



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

個人意外保險申請理賠表格 PERSONAL ACCIDENT CLAIM FORM

賠償號碼

Claim No.

保單號碼

Policy No.

本公司提供本表格並不等於已願意承口有關責任

By furnishing this form the Company makes no admission of liability.

申請人必須自費聘請為閣下/受保人診治醫生填寫本表格內之報告(見後頁)

The claimant must obtain, at his own expense, the following statement from the attending physician (overleaf).

為免延誤辦理請於遞交本表格時一併夾附各項有關單據及報告(如意外調查報告,醫療報告等)

Itemised bill(s) and relevant report(s) (e.g. accident investigation report, medical report, etc.) must be submitted together with this form in order to avoid delay.

申請人之個人資料 PARTICULARS OF CLAIMANT

申請人姓名

Name of claimant

性別

Sex

年齡

Age

住宅地址

Home address

電話

Tel

現任職業

Present Occupation

僱主名稱及地址

Name and address of Employer

如申請人並非保單之受保人,請敘明與受保人之關係

If the claimant is not the insured, please state the relationship with insured

意外詳情

PARTICULARS OF ACCIDENT

1. 發生意外之日期、時間及地點

Please state date, time and place of accident

日期

Date

時間

Time

地點

Place

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.

2. 意外之發生情況

State exactly how accident occurred.

3. 受傷性質

Describe the nature of injury

其他資料

GENERAL INFORMATION

1. 提供於意外後為受保人診治醫生之姓名及地址

Give name and address of Doctor who is or has been in attendance for this injury.

姓名

Name

地址

Address

2. 他是否慣常為受保人診治之醫生

Is he the Insured's usual medical attendant.

是

Yes

否

No

3. 如受保人因該意外有權向其他保險公司索償,請列明該保險公司之名稱、地址及保單號碼

Is the Insured entitled to claim compensation for Accidental Injury from any other company or companies. If so, give particulars. (Name and address of insurance company and policy number)

本人謹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意外有關之重要情況

I hereby warrant the truth of the above statements and declare that I have not withheld any material information connected with this claim.

日期

Date

申請人簽署

Signature of Claimant



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授權書 AUTHORIZATION

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 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.

地點及日期
Place and date

申請人簽署
Signature of Claimant

診治醫生報告 ATTENDING PHYSICIAN'S STATEMENT

傷者姓名
Injured Name

本醫生茲證明上述傷者由於前述意外遭受傷害而到來接受診斷及醫治，受傷情況如下：

I HEREBY CERTIFY that I personally examined the injuries sustained by the above named in Accident described herein and that the said injuries are as follows:

1. 治療日期
Date of treatment
2. 如曾留院，請列明醫院名稱及地址
If hospitalized, give name and address of the hospital
3. 入院日期
Date of Admission
4. 出院日期
Date of Discharge
5. 完全不能工作期間 自 至
Totally disabled from From to
6. 局部不能工作期間 自 至
Partial disabled from From to
7. 永久喪失工作能力百分率
Permanent Disablement (Percentage %)
8. a. 受傷範圍(請正確列明)*
Regions injured (please state precisely) *
- b. 受傷性質及程度(如有骨折或脫臼，請述是否完全或非完全。是否經由X光驗?)*
Nature and extent of injuries. (If fracture or dislocation state whether complete or incomplete. Was it confirmed by X-ray?)*

診治醫生簽署

Signature of Attending Physician

醫學學位

Medical Degree(s)

地址

Address

* 受傷性質/程度等詳情亦可由診治醫生自行另發證明書
(The Attending Physician may issue his own certificate to state the nature and extent of injury)



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有關收集個人資料的通告

本公司收集閣下所提供的資料，是供本公司從事保險業務以及得作下列用途：

- 任何與保險或財務有關的產品或服務，或任何與其有關的修改，變動，取消或續期；
- 任何與上述有關的索償或分析，及

可能會轉移予

- 任何有關公司或其他與經營保險或再保險業務有關公司，或任何與保險有關的中介人，索償，調查或其他服務提供者，或任何現已或日後隨時成立的保險公司公會或協會。

Personal Information Collection Statement

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of :-

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them;
- any claim or analysis of it; and

may be transferred to:

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.