



redefining / standards

AXA China Region Insurance Company
(Bermuda) Limited
AXA General Insurance Hong Kong
Limited
23/F, One Kowloon, 1 Wang Yuen Street,
Kowloon Bay, Kowloon, Hong Kong
☎ (852) 2523 3061
☎ (852) 2537 3437
✉ axagi@axa.com.hk
🌐 www.axa.com.hk

PERSONAL ACCIDENT INSURANCE CLAIM FORM

人身意外保險索償表

Policy No. 保單號碼

To speed up the process, please (1) Complete and sign this form, (2) Prepare the relevant documents listed on page 3, and (3) Mail them to AXA Office at address above as soon as possible. Thank you.

索償步驟: (1) 填寫及簽署索償表 → (2) 提供證明文件 (請參閱第3頁) → (3) 郵寄至: 香港九龍九龍灣宏遠街1號壹號九龍23樓理賠服務部收

1. PERSONAL DETAILS 受保人及傷者資料

Name of the Insured 投保人姓名			
Name & I.D. no. of the injured 傷者姓名及身份證號碼			
Date of Birth/Sex 出生日期/性別 男 M 女 F			
Mobile No. 手機號碼		Email 電郵	
Correspondence Address 通訊地址			
Occupation 職業			

2. CLAIM INFORMATION 賠償資料

Date (DD/MM/YYYY) 日期 (日 / 月 / 年)		Time 時間		Location 地點	
Describe occurrence and actions leading to the accident and nature and extent of injuries sustained 請說明受傷經過和傷勢					
Are further treatment(s) required? 是否仍須接受治療?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否				

C-CF-PA-0315

Telephone No. & Address of Witness (If Any) 見証人的電話和地址(如適用)		
Are you insured with any other insurance company for accident benefits? 閣下是否還有向其他保險公司索償 If "yes", please give particulars. 如 "是", 請敘說詳情	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

3. PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料的聲明

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.

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). processing and evaluating any applications or requests made by you for products/services offered by the Company and, other companies of the AXA Group ("our affiliates"); 2). providing subsequent services to you, including but not limited to administering the policies issued; 3). any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; 4). evaluating your financial needs; 5). designing products/services for customers; 6). conducting market research for statistical or other purposes; 7). matching any data held which relates to you from time to time for any of the purposes listed herein; 8). making disclosure 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 or regulatory authorities in Hong Kong or elsewhere; 9). conducting identity and/or credit checks and/or debt collection; 10). complying with the laws of any applicable jurisdiction; 11). carrying out other services in connection with the operation of the Company's business; and 12). other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1). any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company 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 person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates; 3). any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same; 4). credit reference agencies or, in the event of default, debt collection agencies; 5). any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and 6). any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

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

AXA China Region Insurance Company (Bermuda) Limited/AXA General Insurance Hong Kong Limited

23/F, One Kowloon, 1 Wang Yuen Street, Kowloon Bay, Kowloon, 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.

本公司明白其就《個人資料(私隱)條例》(香港法例第486章)("條例")收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料,並將採取一切切實可行的步驟,確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟,確保個人資料的安全性,及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意,如果閣下不向本公司提供閣下的個人資料,我們可能無法提供閣下所需的資料、產品或服務,或無法處理閣下的要求。

目的: 本公司不時有必要收集閣下的個人資料,並可能因下列各項目的("有關目的")而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料:

1). 處理和評估閣下就本公司及安盛集團的其他公司("安盛關聯方")所提供之產品/服務提出的任何申請或要求; 2). 向閣下提供後續服務,包括但不限於執行/管理已發出的保單; 3). 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的,包括索賠調查; 4). 評估閣下的財務需求; 5). 為客戶設計產品/服務; 6). 為統計或其他目的進行市場研究; 7). 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料; 8). 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查; 9). 進行身份和/或信用核查和/或債務追收; 10). 遵守任何適用的司法管轄區的法律; 11). 開展與本公司業務經營有關的其他服務; 及 12). 與上述任何目的直接有關的其他目的。

個人資料的轉移: 個人資料將予以保密,但在遵守任何適用法律條文的前提下,可提供給:

1). 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構,以及就此方面而言,閣下同意將閣下的資料轉移至香港境外; 2). 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士(包括私家偵探); 3). 在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政、技術或其他服務並對個人資料負有保密義務的任何代理、承包商或第三方; 4). 信貸資料機構或(在出現拖欠還款的情況下)追討欠款公司; 5). 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者; 及 6). 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

個人資料的查閱和更正: 根據條例,閣下有權查明本公司是否持有閣下的個人資料,獲取該資料的副本,以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求,或有關獲取政策、常規及本公司所持的資料種類的資料,均應以書面形式發送至:

安盛保險(百慕達)有限公司/安盛保險有限公司

個人資料保護主任

香港九龍九龍灣宏遠街1號壹號九龍23樓

本公司可能會向閣下收取合理的費用,以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

4. DECLARATION AND AUTHORISATION 聲明及授權

I HEREBY DECLARE AND AGREE on behalf of myself and other person referred to in this form that all statements and answers to all questions are to the best of my /our knowledge and belief complete and true.

I HEREBY AUTHORISE that (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of me/us to disclose such information to the Company as the Company may request; (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ourselves in relation to this application and any claim arising therefrom. This authorisation shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.

In the event of any inconsistency between the English version and the Chinese version, the English version shall prevail.

本人謹此代表本人及其他在此申請表提及之人士聲明及同意上述一切陳述及問題的所有答案，就本人 / 我們所知所信，均為事實全部並確實無訛；

本人謹此代表相關人士授權(1)任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士，凡知道或持有任何有關本人 / 我們之記錄，均可應貴公司要求將該等資料提供給貴公司；(2)貴公司或任何其指定之驗身醫生、醫療人員或化驗所，可就 此申請或任何與此有關之賠償申請替本人 / 我們進行所需之醫療評估及測試，作為審核本人 / 我們之健康狀況。此授權對相關人士之繼承人及受讓人具有約束力；即使相關人士死亡或無行為能力時，此授權仍具效力。此授權書的影印本與正本均有同等效力。

如中英文版本的條款有任何分歧，請以英文版本為準。

Signature of Insured / the Insured Person (Injured) 投保人/受保人簽署	Date (DD/MM/YYYY) 日期(日/月/年)

5. DOCUMENT CHECKLIST 所需文件指引


Below is a list of documents required to proceed with your claim. In certain circumstances, more information may be required to substantiate the claim.


請提供下列文件。本公司有可能就個別情況要求進一步文件證明，以處理索償申請。

Documents Required (Please ✓ against the documents you have submitted.) 所需文件 (請✓您所提交的文件)	
Basic for all types 所有索償類別的基本件	<ul style="list-style-type: none"><input type="checkbox"/> Completed Claim Form 索償表<input type="checkbox"/> Copy of HK Identity Card of the Insured Person (i.e. the injured) 傷者的香港身份證副本<input type="checkbox"/> Police Report, if any 警察事故報告(如適用)<input type="checkbox"/> Form 2, 5, 7, 9, submitted to Labour Department if it is a work related injury 已遞交給勞工處的表格 2,5,7,9 (只適用於工傷)<input type="checkbox"/> Death Certificate (for Death claim) 死亡證(只適用於死亡索償)<input type="checkbox"/> Disability Assessment Report and other medical reports issued by Registered Medical Practitioner (for Permanent Disability claim) 由醫生發出的殘障評估報告或醫療報告(只適用於永久傷殘索償)<input type="checkbox"/> Original medical receipts (for Accidental Medical Expenses claim) 醫療費用賬單正本收據(只適用於意外醫療費用索償)<input type="checkbox"/> Discharge Summary / slip (for Accidental Medical Expenses & Daily Hospital Cash claim if hospitalized in public hospital in Hong Kong) 出院紙(只適用於意外醫療費用及每日住院現金津貼索償, 如在香港的公立醫院留醫)<input type="checkbox"/> Sick Leave Certificate 病假證明

6. TRACK YOUR CLAIM STATUS 了解您的索償進度

Once your claim is registered, you will be updated through Email or Post. If you have any query on your claim, please reach us at 當我們收到您的索償申請，您將收到電子郵件或郵件了解索償進度。如果您對您的索償有任何疑問，請聯絡我們

 (852) 2523 3061

 www.axa.com.hk
(Claims Section)

 axagi@axa.com.hk

AXA is committed to making your Personal Accident insurance claim process as easy and stress-free as possible. Thank you for insuring with us. We are always glad to be of service.

安盛致力使您的人身意外保險索償過程輕鬆簡單。感謝您與我們投保。我們很高興為您服務的。

Certificate of Medical Attendant

No claims can be admitted unless medical certificate from a duly qualified and registered medical practitioner on the form below be furnished at the expense of the Insured.

Patient's name		Identity Card no.		Age
Date of accident (DD/MM/YYYY)				
Cause of injury				
Part of the body injured				
Nature and extent of the injuries (Describe complications, if any)				
Is the condition due to pregnancy?		<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有		
Date on which the patient first consulted you for this condition				
State whether there is evidence of a visible bruise or wound at 1st consultation				
About the Treatment (e.g. suturing, physiotherapy, type of dressing etc.)		Date: (DD/MM/YYYY)	Time:	Treatment:
Did injury require (If "Yes", please give details)	Hospitalization? (If "Yes", please enter hospitalised dates)	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有		
	Date Admitted/ Discharged (DD/MM/YYYY)	Date Discharged (DD/MM/YYYY)		
	X-rays? If yes, please provide particulars	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有		
	Special diagnostic procedures? If yes, please provide particulars	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有		
	Surgery? If yes, please provide particulars	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有		

Bearing in mind the patients' occupation as stated overleaf, do you feel that the injuries would have prevented him/her from performing his/her duties? If "Yes", please give details	<input type="checkbox"/> Yes 有		<input type="checkbox"/> No 沒有	
	Total and absolutely disabled (unable to work)		Partially disabled	
	From:		From:	
	To:		To:	
Give details of any circumstances, such as physical impairments, medical history or intoxication which may have contributed to the accident and/or lengthen the period of disability.				
Names and addresses of other doctors who have treated Insured for the same injury.	Name	Address	Date (DD/MM/YYYY)	

I hereby certify that I have personally examined/treated the Insured for the above injuries and that the facts as given above present my opinion of his/her condition.

Signature		Name of Physician	
Date		Address	
Tel. no.			
Qualification			

7. DECLARATION AND AUTHORISATION 聲明及授權

Signature of Medical Attendant	Date (DD/MM/YYYY)

For identity purpose, the Insured / the Insured Person (Injured) must sign below in the presence of the Physician

Signature of Insured / the Insured Person (Injured)	Date (DD/MM/YYYY)