



新鴻基地產保險有限公司

Sun Hung Kai Properties Insurance Limited

新鴻基地產集團成員
Member of Sun Hung Kai Properties Group

DOMESTIC HELPER INSURANCE CLAIM FORM 家庭僱傭保險賠償申請書

甲項 SECTION A	投保人資料 INSURED'S INFORMATION	For Office Use Only 公司專用
姓名 Name		Date Submitted
聯絡地址 Correspondence Address		Claim Number :
住宅電話 Home Tel.	手機或傳呼號碼 Mobile/Pager No	Remarks :
辦事處電話 Office Tel.	傳真號碼 Fax No.	
電子郵件 E-mail Address		
保單號碼 Policy No.		

乙項 SECTION B 申請索償者資料 CLAIMANT'S INFORMATION

僱員姓名 Name of Employee	出生日期 Date of Birth	日 D	月 M	年 Y	性別 Sex
護照號碼 Passport No.	國籍 Nationality				

丙項 SECTION C 工傷賠償 EMPLOYEES' COMPENSATION CLAIM

意外日期
Accident Date

附註 Remarks	請填寫向勞工處呈交[意外通知書]之日期 _____，並請盡快向本公司遞交[意外通知書]之副本。 When was the Notice of Accident form forwarded to the Labour Department? _____. Kindly submit a copy to us as soon as possible.
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丁項 SECTION D 門診及牙科費用賠償 CLINICAL & DENTAL EXPENSES CLAIM

類別 TYPE OF BENEFITS	日期 DATE	費用 FEES	公司專用 OFFICE USE
診金 General Consultation			
藥費 Medicine			
化驗及 X 光 (附醫生介紹信) Laboratory Test & X-Ray (Doctor's Referral attached)			
專科治療 (附醫生介紹信) Specialist Consultation (Doctor's Referral attached)			
處方藥物 (附醫生處方) Prescribed Medicine			
其他 (請註明) Others (please specify)			



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戊項 SECTION E

手術及住院費用賠償 SURGICAL & HOSPITALIZATION CLAIM

類別 TYPE OF BENEFITS	每日 PER DAY	總額 TOTAL	公司專用 OFFICE USE
房租 Room & Board			
醫生巡房費 In-hospital Doctor's Call			
醫院雜費 Hospital Special Services			
手術費 Surgical Fee			
麻醉師費 Anaesthetist's Fees			
手術室費 Operating Theater Fee			
住院專科醫生費 (附醫生介紹信) In-hospital Specialist Consultation (Doctor's Referral attached)			
手術後覆診費 Post-surgery Out-patient Consultation			
其他 (請註明) Others (please specify)			
如因意外入院,請詳述意外發生日期、地點、如何發生及受傷情況等 If hospitalization due to accident, please give details, i.e. date, place, the circumstances of the accident and injuries suffered etc.			

己項 SECTION F

個人意外受傷賠償 PERSONAL ACCIDENT BENEFITS CLAIM

意外發生之日期、時間、及地點

Please state the date, time and place of accident

如意外發生於香港特別行政區以外的地方,請敘明外遊之目的

If the accident happened outside Hong Kong Special Administrative Region, please state purpose of journey

敘明該意外之發生情況

State exactly how accident occurred

敘述受傷性質

Describe the nature of injury

此欄由主診醫生填寫 TO BE COMPLETED BY THE ATTENDING DOCTOR

Date of Admission	Date of Discharge	Date of first consultation for this condition or related illness
Diagnosis / Nature of Hospitalization / and /or Surgical Operation		
Attending Doctor's Signature		

2305-16, Sun Hung Kai Centre, 30 Harbour Road, Hong Kong. Tel.: (852) 2827 8111 Fax: (852) 28270622

Web Site: www.shkpi.com.hk E-Mail: shkpi@shkp.com

香港灣道30號新鴻基中心2305-16室



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庚項 SECTION G

中斷服務現金津貼賠償 LOSS OF SERVICES CASH ALLOWANCE CLAIM

請列明投保人住院期間。

Please state the period in which the Insured Person was confined in a hospital.

附註 Remarks	請提供全部有關疾病或受傷情況之醫療報告及証據 Please supply all medical reports or evidence concerning the alleged sickness or injury
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辛項 SECTION H

誠信保障賠償 INFIDELITY CLAIM

發生何種意外？

What was the alleged incident?

何時被發現，誰發現？

When was it discovered? By whom?

請提供報案地點及報案號碼

Please state address of the Police station to which the crime was reported and the Police Record Reference Number

壬項 SECTION I

遣返及補聘新家傭費用賠償 REPATRIATION EXPENSES / REPLACEMENT HELPER EXPENSES CLAIM

請說明遣返原因

Please state the reason for repatriation

請提供所有足以證明投保人不適宜工作的醫療報告及証據。

Please supply all medical reports or evidence to support that the Insured Person is medically unfit to work

附註 Remarks	請附上有關開支之收據正本 Please attach original receipts for the related expenses
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聲明及授權書 DECLARATION AND AUTHORIZATION

本人/吾等聲明上述資料完整及正確無訛。本人/吾等並無隱瞞任何重要資料。本人/吾等明白保險公司可要求更多資料。

I / We declare that the above information is true and complete to the best of my / our knowledge and belief and I / we have not withheld any material information connected with this claim. I / We understand that the Company can request for more information.

本人謹授權任何醫院、醫生及其他曾替本人診治、護理、或檢查之人士，向新鴻基地產保險有限公司或其代表人提供部份或全部有關本人之醫療診斷報告紀錄及藥方等資料。此授權書及其影印本具同等之效力。

I/We hereby authorize any hospital, physician, or other person who has attended or examined me, to furnish to Sun Hung Kai Properties Insurance Limited 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. A Photostat copy of this authorization shall be considered as effective and valid as the original.

申請索償者簽署
Signature of Claimant

日期
Date :

投保人簽署（並蓋章，如適用）
Signature of Insured (With company stamp if appropriate)

日期
Date :



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新鴻基地產保險有限公司(本公司)
就個人資料(私隱)條例
致客戶有關個人資料的通告

關於投保人在本公司所出具之保單,本公司謹此通知投保人所提供的或將提供的個人資料將作以下用途:

- (甲) 本公司的日常運作及提供保險,財務及其他服務;
- (乙) 處理保單之發出及續期申請;
- (丙) 提供保險及其他財務之銷後服務;
- (丁) 處理,分析及調查任何保單之賠償;
- (戊) 設計及推廣本公司的產品及服務;及
- (己) 方便本公司與投保人通訊。

投保人保單內提供之個人資料,包括受保人之個人資料在內,無論是投保人提供或本公司從其他途徑搜集,一切將受最嚴謹保護,但可向以下人士披露:

- (甲) 本公司僱員,經紀及中介人;
- (乙) 任何本公司之聯營及有關之公司,及任何經營業務之公司;
- (丙) 任何本公司之賠償調查公司,法律顧問,會計師及其他服務提供者;
- (丁) 任何保險業公會,協會或保險工業組織;及
- (戊) 根據對本公司有約束性之法例,有權索取此等資料之執法機關。

根據及按照上述條例之規定,投保人有權要求查閱本公司所保存有關投保人之個人資料,並要求將之改正。本公司處理此等要求時將收取合理之費用。有關之要求可於七天前以書面提出並寄交:

香港灣仔港灣道30號
新鴻基中心2305-16室
新鴻基地產保險有限公司
保障資料私隱主任

*** 中文譯本僅供參考,如有釋義差異,概以英文本為準。**

Sun Hung Kai Properties Insurance Limited (the "Company")
Circular to Customers relating to the Personal Data (Privacy) Ordinance
Use of Personal Data

We hereby give you notice that the personal data supplied or to be supplied by you to us in connection with this Policy will be used for:-

- (a) our daily operation, and for our provision of insurance, financial or other services;
- (b) processing applications for the issue of insurance policies and their renewal;
- (c) providing subsequent services for any insurance policies and other financial products or services;
- (d) processing, analyzing and investigating any claim under any insurance policy;
- (e) designing and marketing to you or otherwise our products and services; and
- (f) facilitating communication between you and us.

The personal data in respect of you and the Insured Person(s), whether supplied by you or collected by us through other means, will be treated with the strictest level of confidence but may be disclosed to:

- (a) our employees, agents and intermediaries;
- (b) any of our associated, holding, subsidiary or related companies, and any other companies carrying on insurance or reinsurance business;
- (c) any of our claims investigation companies, legal advisors, accountants or other service providers;
- (d) any association, federation or other organization of the insurance industry; and
- (e) any law enforcement agencies under any law binding on us.

Pursuant to the Personal Data (Privacy) Ordinance, you and the Insured Person(s) are entitled to have access to your or the relevant Insured Person's own personal data which are held by us and/or to correct such data on payment of a reasonable fee to cover our administrative charges and expenses. Such request should be made in writing with 7-days advance notice to:

Data Privacy Compliance Officer,
Sun Hung Kai Properties Insurance Limited,
2305-16, Sun Hung Kai Centre,
30 Harbour Road,
Wanchai,
Hong Kong.

Thank you for your attention.

2305-16, Sun Hung Kai Centre, 30 Harbour Road, Hong Kong. Tel.: (852) 2827 8111 Fax: (852) 28270622
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