

PERSONAL ACCIDENT INSURANCE CLAIM FORM 個人意外保險索償申請表



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 PRODUCER USE 代理人使用

Name 姓名
Contact Number 聯絡號碼
Email Address 電郵地址

PPA.C.202005.001

SECTION A INSURED AND CLAIMANT INFORMATION 甲項 受保人及索償人資料

Policy Number
保單編號

1. Insured Information 受保人資料

Name of Insured
受保人姓名

Occupation of Insured
受保人職業

Correspondence Address
通訊地址

Email Address
電郵地址

Contact Number
聯絡號碼

2. Claimant Information (if not the Insured) 索償人資料 (如非受保人)

Name of Claimant
索償人姓名

Occupation of Claimant
索償人職業

Correspondence Address
通訊地址

Email Address
電郵地址

Contact Number
聯絡號碼

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 (must be completed or submitted) 所需文件 (必須填妥或提供)

Accidental Death & Disablement 意外死亡及傷殘

- Section A, B, C and D Completed by Insured / Claimant / Patient
由受保人 / 賠償申請人 / 病者填妥甲、乙、丙及丁項
- Section E Completed by the Doctor, with Signature and Stamp
由醫生填妥戊項，包括醫生簽署及蓋章
- Police report, if applicable
警方報告，如適用
- Documentary proof to certify insured is suffering from permanent disability claim
證明受保人永久傷殘的有關醫療報告 (適用於永久傷殘索償)
- Copy of Death Certificate indicating the cause of death (applicable for death claim)
授予遺囑認證書 / 遺產管理書

Accidental Medical Expenses 意外醫療費用

- Section A, B, C and D Completed by Insured / Claimant / Patient
由受保人 / 賠償申請人 / 病者填妥甲、乙、丙及丁項
- Payment receipts with patient's name, treatment date, diagnosis and breakdown of charges
醫療帳單收據顯示病者姓名、診治時間、病症及各收費項目

Temporary Disablement 暫時傷殘

- Section A, B, C and D Completed by Insured / Claimant / Patient
由受保人 / 賠償申請人 / 病者填妥甲、乙、丙及丁項
- Section E Completed by the Doctor, with Signature and Stamp
由醫生填妥戊項，包括醫生簽署及蓋章
- Sick Leave Certificate
病假證明書
- Confirmation by Employer showing the Insured is not attending to work during the sick leave period
僱主發出的僱員在病假期間缺席工作證明
- Salary Proof
薪金證明

SECTION E TO BE COMPLETED BY THE SURGEON OR ATTENDING DOCTOR AT THE CLAIMANT'S OWN EXPENSES

戊項 申請人自費由手術醫生或主診醫生填寫

Name of Patient

病人姓名

HKID Card Number

香港身份證號碼

Date of Accident

意外發生日期

1. a) When did you first see the patient after the accident? 意外之後，病人在何時第一次向閣下求診?

b) To your knowledge, what was the cause of the accident? 據閣下所知，是什麼原因導致此次意外發生?

2. a) Part of body injured – If a limb, state whether right or left 受傷部位：如四肢，說明左或右

b) Type of injuries 傷勢的性質及程度

3. a) Are the patient's symptoms solely due to this accident? 病人的病徵是否完全因為此次的意外而導致?

Yes 是 No 否

b) If "No", are they traceable to a previous injury or any other cause?
若「否」，是否由於過往的受傷經歷或其他原因而導致?

4. a) Is the patient now, or was the patient at the time of the accident suffering from any illness, disease or infirmity?

病人在發生意外時或現在，是否已患上疾病?

Yes 是 No 否

b) If "Yes", state the nature and to what extent his / her recovery has been or may be retarded thereby.
如「是」，說明情況及此次受傷的康復可有因上述疾病而受阻延的程度。

5. NOTES FOR THE SURGEON OR ATTENDING DOCTOR

手術醫生或主診醫生注意事項

Definitions 定義：

1. Total disablement occurs when, through accidental bodily injury, the patient is wholly and continuously incapacitated from attending to his / her usual business, occupation and pursuits.

完全喪失能力指病人因意外而完全不能恢復正常工作。

2. Partial disablement occurs when the injury sustained does not wholly prevent patient from attending to business, or when, after total disablement ceases, he / she can attend to some part of his / her usual business or occupation but not the whole.

局部喪失能力指病人意外受傷後仍可局部工作或完全失去工作能力之後病人可恢復局部工作。

Bearing in mind the patient's occupation and the two definitions above, please state

在填寫下列(a)及(b)項時，請注意病人職業及上述兩項定義

a) the period during which the patient has been totally disabled from attending to his / her usual business, occupation and pursuits:

病人完全不能恢復正常工作日期是：From 由 _____ to 至 _____

b) the period during which the patient has been partially disabled from attending to his / her usual business or occupation but not the whole:

病人可局部工作日期是：From 由 _____ to 至 _____

6. a) Did the injury require Hospitalization / X-rays / Physiotherapy / Surgery or any other special diagnostic procedure?

傷勢是否需要作住院 / X光 / 物理治療 / 手術或任何特別治療?

Yes 是 No 否

b) If "Yes", please specify. 如「是」，請列明所需治療。

7. a) Is there any other information, professional or otherwise, that you consider should be made known to us?

有否其他資料或專業意見可供本公司參考?

Yes 有 No 否

b) If "Yes", please give details. 如「有」，請詳述。

8. a) If the patient was referred by another doctor, please provide the name and address of the referring doctor

如病者由其他醫生轉介，請提供轉介醫生的姓名和地址

Name of Doctor

醫生的姓名

Address

地址

b) Are you the patient's usual doctor? 閣下是否此病者的慣常醫生?

Yes 是 No 否

I hereby certify that all information given above is accurate, true and complete and are given to the best of my knowledge.

本人謹此聲明，就本人所知，上述所提供的資料均是準確無誤、真實及為事實之全部。

Signature and official stamp of attending doctor / surgeon

主診醫生 / 外科醫生簽署及蓋章

Address

地址

Telephone Number

電話號碼

Name of attending doctor / surgeon and qualifications

主診醫生 / 外科醫生姓名及資歷

Date (DD / MM / YY)

日期 (日 / 月 / 年)

SECTION F CLAIM SETTLEMENT METHOD 己項 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

AUTHORIZATION AND DECLARATION 授權及聲明

1. I / We have obtained all necessary authorization from my / our dependents (if applicable) to supply their information to Target Insurance Company, Limited ("the Company") or its authorized representative if my / our dependents are parties to the claim request(s). I / We also understand that the information requested in this form is required in order for the Company to process these claims.

如本人 / 吾等之家屬為賠償申請之一方，本人 / 吾等已向家屬取得一切所需授權 (如適用)，向泰加保險有限公司 (「貴公司」) 或其授權代表提供其個人資料，本人 / 吾等亦明白本表格內所提供的資料是讓貴公司作處理本人 / 吾等索償之用。

2. I / We hereby authorize 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 the Company or its authorized 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 authorization shall have the same effect as the original.

本人 / 吾等謹此授權任何持有受保人或本人 / 吾等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，向貴公司或其授權代表提供任何或所有有關受保人或本人 / 吾等之損失、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。

3. 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 / 吾等謹此聲明，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 / 吾等所知及所信而作答的。本人 / 吾等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案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案索償申請及喪失所有追討保單權益之權利。本人 / 吾等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。

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

本人 / 吾等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 Claimant
索償人簽署

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") will collect, use and disclose 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, credit information, claim history, 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 ("the 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 only as necessary for the purposes set out in the above paragraph or directly related purposes or as otherwise permitted by applicable law:

- a) any agent, broker, 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 an 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) any agent, broker, employers, insurance loss adjusters, health care professional, hospital, accountant, financial advisor, solicitor, organization that consolidate claims and underwriting information for the insurance industry; fraud prevention organizations; other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information;
- 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.

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).

SEPTEMBER 2019

Issued by Target Insurance Company, Limited

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") 可以收集、使用和披露閣下的個人資料，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、信用資料、以往申索紀錄、銀行戶口號碼或信用咭號碼、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」一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在必要時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、經紀、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人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人，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) 代理、經紀、僱主；保險理算人、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)；
- 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類似的資料保障法例。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。

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

閣下有權查閱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。

2019年9月

[此中文譯本僅供參考，惟有關條文解釋及引用，概以英文版本含義為準。]