

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

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“香港天主教教區學校 - 學生意外保險”申請理賠表格
“HKCDS - STUDENT PERSONAL ACCIDENT” INSURANCE CLAIM FORM

注意：供給本申請賠償表格，並不表示本公司承認提供賠償責任。各項有關單據正本、身份證副本及旅行證件副本，請隨附於本表格，一併送交予本公司，以免延誤理賠。
 Note: By furnishing this form the Company makes no admission of liability. Original itemized bill(s), ID Card copy and travel document(s) must be submitted together with this form in order to avoid delay.

(1) 基本資料 Basic Information			
保單號碼 Policy No.		學校名稱 Name of School	
被保人姓名 Name of Student		班別 Class	
索償人(家長或監護人)姓名 Name of Parent or Guardian		聯絡電話 Contact Tel No.	
住址 Address		電子郵件 E-mail Address	
(2) 意外及理賠資料 Accident and Claim Information			
理賠類別 Type of claims (請提註冊醫生/醫院所發出之醫療(判傷)報告 Please enclosed the original medical report and receipt(s) issued by registered doctor or hospital)	<input type="checkbox"/> 死亡 Death	<input type="checkbox"/> 永久完全傷殘或部份傷殘 Total Permanent Disablement or Partial Disablement	<input type="checkbox"/> 嚴重燒傷 Major Burns
	<input type="checkbox"/> 意外醫療費用 Accident Medical Expenses	<input type="checkbox"/> 意外住院現金津貼 Accident Hospital Cash Allowance	
事故發生之日期及地點 Date and Location of Incident			
事故經過 State how the Incident occurred			
受傷部位 Part of Body Injury		受傷程度 Extent of Injury	
是否因此次受傷住院? Are you hospitalized as a result of this injury? <input type="checkbox"/> 否 NO <input type="checkbox"/> 是 YES 如是, 請註明 If yes, please state 醫院名稱 Name of Hospital: _____			
入院日期(日/月/年) Date of Admission(DD/MM/YY)		出院日期(日/月/年) Date of Discharge(DD/MM/YY)	
請註明申請賠償金額 (請附上有關醫療發票/收據) Please state the claim amount(Please attach relevant medical invoice/receipts)			
是否已痊癒? Are you completely recovered?		<input type="checkbox"/> 否 NO <input type="checkbox"/> 是 YES	
是否需繼續接受治療? Any further treatment required?		<input type="checkbox"/> 否 NO <input type="checkbox"/> 是 YES	

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 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力；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 (HK) Co. Ltd.** 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.

本人/我們謹此代表本人/我們/被保險人授權中國太平保險(香港)有限公司可將索賠資料及/或文件提供給被保險人所屬就讀的學校。
 I/We on behalf of myself/ ourselves/ the Insured Person hereby authorize **China Taiping Insurance (HK) Co. Ltd.** to disclose the above information and/ or documents to the respective school of the Insured Person in which he/ she attends.

 家長或監護人簽署
 Parent or Guardian Signature

 日期
 Date

 學校蓋章
 School Chop.....

註：為避免影響貴客戶之索償權利，請填妥本申請理賠表格並簽署後，連同一切所需文件在本保單之規定期限內郵寄至本公司地址 香港北角京華道18號15樓，意外及健康險部收。
 Note: In order not to prejudice your claim, please complete this Claim Form with signature and submit full documentation within stated deadline in the policy by post, sending to 15/F., 18 King Wah Road, North Point Hong Kong, Attn: Accident & Health Department.