

DOMESTIC HELPER INSURANCE CLAIM FORM

家傭保險索償申請表

(Please complete in block letters 請用正楷填寫)

MAKING A CLAIM 索償須知

1. Please **READ** your policy and relevant documents to check if your claim is covered under the policy terms and conditions.
2. Please **SUBMIT** your claim within 30 days from the date of medical consultation/hospitalization.
3. Please complete this form in block letters and submit it together with all relevant documents to Claims Department at "Allied World Assurance Company, Ltd 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong".

1. 請查閱保單細則及有關文件，確保該項索償已納入為承保範圍之內。
2. 投保人須於 30 天內為其傭工在門診／住院接受治療申報索償。
3. 請用正楷填寫表格，連同有關證明文件，送交 Allied World Assurance Company, Ltd 世聯保險有限公司理賠部，地址為香港鰂魚涌太古坊華蘭路 18 號港島東中心22樓。
 Tel 電話：+852 2968 3221 Fax 傳真：+852 2917 6179 Email 電郵：hk_claims@awac.com

Insured's Information 受保人資料			
Name of Insured 保單持有人姓名(僱主)		Policy No. 保單編號	
Employer's HKID Card No. 僱主之香港身份証號碼		Email 電郵	
Correspondence Address 通訊地址			
Daytime Contact No. 日間聯絡電話號碼		Date of Loss 意外發生日期	
Name of Domestic Helper 受保家傭姓名			

Please put a ✓ in the appropriate box of your claim below. Please list items & indicate the amount of your claim in details.
 請在格內用✓選擇索償之項目及詳細列出索償之內容及數目。(If there is insufficient space on the claim form, please specify the details on a separate sheet clearly and indicate which section the information relates to. 如空位不足，請另附紙張填寫，並列明所述的項目名稱。)

<input type="checkbox"/> Employees' Compensation 僱傭保障	
<u>Circumstances 意外情況</u>	<u>Description of Damage 受傷情況</u>
Documents Attached 附加文件 (Can be collected from Labour Department 可於勞工處索取) <input type="checkbox"/> Form 2B 表格 2B <input type="checkbox"/> Form 2 表格 2 <input type="checkbox"/> Form 5 表格 5 <input type="checkbox"/> Form 7 表格 7 <input type="checkbox"/> Original Medical Receipt 醫療費用單據正本 <input type="checkbox"/> Others (Please specify) 其他 (請註明): _____ <input type="checkbox"/> Original Receipts of Travel Expenses and Air Ticket 旅程費用及機票之收據正本 <input type="checkbox"/> Others (Please specify) 其他 (請註明) _____	
<input type="checkbox"/> Personal Accident 人身意外	
<u>Circumstances 意外情況</u>	<u>Description of Damage 受傷情況</u>
Documents Attached 附加文件 <input type="checkbox"/> Medical Report 醫療報告 <input type="checkbox"/> Police Report 警方報告 (case no. 檔案編號: _____) <input type="checkbox"/> Consent Letter for Medical Record 索取醫療報告的授權信 <input type="checkbox"/> Others (Please specify) 其他 (請註明): _____	

Temporary Helper Expenses 臨時家傭津貼保障

Reason/Diagnosis period for hospitalization or repatriation 原因/病情及住院期或返原居地

Documents Attached 附加文件

Original Hospitalization Receipt 住院收據正本 Identity Card Copy of the Temporary Helper 臨時家傭身份證副本

Discharge Summary/Medical Certificate 出院紙/醫療報

Letter Signed by Temporary Helper for Wages Received 臨時家傭簽收之收入證明

Clinical Expenses 門診醫療費用

<u>Reason/Diagnosis & Date First Occurred</u> 原因/病情及首次發現日期	<u>Currency/Claim Amount</u> 索償金額
-------------------------------------------------------------------	-----------------------------------

Documents Attached 附加文件

Original Medical Receipt 醫療費用之單據正本 Others (Please specify) 其他 (請註明) _____

Dental Expenses 牙科費用

Surgical and Hospitalization Expenses 外科手術及住院費用

<u>Reason/Diagnosis & Date First Occurred</u> 原因/病情及首次發現日期	<u>Currency/Claim Amount</u> 索償金額
-------------------------------------------------------------------	-----------------------------------

Documents Attached 附加文件

Original Medical Certificate showing the Period of Sick-Leave 醫生批准之病假證明書正本

Consent Letter for Medical Record 索取醫療報告的授權信 Others (Please specify) 其他 (請註明): _____

Repatriation Expenses 送返原居地費用

<u>Circumstances</u> 意外情況	<u>Description of Injury</u> 受傷情況
---------------------------	-----------------------------------

Documents Attached 附加文件

Medical Report 醫療報告 Consent Letter for Medical Record 索取醫療報告的授權信

Others (Please specify) 其他 (請註明): _____

Declarations 聲明

We declare to the best of my knowledge and belief that the information given is true in every respect. We agree that any concealment or incorrect statement in connection with this claim may result in legal liability and the policy shall become void. 本公司謹此聲明，根據本公司所知及所信，本索償表格上填報之資料均實屬無訛。本公司並同意，任何蓄意欺騙或隱瞞將構成法律責任並導致保單失效。

Signature of the Insured 受保人簽署 _____ Date 日期 _____



Personal Information Collection Statement

Purpose of Collection

Allied World Assurance Company, Ltd (“Allied World”) may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

Transferee

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World’s group companies;
- Reinsurers;
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World’s other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities,

in each case both within and outside of the Hong Kong Special Administrative Region.

Marketing and Promotion

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies’ general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer’s signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World’s Compliance Officer at the contacts set out below.

Access Requests and Corrections

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd by mail to 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to hkcompliance@awac.com.

個人資料收集聲明

資料收集目的

Allied World Assurance Company, Ltd 世聯保險有限公司(「本公司」)可能收集並使用閣下的個人資料，作為營運其保險業務及下列目的之用：

- 處理閣下的保險申請；
- 安排保險合約及管理已發出的保單；
- 索償處理、調查及分析；
- 為客戶設計產品或服務；
- 推廣、改善及進一步提供本公司及其集團公司的產品、服務；及
- 遵守適用於本公司的法律或規則要求。

一般而言，閣下向本公司提供個人資料屬自願性質。如閣下未能給予足夠的資料，本公司可能無法提供所需保險服務。

資料轉移

本公司持有的客戶資料將予保密，但本公司可能會把閣下的個人資料提供給下列各方作上述用途：

- 本公司的集團公司；
- 再保險公司；
- 中介人包括保險代理人及保險經紀；
- 索償調查者、公證行及其他專業顧問；
- 本公司其他指定服務提供者，提供包括以下服務：電訊、資訊科技、行政、數據處理、付款處理、緊急援助、法律及醫療；
- 任何保險業組織或聯會及其成員；及
- 任何必要人士以符合任何相關的法律或規則要求，或監管機構之命令，

以上各項適用於香港特別行政區境內及境外。

市場推廣

貴為本公司的重要客戶，本公司及其集團公司可能會透過閣下所提供的個人資料如姓名及聯絡方法，向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠，及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

如閣下已於投保書勾選位於投保人簽署上方的空格表示不願接收任何市場推廣資料和最新消息，本公司將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時要求本公司停止使用閣下的個人資料作直接推廣用途。屆時請按照下述聯絡方式通知本公司的條例事務主任。

資料查閱要求及更改

閣下有權要求查閱及更改本公司所持有的任何有關您之個人資料。有關申請可循下列途徑向本公司之條例事務主任提出：郵寄至香港鰂魚涌太古坊華蘭路18號港島東中心22樓，或傳真至+852 2968 5111，或電郵至hkcompliance@awac.com。