

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

香港北角京華道18號15樓

15/F., 18 King Wah Road, North Point, Hong Kong

Tel: (852) 2815 1551 Fax: (852) 2541 6567 E-mail: info@hk.cntaiping.com Website: www.hk.cntaiping.com Customer Service Hotline: (852) 3716 1616

「意外急救醫療保險」賠償申報表
“ACCIDENTAL EMERGENCY MEDICAL INSURANCE” CLAIM FORM

注意：呈上本申請賠償表格，並不表示本公司承認提供賠償責任。各項有關單據正本及有關證明文件，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) and supporting document(s) must be submitted together with this form in order to avoid delay.

保單號碼 Policy No.	賠償號碼 (由本公司填寫) Claim No. (For Office Use)	
申請賠償者姓名 Name of Claimant	性別 Sex	年齡 Age
住址 Address		
聯絡電話 Contact No.	傳真機號碼 Fax No. :	電子郵件 E-mail Address :

意外詳情 Particulars of Accident

請陳述 Please state: 意外發生日期 Date _____ 時間 Time _____ a.m./p.m. 地點 Place of Accident _____	
敘述意外發生情況 Describe exactly how accident occurred?	
請述受傷性質 Describe the nature and extent of injury	
請註明申請賠償金額 Please state amount claimed	金額 Amount : _____
閣下是否舊傷復發? Have you ever suffered this or similar condition or a recurrence of such previous related injury?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
若「是」，請敘述詳情 If yes, please give full details.	
備註：請提供有關資料如意外報告、警方報告、死亡證及其他有關文件等，如屬交通意外，請提供公安證明文件及／或道路交通事故責任認定書。 Remarks: Please provide the supporting documents e.g. accident report, police report, death certificate and/or any relevant documents. In the event of a traffic accident, please provide documentary evidence from the police and/or a Traffic Accident Liability Confirmation Statement.	

診治資料 Consultation Information

醫院名稱 Name of Hospital : _____	主診醫生姓名 Name of Attending Medical Practitioner : _____
診治日期 Consultation Date : _____	醫療費用 Medical Expenses : RMB/HK\$ _____
<input type="checkbox"/> 門診 Out-patient	<input type="checkbox"/> 住院 Hospitalization
入院日期 Date of Admission _____ (日/月/年) (D/M/Y)	出院日期 Date of Discharge _____ (日/月/年) (D/M/Y)

是否已痊癒? Are you completely recovered?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
是否一切醫療收據已呈上? Have you presented all medical receipts?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
若「否」, 請註明 If No, please specify:	
備註: 請提供主診醫生之診斷書正本(詳細列明損傷之程度及原因、診斷結果及所提供之醫療方法)和所有由網絡醫院蓋章簽發之住院費用清單及醫療費用收據正本。 Remarks: Please provide the original medical certificate issued by the attending medical practitioner (stating the nature and extent of injuries, diagnosis and the treatments provided) and all original bills/receipts issued by the hospital concerned with detailed breakdown of costs/expenses.	
主診醫生聲明 Declaration by the Attending Medical Practitioner	
本人特此證明已親自為_____ (傷者姓名)就上述受傷進行檢查及治療, 詳情如下: I hereby certify that I have personally examined & treated _____ (name of the injured) for the above injury and details are as follows:	
診斷 Diagnosis:	
治療 Treatment:	
結果 Result:	
此是否原有之傷病? Is this pre-existing disease?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
若「是」, 已存在多久? If yes, how long? _____	
此是否先天性缺陷? Is condition congenital?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
據閣下所知, 是次受傷是否因其他情況導致? To the best of your knowledge, are there any other factors that may have contributed to this accident?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
若「是」, 請註明 If yes, please state specify	
是次意外是否導致傷者完全永久喪失任何工作謀生能力? Does this accident result in Permanent Total Disablement of the claimant?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
若「是」, 請提供詳細報告 If yes, please provide the detailed medical report	
醫生簽署 Signature: _____	醫生姓名 Name of Medical Practitioner(with stamp): _____ 地址 Address / 電話 Telephone: _____
備註: 受傷性質 / 程度等詳情亦可由主治醫生另出具證明書 Remarks: The attending medical practitioner may issue his own diagnosis report.	

其他保險 Other Insurance

是否受保於其他保險合約? Any other policy is covering the expenses involved?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
若「是」, 請敘述詳情 If yes, please give full details	
保險公司名稱 Name of Insurance Company _____	保單號碼 Policy No. _____
備註: 請附保單副本及已賠付的收據文件 Remarks: please attach copy of policy & discharge receipt	

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, 貴公司, 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 Ltd., the Company. 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/我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。

I/We confirm having read and understand the Company's Personal Information Collection Statement as accompanied with this form.

日期
Date

申請賠償者簽署
Claimant Signature

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親交或按以上地址郵寄本公司意外及健康險部。

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 in person or post to Accident & Health Department at above address.

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(無論是否與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總經理辦公室提出·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 adjustors/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 the General Manager at 15/F, 18 King Wah Road, North Point, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company's Data Privacy Policy can be found at 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 for details.

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