

## MSIG Insurance (Hong Kong) Limited

9/F Cityplaza One 1111 King's Road
Taikoo Shing Hong Kong
Tel: (852) 2894 0555 Fax: (852) 2902 9109

Website : www.msig.com.hk

#### Macau Branch

Avenida Da Praia Grande No. 693 Edif Tai Wah, 13th Andar A & B, Macau

> Claim No. (Office use only) 賠償號碼(本公司專用)

Tel: (853) 2892 3329 Fax: (853) 2893 3349

# **Helper Insurance – Outpatient Claim Form**

# 家傭門診保障索償表格

(Please complete in BLOCK letters

#### **Procedures and Notes:**

- 1. Please submit the Claim Form to us within 30 days from the date of
- 2. Please submit a completed Claim Form, together with original copies of all relevant documents to:

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

- 3. Incomplete Claim Form cannot be accepted for processing of payment.
- 4. For all medical reports and original medical receipts, please provide the treatment date, patient's name, diagnosis and countersigned by the attending physician with stamp on it.
- 5. All medical reports, information and evidences as required by us shall be furnished at the Claimant's own expenses.
- 6. Further information may be needed.
- 7. For inquiry, please call our Claims Services Hotline at 2894 0660.

(請以正楷填寫)

### 程序及備註:

- 請將索償表格於事發後之30天內呈交本公司。
- 請將填妥之索償表格連同有關證明文件之正本寄回:

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

- 未經填安之索償表格,將不獲接受索償處理。
- 請提供治療日期、病者姓名、病症及由主診醫生之印鑑及簽署 在所有醫療報告及醫療費用之正本收據上。
- 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。
- 稍後可能需要提供進一步資料。
- 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*							
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:							
大八司够眩傥势值(加方)适控左1関下之6口,建境宿以下次约·							

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		

Treatment Details 診治詳情											
	Date of Treatment 診治日期				nt	Please put a "√" in the appropriate item(s) 請在適用的項目內填上"√"		Amount indicated on	Diagnosis	Since when the patient had these	
С	D H	<b>M</b> 月	M	Y 年		Registered medical practitioner 普通科醫生	Bonesetter Fee 跌打費用	Dental Fee 牙科費用	the receipt 收據金額	is is is	symptoms first appeared? 病人於什麼時候首次出現有關症狀?

## 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	Date Signed (DD/MM/YY)
投保人簽署	簽署日期 (日/月/年)

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。