Sun Flower Insurance Brokers Limited
Room 1108, Hing Yip Commercial Centre
282 Des Voeux Road Central, Hong Kong
Tel: (852) 2521-1881 Fax: (852) 2521-1919
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MSIG Insurance (Hong Kong) Limited
9/F Cityplaza One 1111 King's Road
Taikoo Shing Hong Kong
Tel: (852) 2894 0555 Fax : (852) 2902 9546
Website : www.msig.com.hk

Macau Branch
Avenida Da Praia Grande No. 693
Edif Tai Wah, 13th Andar A & B, Macau
Tel : (853) 2892 3329
Fax : (853) 2893 3349

Helper Insurance – Hospital Claim Form 家傭保障索償表格

(Please complete in BLOCK letters)
Procedures and Notes:

1. Please submit your Claim within 30 days after discharge from hospital.
2. Send the fully completed Claim Form, together with all relevant documents to:

   MSIG Insurance (Hong Kong) Limited
   Claims Division
   9/ F Cityplaza One
   1111 King's Road
   Taikoo Shing Hong Kong

3. The Policyholder and the Insured Person and/or his/her legal representatives must complete all questions in Part I of this Claim Form and sign on it.
4. The attending Physician must complete all questions in Part II of this Claim Form, rubber stamp, date and sign on it.
5. Original medical report, laboratory report, discharge summary, bills and receipts for claim expenses must be attached showing the date of treatment, patient's name, diagnosis, and the attending physician's stamp and signature.
6. Please send copy of the payment document if other insurance company has already paid part of the medical expenses.
7. All medical reports, information and evidences as required by us shall be furnished at the Claimant's own expenses.
8. Incomplete Claim Form cannot be accepted for processing of payment. Please attach original copies of all relevant documents.
9. For inquiry, please call our Claims Services Hotline at 2894 0660.

（請以正楷填寫）
程序及備註：

1. 請於出院後 30 天內儘快作出索償申請。
2. 將填妥之索償表格，連同一切文件寄交：

   三井住友海上火災保險（香港）有限公司
   理賠部
   香港太古城
   英皇道 1111 號
   太古城中心一期 9 樓

3. 保單持有人、受保人或其他法律代表必須填妥第一部分部所有問題及簽署。
4. 主診醫生必須填妥第二部分所有問題、蓋章、簽署，並註明簽署日期。
5. 請附上正本之醫療報告、化驗報告、出院摘要、單據，列明治療日期、病者姓名、病症及主診醫生之印鑑及簽署。
6. 若其他保險公司曾作出賠償，請提供該保險公司之賠償證明。
7. 本公司要求遞交的所有醫療報告、資料及證據之費用須由索償人支付。
8. 未經填妥之索償表格，將不獲接受索償處理。請附上一切有關文件之正本。
9. 如有任何查詢，請致電我們的賠償服務熱線 2894 0660。

Policyholder's Information 投保人資料			***** Compulsory 必須填寫
Name of Policyholder 投保人 (僱主) 姓名*		Policy No. 保單號碼 *	
HKID Card No. 身份證號碼		Mobile No. 流動電話號碼*	
Name of Domestic Helper 家傭姓名*		Email 電子郵件	

Claim Settlement Method 賠償方法

To quicken our settlement for any valid claim, please provide your banking details if you prefer direct credit. We must stress that this request should not be treated as an admission of our liability whatsoever means by law. Finally, we hereby reserve all rights for assessing your claim subject to terms, conditions and exclusions of the related policy.
在成功審批賠償後，本公司可以將賠款直接過戶。如閣下選擇此項服務，敬請提供銀行名稱和戶口號碼。本公司特此聲明，此項要求並不代表閣下之索償現正獲成功審批。有關決定，本公司在收齊證明文件後，將根據保單一切條款才作最後審批，敬請留意。

For claim payment (if any) direct credit to Policyholder's bank account, please complete all of the following:
本公司將賠償款項（如有）直接存入閣下之戶口，請填寫以下資料：

Account Holder's Name (Must be the same as the Policyholder 必須與保單持有人相同)
戶口持有人姓名

Bank Name 銀行名稱		Bank Code 銀行編號	Branch No. 分行號碼	Bank A/C No. 銀行帳戶號碼

Part I – To be Completed by the Insuerd Person/ the Policyholder
第一部分 – 由受保人 / 保單持有人填寫

Nature of injury, illness or medical condition
損傷性質、疾病或病況

If condition is related to an accident, please describe 如屬意外，請列明
(a) Date of the accident 意外發生日期 (b) Where and How the accident happened 發生地點及詳情

DD 日 MM 月 YYYY 年

If condition is not related to an accident, please describe 如非意外引致，請列明
(a) Date when the symptom first occurred 徵狀初次出現日期 (b) Date of previous episode of the same condition before, if any 如以往曾出現同樣徵狀，請註明日期

DD 日 MM 月 YYYY 年 DD 日 MM 月 YYYY 年

Have you ever been treated for the above disability or related conditions before? 您曾否因上述或相關情況而求診？ ☐ Yes 有 ☐ No 否
If "Yes" please state all the name(s) of doctor(s), name(s) and address(s) of hospital(s)/clinic(s), date(s) of confinement/consultation in chronological order. 如「有」，請順序列出所有醫生的姓名、醫院／診所名稱及地址、住院／診症日期。

Please give details of any other health/accident insurance coverage to which the Insured Person may be entitled (if any)
請提供受保人可受其保障的其他醫療／意外保險資料（如有）

Name of Insurer 保險公司名稱 Type of Cover/ Sum Insured 保障類別／保障金額 Policy Effective Date 保單生效日期

If you have already claimed under any policy from other insurers or from other policy of our Company, please give brief details:
如閣下曾向其他保險公司或本公司索償，請列明詳情：

Name of Insurer 保險公司名稱 Type of Cover 保障類別 Policy No. 保單號碼

Note: Please send copy of the payment document if other insurance company has already paid of the part of the medical expenses.
注意：若其他保險公司曾作出賠償，請提供該保險公司之賠償證明。

Declaration & Authorisation 聲明及授權書

I declare that the above information is in all respect true and complete to the best of my/our knowledge and belief;
I hereby declare and agree that any hospital, clinic, physician, insurance company, organisation or any person that has any records or knowledge of my health, or that of the above named patient, to furnish such information to MSIG Insurance (Hong Kong) Limited. A photocopy of this authorisation shall be considered as effective and vaild as the original.
我就此作出聲明，以上所述事項均根據我／我們所知及所信的情況下提供，並且爲正確及並無遺漏；
本人謹此聲明並同意任何擁有本人或上述病者之健康資料和記錄之醫院、診所、醫生、保險公司或任何機構之人士向三井住友海上火災保險（香港）有限公司提供有關資料。此授權書之影印本與正本具有同等之效力。

_____ Signature of Policyholder 投保人簽署	_____ Signature of Domestic Helper 家傭簽署 HKID No. 身份證號碼 : ( )	_____ Date Signed (DD/MM/YY) 簽署日期 (日／月／年)

Part II – To be completed by Attending Physician's Statement (at the Insured's own expenses)
第二部分 – 主診醫生之陳述（所需費用由受保人負責）

We would be most grateful if you could attach copies of any specialist or hospital reports, together with any test, or similar evidence to support the validity of your patient's claim. 請附上任何有關專科診治、住院報告、測試檢查或其他證明文件，以協助病人的索償申請，多謝合作。

Patient Name (in full) 病人姓名：

Date of Admission 入院日期：	DD 日	MM 月	YYYY 年	Date of Discharge 出院日期：	DD 日	MM 月	YYYY 年

Name of Hospital 醫院名稱：

Level of hospital ward: 病房級別： ☐ Private 私家 ☐ Semi-private 半私家 ☐ Ward 大房 ☐ Clinical Surgery 門診手術

1. Clinical History 門診病歷：

a) Date on which the patient first consulted you related to this illness / injury (DD/MM/YY)
病人首次就有關疾病／受傷情況之診治日期（日／月／年）

b) Symptom(s) / complaint(s) of the patient relating to this hospitalisation / treatment / investigation
病人就有關是次住院／接受治療／檢查之徵狀／疾病

c) How long had the patient been experiencing these symptoms before the first consultation?
病人之病徵於首次求診前出現了多久？

2. Hospitalisation Details 住院詳情：

a) Final Diagnosis 最後診斷 — Date of Operation (DD/MM/YYYY) 手術日期（日／月／年）

b) Operation procedure(s) performed
手術詳情

c) If the patient has consulted other physician during this hospitalisation, please provide the following:
如病人於是次住院期間曾向其他醫生求診，請提供以下資料：

Name of physician consulted 醫生姓名 — Reason 原因

What treatment had the physician performed?
該醫生曾提供甚麼治療？

d) Please give a brief discharge summary (including onset and duration of signs and symptoms/disease, etiology, types and results of major examinations, treatments, complications and follow up plan)
請提供出院摘要（包括病發及疾病徵狀、病因、類型及主要檢查、治療、併發症之結果及跟進計劃）

e) **Please provide reason(s) for hospitalisation if this type of cases can be managed on day care/out-patient basis.**
假若這類個案可於日間護理／門診護理，請提供入住醫院原因。

3. Professional Comment 專業意見：

a) In your opinion, was the patient hospitalised as a result of recurrent episode or a chronic illness or related to a previous complaint / diagnosis. If "yes", please provide date of the first episode and details.
根據你的意見，病人是否因長期疾病或慢性疾病或與之前有關之病況而住院？如「是」，請提供首次患病之日期及詳情。

b) Was the condition due to or associated with the following? (Please tick the appropriate boxes)
病人的病況是否與下列情況有關？（請於適當之空格加上「✓」）

☐ Accidental bodily injury 意外受傷
☐ Self-inflicted injury 自戕
☐ Abuse of drugs or alcohol 濫用藥物或酗酒
☐ Mental or nervous disorder 精神／神經病
☐ Refractive error 視力問題
☐ Pregnancy 懷孕
☐ Infertility or sterilisation 不育或絕育
☐ Contraception 節育
☐ Treatment for cosmetic purpose 美容手術
☐ Vaccination 防疫注射
☐ Congenital condition 先天性疾病
☐ Developmental condition 發展障礙
☐ Hereditary condition 遺傳性疾病
☐ General check-up 一般身體檢查
☐ Venereal disease, sexually transmitted disease or AIDS / HIV related illness 性病、性傳染疾病或愛滋病／與 HIV 有關之疾病

4. Others 其他：

a) If the patient was referred by another doctor, please provide the referring doctor's name and address.
如病人爲其他醫生轉介，請提供該轉介醫生之姓名及地址

b) Are you the patient's usual physician? 你是否病人慣常之醫生？ ☐ Yes 是 ☐ No 否

I hereby certify that all information given above is accurate and true to the best of my knowledge.
本人證明上述的資料根據本人所知皆爲正確無訛。

Signature and chop of attending physician/surgeon 主診醫生簽署及蓋章 — Address and telephone no. 地址及聯絡電話

Name of attending physician/surgeon & qualifications 主診醫生姓名及認可資格 — Date 日期： MM 日 DD 月 YYYY 年

Part II of this claim form is endorsed by the Hong Kong Medical Association and Medical Insurance Association of The Hong Kong Federation of Insurers.
此表格之第二部分爲香港醫學會及香港保險業聯會之醫療保險協會所批注。

MSIG Insurance (Hong Kong) Limited ("**MSIG**", "**we**" or "**us**") would ask that you take the time to read these terms and conditions carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

PERSONAL INFORMATION COLLECTION STATEMENT

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any document in relation to the Product or any claim made under the Product.

Your personal data may be used for the purpose of:

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- any sales, marketing, promotion of other general insurance services and products provided by us;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- our related, subsidiary or affiliated companies within the MSIG Group or MS&AD Insurance Group in or out of Hong Kong;
- any other company carrying out insurance or reinsurance related business in or out of Hong Kong;
- any association of federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to MSIG or any member of the MSIG Group or MS&AD Insurance Group.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the Hong Kong Personal Data (Privacy) Ordinance, you have the right to request access to and to request correction of your personal data held by us, and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer.

The Data Protection Officer
MSIG Insurance (Hong Kong) Limited
9/F., Cityplaza One, 1111 King's Road,
Taikoo Shing, Hong Kong.

Nothing in this statement shall limit your rights under the Personal Data (Privacy) Ordinance.

三井住友海上火災保險（香港）有限公司（下稱「**三井住友保險**」、「**我們**」或「**本公司**」）請你仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本爲準。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴爲我們的客戶，你須向我們不時供給與我們提供之一般保險服務及產品（下稱「產品」）相關的個人資料，讓我們可向你提供客戶服務及改善服務質素。當中包括但不限於你在申請表填寫或任何與產品有關之文件上或任何透過產品索償上所載之個人資料。

你的個人資料可被用於以下用途：

- 向你提供與產品及設施相關之日常運作及行政用途；
- 任何我們提供的其他一般保險服務及產品之銷售、市場營銷及推廣用途；
- 產品變動、取消或更新用途；
- 評估及處理透過產品索償及任何繼後法律訴訟之用途；或
- 由本公司行使代位權利之用途。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 在三井住友保險集團或 MS&AD 保險集團內，在本港或海外與本公司有關之機構、子公司或附屬公司；
- 任何其他在本港或海外經營有關保險或再保險業務之公司；
- 任何現存或不時成立的協會或保險公司聯會；或
- 任何提供行政服務、索償處理或其他與三井住友保險集團或 MS&AD 保險集團成員相關產品服務之代理、承辦商或第三者。

爲了確保你的個人資料之準確性，你同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關你的個人資料。

根據香港個人資料（私隱）條例，你有權查閱及更正本公司所持的任何載有你的個人資料之記錄，以及要求選擇拒收任何本公司的直銷通訊。如你欲行使以上權利，請以書面形式通知我們的資料保護主任。

資料保護主任
三井住友海上火災保險（香港）有限公司
香港太古城英皇道 1111 號
太古城中心第一期 9 樓

此聲明所述之條文並不限制你就個人資料（私隱）條例可行使之權利。