



(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 complete this form in block letters and submit it together with all relevant documents to Claims Department at "Allied World Assurance Company, Ltd 〇 Á Å2/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. 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 室。

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 受保人姓名		Policy No. 保單號碼	
Insured Address 受保地址			
Correspondence Address 通訊地址			
Daytime Contact No. 日間聯絡電話號碼		Email 電郵	
How do you use the Insured premises? 你的居所是用於?	<input type="checkbox"/> As an owner 自住 <input type="checkbox"/> As a tenant 租用	<input type="checkbox"/> Rent out 出租	Date of Loss 意外發生日期 (DD/MM/YYYY)
Did you purchase other insurance for lost items; if so, please provides us with the details. 您有否為損毀財物額外投保。如「有」者，請提供詳情。	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 否		

Please put a ✓ in the appropriate box of your claim below.

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。

Please list items & indicate the amount of your claim in details.

如空位不足，請另附紙張填寫，並列明所述的項目名稱。

If there is insufficient space, please specify the details on a separate sheet

<input type="checkbox"/> Household Contents 家居財物保障	<input type="checkbox"/> Alternative Accommodation 臨時住所	
<input type="checkbox"/> * Burglary/Robbery Injury 因爆竊或搶劫引致損傷	<input type="checkbox"/> Loss of Rent 租金損失	
<input type="checkbox"/> * Damaged Locks/Windows 門鎖/窗戶損毀	<input type="checkbox"/> Temporary Removal 臨時搬遷	
<input type="checkbox"/> Frozen Food 雪藏食品	<input type="checkbox"/> Home Renovation 翻新工程期間的意外損毀	
<input type="checkbox"/> * Personal Effects and Valuables 個人財物遺失/損毀	<input type="checkbox"/> Removal of Debris 泥頭清理費	
<input type="checkbox"/> * Domestic Helper's Effects 家庭傭工個人財物	<input type="checkbox"/> New Home Protection 新居保障	
* Police should be notified immediately 必須立刻通知警方		
Cause and Circumstance of Incident 意外發生的原因及經過		
Damage/Lost Item 損毀/遺失項目	Year of Purchase 購買年份	Currency/Claim Amount 索償金額
Please provide the following documents where appropriate 附加文件		
<input type="checkbox"/> Photos of Damaged Items 損毀財物照片		
<input type="checkbox"/> Police Report 警方報告(case no. 檔案編號: _____)		
<input type="checkbox"/> Original Receipt of the Items 財物之發票正本		
<input type="checkbox"/> Others (Please specify) 其他 (請註明): _____		

<input type="checkbox"/> Personal Liability 個人責任	
Cause and Circumstance of Incident 意外發生的原因/經過及第三者索償之情況	Currency/Claim Amount 索償金額
Please provide the relevant documents as proof of loss 附加文件以證明有關損失	

<input type="checkbox"/> Domestic Helper 家庭傭工	
Name of Domestic Helper 受保家傭姓名	Employer's HKID No. 僱主之香港身份證號碼
Circumstances / Medical Diagnosis 意外情況 / 病因及病情	Description of Injury 受傷情況

<input type="checkbox"/> Death & Permanent Total Disablement 意外死亡及永久完全傷殘	
<input type="checkbox"/> Repatriation Expenses 送返原居地費用	
Please provide the following documents where appropriate 附加文件	
<input type="checkbox"/> Death Certificate 死亡證明書	
<input type="checkbox"/> Medical Report 醫療報告	
<input type="checkbox"/> Consent Letter for Medical Records 索取醫療報告的授權信	
<input type="checkbox"/> Police Report 警方報告	(case no. 檔案編號: _____)
<input type="checkbox"/> Others (Please specify) 其他 (請註明): _____	
<input type="checkbox"/> Employees' Compensation 家庭傭工保障	
Please provide the following documents (to be collected from Labor Department) 附加文件 (請於勞工處索取)	
<input type="checkbox"/> Form 2B 表格 2B	<input type="checkbox"/> Form 5 表格 5
<input type="checkbox"/> Form 2 表格 2	<input type="checkbox"/> Form 7 表格 7
<input type="checkbox"/> Medical and Hospitalization Expenses 醫療及住院費用	
Date of first occurrence 首次發現日期	Currency/Claim Amount 索償金額
(DD/MM/YYYY)	
Please provide the following documents where appropriate 附加文件	
<input type="checkbox"/> Original Medical Receipts 醫療費用之單據正本	<input type="checkbox"/> Consent Letter for Medical Records 索取醫療報告的授權信
<input type="checkbox"/> Medical Report 醫療報告	<input type="checkbox"/> Others (Please specify) 其他 (請註明): _____

Declarations 聲明	
<p>I declare to the best of my knowledge and belief that the information given is true in every respect. I agree that any concealment or incorrect statement in connection with this claim may result in legal liability and the policy shall become void. 本人謹此聲明，根據本人所知及所信，本索償表格上填報之資料均實屬無訛。本人並同意，任何蓄意欺騙或隱瞞將構成法律責任並導致保單失效。</p>	
Signature of the Insured 受保人簽署 _____	Date 日期 _____ (DD/MM/YYYY)

Personal Data Information Collection Statement (PICS)

Purpose of Collection

Allied World Assurance Company, Ltd (Hong Kong Branch) (collectively with the other subsidiaries of Allied World Assurance Company Holdings, Ltd, "Allied World") may collect and use your personal data for the purposes of conducting its insurance business, including:

so that we can provide you with and manage insurance products and services, including to consider and process your application; to vary, cancel or renew your insurance; to deal with and/or process any claims under your policy, including settlement, and to conduct necessary investigations; to complete due diligence and background checks that are either required by law or regulation or have been put in place by Allied World; to respond to your queries and administer your policy, including correspondence with you; to investigate fraud, misconduct or any unlawful act or omission in relation to your policy; so that we can comply with legal obligations; for research and statistical purposes; for marketing (including, where permitted by law, direct marketing) of other services provided by us; and/or any purpose directly related to the above.

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.

Potential Transferees

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: other insurers; reinsurers; intermediaries; insurance associations, federations or similar organisations; related companies; our advisers, service providers and agents; external claims data collectors and verifiers; parties that have an insurance scheme in place under which you purchased your policy; parties involved in claims investigation and management; government and statutory agencies; and/or as otherwise required or allowed by law, 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 will not use your personal data for direct marketing if you have indicated objection to such use by ticking the opt-out box on 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 contact information set out below.

Access Requests and Corrections

You have the right, subject to applicable law, to request access to and correction of any personal data concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to Suite 2201, 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.

個人資料資訊收集聲明 (PICS)

收集目的

Allied World Assurance Company, Ltd 世聯保險有限公司 (香港分行) (與 Allied World Assurance Company Holdings, Ltd 的其他子公司統稱「Allied World 世聯」) 為營運其保險業務之目的可能會收集和使用閣下的個人資料，包括：

以便本公司為閣下提供保險產品及服務並予以管理，包括考慮及處理閣下的保險申請；更改、取消或更新閣下的保險；應對及/或處理閣下保單的索賠，包括賠償及作出必要的調查；完成法律或法規要求或 Allied World 世聯實施的盡職審查和背景調查；回應閣下的查詢以及管理閣下的保單，包括與閣下通訊；調查與閣下保單相關的詐欺、不當行為或任何非法行為或不作為；以便本公司能遵守法律上的要求；用於研究和統計目的；用於營銷 (包括在法律允許的情況下直接促銷) 本公司提供的其他服務；及/或與上述直接有關的任何目的。

一般而言，向 Allied World 世聯提供個人資料屬自願性質。雖然如此，如閣下未能提供足夠資料，Allied World 世聯可能無法為閣下提供所需的保險服務。

潛在資料轉移

Allied World 世聯會確保持有的個人資料保密，但本公司可能會基於上述目的將閣下的個人資料轉移予：

其他保險公司；再保公司；中介機構；保險業組織、聯會或類似組織；關連公司；本公司的顧問、服務提供者和代理人；本公司以外的索賠資料收集者及核查人員；閣下於已設有保險計劃購買保單時的各方；參與索賠調查以及管理的各方；政府和法定機構；及/或任何相關的法律或規則要求或允許的人士。以上各項適用於香港特別行政區境內及境外。

市場推廣

閣下貴為 Allied World 世聯的尊貴客戶，本公司及其集團公司可能會透過閣下為直接促銷所提供的個人資料 (包括姓名及聯絡資料)，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，以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。

若閣下已於投保書上選擇拒絕本公司利用閣下的個人資料進行直接促銷並表示不願接收任何市場推廣資料和最新消息，Allied World 世聯將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時透過下述聯絡方式通知本公司的合規主任並行使其選擇權拒絕本公司利用閣下的個人資料進行直接促銷。

查閱個人資料要求及更改個人資料

在符合適用法律的情況下，閣下有權要求查閱及更改 Allied World 世聯-所持有任何有關閣下的個人資料。有關申請可循下列途徑向本公司的合規主任提出：郵寄至香港鯉魚涌太古坊華蘭路 18 號港島東中心 22 樓 2201 室，或傳真至+852 2968 5111，或電郵至 hkcompliance@awac.com。