

OVERSEAS DOMESTIC HELPER INSURANCE CLAIM FORM 海外家庭傭工保險索償申請表



泰加保險
TARGET INSURANCE

- Please read and complete every question in this Claim Form carefully. If necessary, please continue your answer on a supplementary sheet.
請小心細閱此索償申請表並回答所有問題。若需要，請加附頁完成各項。
- The Company is entitled to request for more information or assign expert for investigation.
本公司有權要求索償者提供更多資料，或委派專家進行調查。
- Any requisition of this Claim Form and other documents are not construed as an admission of liability on the part of the Company.
要求遞交此索償表格或其他文件並不表示本公司承擔賠償責任。
- Please complete in ENGLISH BLOCK LETTERS and ✓ as appropriate.
請以英文正楷填寫及於適當的地方加上 ✓ 號。

FOR AGENT USE 代理人使用

Name
姓名

Contact Number
聯絡號碼

Email Address
電郵地址

DMH.C.201709.002

SECTION A INSURED & INSURED HELPER INFORMATION 甲項 受保人及受保家傭資料

Name of Insured
受保人姓名

Policy Number
保單編號

Correspondence Address
通訊地址

Email Address
電郵地址

Contact Number
聯絡號碼

Name of the Insured Helper
受保家傭姓名

IMPORTANT NOTES 重要事項

This Claim Form must be submitted to us within 30 days from the date of accident / discovery, even if any of the claim documents is not readily available.
如未能即時提供任何索償文件，此索償申請表亦必須於事發 / 發現後 30 天內呈遞本公司。

To expedite the claim process, please ensure you have submitted this Claim Form together with the following supporting documents.
請閣下確定於呈交索償表格時，一併交附以下索償所需證明文件，以便本公司盡快處理有關索償申請。

Documents Required (Please ✓ against the documents you have submitted):
所需文件 (請在您所提交文件的地方加上 ✓ 號):

1. MEDICAL CLAIM 醫療費用索償

- Original medical / dental / hospital bill(s) / receipt(s) / report(s) with clearly marked diagnosis and certified by a legally qualified and registered medical practitioner / dentist
由註冊醫生 / 牙醫所簽發的醫療 / 牙醫 / 醫院賬單 / 收據 / 醫療報告正本，並註明診斷結果
- Discharge slip (for hospitalisation expenses claim)
出院證明 (適用於住院費用索償)

2. EMPLOYEES' COMPENSATION CLAIM 僱員補償索償

Complete and submit the original Form 2 / Form 2A / Form 2B, which are available from Labour Department website, to the Labour Department within fourteen (14) days of the accident along with copies of sick leave certificate(s)

在意外發生後十四天內將填妥的表格 2、表格 2A 或表格 2B 正本連同病假證明書副本送交勞工處，呈報事故。相關表格可到勞工處網頁下載

- Submit the copy of Form 2 / Form 2A / Form 2B to us together with the original sick leave certificate(s) / original medical expense receipt(s) / original Form 5 & Form 7, if applicable

請將填妥的表格 2、表格 2A 或表格 2B 的副本，連同病假證明書正本 / 醫療費用收據正本 / 表格 5 及表格 7 正本 (如適用) 送交予本公司

* It is not necessary to complete this Claim Form for Employee's Compensation claim only
如只屬僱員補償索償，無需填寫本索償申請表

3. PERSONAL ACCIDENT BENEFITS 個人意外保障

- Original medical report or certification confirming the extents of injury by a legally qualified and registered medical practitioner
由註冊醫生所簽發的醫療報告正本，以證明受保家傭之受傷程度

* In the event of death claim, please contact us for further guidance
如果事件導致死亡，請直接聯絡我們

4. PERSONAL LIABILITY 個人責任

- Incident report prepared by the Insured Helper
由受保家傭提供的意外報告
- Correspondence received from the third party, if any
(Please do not make any promise, offer or admission of liability to third party without the Company's prior written consent)
任何第三者索償要求，如有
(在未得到本公司書面同意前，請勿向第三者作出任何承諾，和解或承認任何責任)

5. REPATRIATION EXPENSES / REPLACEMENT EXPENSES 送返原居地費用 / 補聘家傭費用

- Both employment contract of the repatriated Insured Helper and the new domestic helper
被送返受保家傭及聘請新家傭的僱傭合約
- Original doctor report or certification confirming that the unfitness of the Insured Helper to complete the employment contract
醫生證明書正本，以證明受保家傭因健康情況未能履行原來的僱傭合約
- Death certificate of the repatriated Insured Helper, if applicable
被送返受保家傭死亡證明，如適用
- Acknowledgement from Immigration Department of the termination of employment of the repatriated Insured Helper
由入境處發出的僱傭合約終止確認通知
- Original payment receipt of air-ticket charges for the repatriated Insured Helper
被送返受保家傭的機票收據正本
- Original payment receipt of the agent fee for the new domestic helper
聘請新家傭代理費的收據正本

SECTION A INSURED & INSURED HELPER INFORMATION (CONTINUED) 甲項 受保人及受保家傭資料 (續)

6. TEMPORARY HELPER ALLOWANCE / HOSPITAL CASH SUBSIDY 臨時家傭津貼 / 住院現金津貼

- Original hospital bill(s) / receipt(s) with clearly marked diagnosis and period of in-patient and certified by a legally qualified and registered medical practitioner
由註冊醫生發出的醫院賬單 / 收據正本，並列明診斷結果及住院時間
- Original payment receipt for the temporary domestic helper
僱用臨時家傭費用收據正本

7. INFIDELITY COVER / FIDELITY PROTECTION 誠信保障

- Police report and / or police statement
警方報告正本及 / 或警方口供紙副本
- Original invoice(s) / receipt(s) of the loss of property
損失財物的發票 / 收據

8. DOOR LOCK REPLACEMENT 更換門鎖費用

- Original receipt of the door lock
門鎖收據正本
- Proof of replacement / repatriation of the Insured Helper
替換 / 送返受保家傭證明

9. LOAN PROTECTION 借貸保障

- Loan supporting documents of the loan taken up by the Insured Helper
受保家傭貸款證明
- Death certificate of the Insured Helper, if applicable
受保家傭死亡證明，如適用
- Original doctor report or certification confirming that the unfitness of the Insured Helper to complete the employment contract
醫生證明書正本，以證明受保家傭因健康情況未能履行原來的僱傭合約

10. PERSONAL EFFECTS 個人財物

- Police report
警方報告
- Original invoice(s) / receipt(s) of the lost / damaged property
損失 / 損毀物件發票 / 收據之正本

SECTION B MEDICAL CLAIM 乙項 醫療費用索償

Please use a separate sheet if the space provided is insufficient.
倘若表格不敷應用，請另頁詳加說明。

Date of Treatment / Hospitalisation 診治 / 住院日期	Diagnosis 診斷結果	Amount indicated on the receipt (HK\$) 收據金額 (港幣)
DD MM YY ____ 日 ____ 月 ____ 年		
DD MM YY ____ 日 ____ 月 ____ 年		
DD MM YY ____ 日 ____ 月 ____ 年		
Total Amount Claimed 索償總額：HK\$港幣		

SECTION C OTHER CLAIMS 丙項 其他索償

Please ✓ as appropriate. 請於適當的地方加上 ✓ 號。

- | | |
|--|--|
| <input type="checkbox"/> Personal Accident Benefits
個人意外保障 | <input type="checkbox"/> Personal Liability
個人責任 |
| <input type="checkbox"/> Repatriation Expenses
送返原居地費用 | <input type="checkbox"/> Loan Protection
借貸保障 |
| <input type="checkbox"/> Replacement of Helper Expenses / Rehiring Expenses
補聘家傭費用 | <input type="checkbox"/> Door Lock Replacement
更換門鎖費用 |
| <input type="checkbox"/> Temporary Helper Allowance / Hospital Cash Subsidy
臨時家傭津貼 / 住院現金津貼 | <input type="checkbox"/> Personal Effects
個人財物 |
| <input type="checkbox"/> Infidelity Cover / Fidelity Protection
誠信保障 | |

Date of Accident / Loss 事發日期	DD MM YY ____ 日 ____ 月 ____ 年	Place of Accident / Loss 事發地點
Full Description of Accident / Loss 詳述事件發生經過		
Has the accident been reported to the Police? 該意外是否已通知警方？		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", which station? 如「有」，何區警署？		
Report Date 報案日期	DD MM YY ____ 日 ____ 月 ____ 年	Case Number 案件編號

SECTION D CLAIM SETTLEMENT METHOD 丁項 賠償支付方式

Subject to the terms and conditions of your policy, you may select to receive the claim payment by way of direct credit or cheque. Normally, you will receive payment 3 - 5 working days earlier if you choose the direct credit option. If you do not provide payment preference, a cheque will be issued for any claim payment.

在保單條款許可情況下，閣下可選擇以銀行轉賬或支票方式收取賠償款項。一般情況下，選擇銀行轉賬收取賠償款項較支票快 3 - 5 個工作天。如閣下沒有選擇收取賠償款項方式，將會視作選擇以支票收取賠償款項。

Important Note for Direct Credit 銀行轉賬重要事項

a. The claim payment shall be credited to the bank account in the name of the Insured in accordance with the terms and conditions of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.

有關之賠款將按其保單條款，存入受保人名下之銀行賬戶。請確保賬戶號碼及賬戶持有人名稱正確，以免引致不必要之延誤。

b. If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and / or account holder name, we shall not be liable to make any further payment and bear any additional bank handling charges whether the claim payment can be recovered or not.

如因受保人錯誤提供銀行賬戶號碼及 / 或戶口持有人名稱，而導致本公司錯誤將賠款存至第三者戶口，無論有關賠款能否取回，本公司無任何責任再支付該賠款及承擔其引致之相關銀行手續費用。

1. By Direct Credit - for HK\$ account only 銀行轉賬 - 只限港幣戶口

Name of Account Holder (in ENGLISH BLOCK LETTER)
賬戶持有人姓名 (英文正楷填寫)

Please provide your bank account details 請提供相關銀行資料

Bank Name 銀行名稱 **HSBC Bank** 匯豐銀行 **Hang Seng Bank** 恒生銀行 **Standard Chartered Bank** 渣打銀行 **Bank of China (HK)** 中國銀行(香港)
 Other, please specify
其他，請列明 _____

Bank Code
銀行編號

Bank Account Number
銀行賬戶號碼

2. Hong Kong Dollar Cheque 港幣支票

AUTHORISATION AND DECLARATION 授權及聲明

1. I / We hereby authorise any hospital, physician, person, party and / or authority that has any records or is holding any information of the insured person or me / us to disclose to Target Insurance Company, Limited ("the Company") or its authorised representative, any and all information with respect to the insured person's or my / our loss, disability, medical history, police statement made and the like for the purpose of assessing my / our claim request(s). A photocopy of this authorisation shall have the same effect as the original.

本人 / 我們謹此授權任何持有受保人或本人 / 我們之任何記錄或資料的醫院、醫生、人士、有關人等及 / 或有關當局，向泰加保險有限公司（「貴公司」）或其授權代表提供任何或所有有關受保人或本人 / 我們之損失、損傷、病歷、口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

2. I / We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my / our knowledge and belief. I / We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I / We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

本人 / 我們謹此聲明，上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人 / 我們所知及所信而作答的。本人 / 我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此索償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人 / 我們明白此索償表格之發出及填妥並不代表貴公司確認責任或保證賠償。

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

本人 / 我們確認已閱讀及明白隨本表格附上有關貴公司的個人資料收集聲明。

Signature of Insured
受保人簽署

Signature of Insured Helper
受保家傭簽署

Date (DD / MM / YY)
日期 (日 / 月 / 年)

Date (DD / MM / YY)
日期 (日 / 月 / 年)

Target Insurance Company, Limited - Personal Information Collection Statement

Target Insurance Company, Limited ("the Company") may use the personal data the Company collects about you, which may include your name, address, email address, telephone number and other contact details, date of birth, bank account or credit card details, HKID card number and (in connection with appropriate policies) medical data, and which we may collect when, for example, you apply for, renew or make a claim under a policy and / or you correspond with us, for the following purposes:

Insurance Services (mandatory)

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. any alterations, variations, cancellation or renewal of any insurance and related services;
4. investigating, analysing, processing and paying claims made under your insurance policy;
5. invoicing and collecting premiums and outstanding amounts from you;
6. exercising any right under the insurance policy including right of subrogation, if applicable;
7. complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies, law enforcement agencies and court orders;
8. to conduct research, surveys and analysis for the purpose of product design and the development and improvement of our services to you;
9. statistical or actuarial research undertaken by the Company, other members of the Company's group as identified in our corporate chart available from time to time at www.6161.com.hk ("Group") or its regulators;
10. the operation and administration of the Company's internal business including without limitation any corporate reorganisation;
11. contacting you for any of the above purposes; and
12. other ancillary purposes which are directly related to the above purposes.

The personal data you provide to the Company may be provided or transferred to the following persons for the purposes set out in the above paragraph or directly related purposes or as otherwise permitted by applicable law:

- a) any agent, advisor, contractor or third party service provider (whether within or outside the Group) who provides administrative, telecommunications, computer, payment, debt collection, security, research, ratings, consulting services, product design, marketing (where you have consented to direct marketing as described below), data processing or storage or related services or any other person carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business;
- b) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry;
- c) any members of the Federation by the Federation for any of the purposes referred to in (b) above or directly related purposes;
- d) government bodies, regulators or any other body to whom the Company or any company within the Group is required to or has agreed to make disclosure under any applicable laws or regulations;
- e) lawyers;
- f) auditors; and
- g) other insurance companies within the Group which have undertaken to keep such information confidential.

Some of these persons may be located in countries outside of Hong Kong, where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the data protection laws of Hong Kong. That means your personal data may not be protected to the same or similar level as in Hong Kong. However, the Company will only transfer your personal data to a service provider or overseas where the Company is satisfied that adequate levels of protection are in place to protect the integrity and security of any information being processed and compliance with applicable privacy and data protection laws.

In the unlikely event that the Company or substantially all of any of its assets are acquired by an unrelated third party, your personal data may be one of the transferred assets. The Company may disclose your personal data, on a confidential basis, to any prospective transferee and its professional advisors (in each case whether within Hong Kong or overseas) for the purposes of their due diligence investigations, the completion of any such transaction and the continued operation of the acquired business.

You do not have to provide your personal data to the Company, but if you do not provide certain personal data (for example, the information indicated as mandatory on the relevant application, registration or renewal forms, or your contact details if you send us an enquiry), it would not be possible for the Company to process your application and render the services or to otherwise correspond with you.

The Company is committed to ensuring your personal data is kept secure and confidential and not kept for longer than is necessary.

Direct Marketing of Products and Services

To provide a more comprehensive range of financial and insurance services, the Company would like to use your name and the contact details you provide to us (for example, your mobile phone number, residential phone number, office phone number, residential address, correspondence address and email address) alongside information that you provide to us about your age, gender and occupation (the "Marketing Personal Data") to provide you with direct marketing communications about the Company's products and services including but not limited to the Company's insurance, banking, financial services and provident schemes products, but we cannot do so without your consent.

Please indicate your consent (which includes an indication of no objection) by ticking the appropriate boxes on your application or renewal forms, or by contacting the Company's customer care centre (for contact details see below).

If you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by contacting the Company's customer care centre (for contact details see below).

Your rights

You have the right to ascertain the Company's policies and practices in relation to personal data, and to obtain access to and to request correction of your personal data held by the Company. Your right to access your personal data may be subject to payment of an administrative fee. Requests for such access or correction, to withdraw consent to direct marketing, or for further information about our data privacy policies and practices, can be made in writing to the Data Protection Officer, Target Insurance Company, Limited, 5/F, Low Block, Grand Millennium Plaza, 181 Queen's Road Central, Hong Kong (Fax : +852 2789 1539, Email : target@6161.com.hk).

泰加保險有限公司 - 個人資料收集聲明

泰加保險有限公司(「本公司」)可以使用本公司收集閣下的個人資料,包括閣下的姓名、地址、電郵地址、電話號碼及其他聯絡資料,出生日期、銀行戶口號碼或信用卡號碼、香港身份證號碼及(與保單有關連的)醫療記錄,以及本公司在以下情況下可能收取的資料,例如根據保單申請、續期或提出索償時用作下列的用途:

保險服務(強制)

1. 處理及評估任何保險產品之申請,及有關服務之日常運作;
2. 管理閣下的保單及為閣下的保單提供相關服務;
3. 有關保險產品及服務的任何更改、變更、取消或續保;
4. 閣下保單索償的調查、分析、處理及賠償;
5. 保費通知、收集保費和款項;
6. 行使有關保單賦予的任何權利包括代位權,如適用;
7. 遵守及符合任何法例及條例規定的要求、行業手則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求;
8. 為產品設計、研發和改進我們為閣下提供的服務進行研究、調查和分析;
9. 本公司及本公司集團下的其他成員(「本集團」—組織架構圖可於網頁 www.6161.com.hk查閱)或其監管機構所提供的統計或精算研究;
10. 本公司內部業務的營運及管理,包括但不限於任何企業重組;
11. 為上述任何用途與閣下聯絡;及
12. 與上述用途直接有關之其他附帶的目的。

閣下向本公司提供的個人資料可能會為上述段落或直接相關的目的或適用法律允許的目的提供或轉送予下列各方單位作前段所述的用途:

- a) 任何代理人、顧問、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、研究、評級、諮詢服務、產品設計、營銷(在閣下同意如下所述的直接營銷)、數據處理或儲存或有關服務的第三者服務供應商或任何其他從事與保險或再保險業務有關的公司,或中介人,或索償或調查或其他提供與保險業務有關的服務供應商,以達到任何上述或有關的用途;
- b) 現存或不時成立的任何保險公司協會或聯會或同類組織(「聯會」),以達到任何上述或有關的用途,或以使聯會執行其監管職能,或其他基於保險業的利益而不時在合理要求下賦予聯會的職能;
- c) 或透過聯會提供予任何聯會的會員,以達到任何上述或有關的用途;
- d) 政府機構、監管機構或本集團內任何公司要求或已同意根據任何適用法律或法規進行披露的任何其他機構;
- e) 執業律師;
- f) 認可核數師;及
- g) 本公司集團下的其他保險公司已承諾將資料保密並純粹用作上述的用途。

這些單位可能位於香港以外的國家,在那裡可能沒有與香港相類型的資料保障法例。這意味著閣下的個人資料可能不會受到與香港同等或類似的保障。不過,本公司只會將閣下的個人資料轉移到那些可以獲得與個人資料(私隱)條例類近或所提供的保障的服務供應商或海外單位,以保護正在處理的任何信息的完整性和安全性。

在不太可能發生的情況下,本公司或所有資產由非上述之第三方收購,閣下的個人資料亦有可能成為被轉讓資產之一。本公司會在保密的基礎上向任何準買家及其專業顧問(無論在香港或海外)披露閣下的個人資料,並進行必要查核,以完成任何該等交易及繼續業務經營。

閣下不一定需要向本公司提供閣下的個人資料,但如果閣下不同意本公司使用閣下的個人資料於上述用途上(例如保單申請、續期或查詢),本公司可能不能處理閣下之申請及為閣下提供服務。

本公司承諾確保閣下的個人資料保密,並且不會儲存超過所需時間。

直接市場推廣產品及服務

為提供更全面的金融和保險服務,本公司可能會使用閣下的姓名及聯絡資料(如手提電話號碼、家居電話號碼、辦公室電話號碼、居住地址、郵寄地址及電子郵件地址),以及閣下提供給我們的有關閣下的年齡、性別及職業(「市場推廣用途的個人資料」)作直接促銷。除非本公司已取得閣下的同意(包括表示不反對),否則本公司不可以如此使用閣下的市場推廣用途的個人資料,作任何銷售或市場推廣有關本公司或本公司之業務伙伴的保險、銀行、金融服務、公積金計劃或有關服務。

閣下可在投保書或續保表上相應的位置,或聯繫本公司的客戶服務部(有關聯繫方式見下文),表明閣下同意上述的用途(包括無異議的指示)。

如果閣下不想接受任何直接市場推廣,閣下可以隨時聯繫本公司的客戶服務部(有關聯繫方式見下文),撤銷您的同意書,並不需要任何費用。

您的權利

閣下有權查明本公司就個人資料的政策和實務,並有權要求查閱及更正由本公司持有有關閣下的個人資料,並需支付行政費用。有關查閱或更正的要求,可致函香港中環皇后大道中181號新紀元廣場低座5樓(傳真:+852 2789 1539,電郵地址:target@6161.com.hk)向泰加保險有限公司私人資料經理提出。