? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No			
_____ 獸醫簽署 Signature of Veterinarian		_____ 日期 Date	
_____ 姓名 / 職位 Name / Designation		_____ 獸醫診所 / 醫院名稱 Name and Address of Clinic / Hospital	

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在保單條款許可情況下，閣下可選擇以快速支付系統(「轉數快」)或銀行轉帳或支票方式收取賠償款項。

Subject to the terms and conditions of your policy, you may select to receive the claim payable amount by way of Faster Payment System ("FPS") or Bank Transfer or Cheque.

請以"✓"作出選擇: Please "✓" the appropriate box to indicate your choice:

<input type="checkbox"/> <b>快速支付系統 (「轉數快」) (「轉數快」的註冊用戶必須為保單權益人/保單持有人)</b> <b>Faster Payment System ("FPS") (the FPS account must be registered under Policy Owner/Policyholder)</b> 請提供下列其中一種識別代號 Please provide either one of below Proxy ID <input type="checkbox"/> 手機號碼 Mobile number _____ <input type="checkbox"/> 電郵 Email _____ <input type="checkbox"/> 「轉數快」識別碼 FPS identifier _____
<input type="checkbox"/> <b>銀行轉帳 (只適用於保單權益人/保單持有人之香港銀行戶口)</b> <b>Bank Transfer (Only applicable to Policy Owner's/Policyholder's bank account in Hong Kong)</b> 請提供相關銀行資料 Please provide your bank account details 銀行名稱 Bank Name _____ 銀行戶口號碼 Bank Account Number _____ 銀行戶口持有人的英文姓名 Full name in English of Account Holder(s) _____
<input type="checkbox"/> <b>支票形式支付保單權益人/保單持有人 (如郵寄地址有別於索償申請表上已填上的地址, 請提供如下)</b> <b>Cheque payable to Policy Owner/Policyholder (Please provide below if the postal address is not the same as the address already stated on the claim form)</b> 郵寄地址 Postal Address _____

- 注解:
- 如遇到以下情況，賠償款項將以支票形式支付。
    - 任何原因未能透過「轉數快」或銀行轉帳成功支付，包括所提供的「識別代號」錯誤/無效或銀行轉帳被拒絕或不成功。
    - 索償金額超過一百萬港元。
    - 沒有選擇收取賠償款項方式。
  - 請確保以上提供的信息正確無誤，本公司不會就索償人提供不正確的資料包括但不限於「轉數快」識別代碼及或銀行賬戶號碼及或戶口持有人名稱等導致本公司錯誤將賠款存至非保單權益人/保單持有人戶口，而令任何人蒙受之損失承擔任何法律責任或賠償經濟損失。
  - 本公司保留權利自行決定其索償款項的付款方式。

- Remarks:
- The claims will be paid by cheque in the one of following cases.
    - The payment by FPS or bank transfer is unsuccessful for any reasons, including a wrong/ invalid "Proxy ID" or the bank transfer payment being rejected, declined or unsuccessful.
    - The claim payment is over HKD1 million.
    - No payment choice is indicated.
  - Please ensure the information provided above is correct. We shall not liable for any of the legal liability or economic loss if incorrect information including but not limited to "FPS" Proxy ID and/or incorrect bank account number and /or account holder name etc. has been provided and the claim payment is remitted to a non-policy owner/non-policyholder.
  - We reserve the right to determine the claim payment method at our absolute discretion.

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

**收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT**

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。閣下提供本索償表格要求的個人資料(包括信用資料和以往申索記錄),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索償、結清申索、保單相關行政、財務工作、索償調查或分析、偵測和防止欺詐行為(無論是與否就此申請而發出的保單有關)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/轉移閣下的個人資料予下列各方,而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料:

- (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)、保險理算人或索償調查員/公司,或其他保險業務有關的服務提供者;
- (b) 僱主;醫護專業人士;醫院;會計師;財務顧問;律師;整合保險業申索和承保資料的組織;防欺詐組織;其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指名的其他人士);警察;和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者);
- (c) 本公司的關連公司(以《公司條例》內的定義為準);
- (d) 政府及市場認可的保險業監管機構:保險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;
- (e) 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。

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。如有需要,請以書面形式向本公司的辦公室提出,地址為香港北角京華道18號15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。

本公司為預防保險詐騙偵測系統成員,詳情請參閱www.hkfi.org.hk/ifpcd/en/index.html。

本聲明中英文版本如有任何歧異或不一致,概以英文版為準。

China Taiping Insurance (HK) Company Limited (the “Company”) understands its responsibilities to the collection, retention processing or use personal data under the Personal Data (Privacy) Ordinance. The personal data you provided in this form (including credit information and claims history) is collected to enable the Company 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 claim, settling claims, providing administration, financing, claim investigation or analysis work, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) 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 / transfer your personal data to the following persons who may collect and use this data only as reasonably necessary to carry out the purposes described above:

- (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) employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
- (c) the Company's related companies (as that term is defined in the Companies Ordinance);
- (d) Government and industry recognized insurance regulatory bodies: the Insurance Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members ; and
- (e) 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.

You have the right to access and/or request correction of any personal data concerning yourself held by the Company. Requests for such access can be made in writing to Office of General Management at 15/F, 18 King Wah Road, North Point, Hong Kong or email to [info@hk.cntaiping.com](mailto:info@hk.cntaiping.com). Moreover, the full version of the Company's Data Privacy Policy can be found at [www.hk.cntaiping.com](http://www.hk.cntaiping.com).

The Company is a member of the Insurance Fraud Prevention Claims Database, please go to website [www.hkfi.org.hk/ifpcd/en/index.html](http://www.hkfi.org.hk/ifpcd/en/index.html) for details.

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

## 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.