

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

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“人身平安 / 旅遊 / 高爾夫球 / 意全保” 保險申請理賠表格
“PERSONAL ACCIDENT / TRAVEL / GOLFERS / GLOBAL MIND” INSURANCE CLAIM FORM

注意：供給本申請賠償表格，並不表示本公司承認提供賠償責任。各項有關單據正本、身份證副本及旅行證件副本，請隨附於本表格，一併送交予本公司，以免延誤理賠。

Note: By furnishing this form the Company makes no admission of liability. Original itemized bill(s), ID Card copy and travel document(s) must be submitted together with this form in order to avoid delay.

(1) 基本資料 (此部分必須填寫) Basic Data (This part must be completed)			
保單號碼 Policy No.		賠償號碼 (由本公司填寫) Claim No. (For Office Use)	
申請賠償者姓名 Name of Claimant		性別 Sex	年齡 Age
住址 Residential Address			
聯絡電話 Contact Tel No.		傳真機號碼 Fax No.	電子郵件 E-mail Address
事故詳情 Particulars of Incident			
事故發生之日期、時間及地點 Please state date, time and place of incident			
敘述該事故發生情況 State exactly how incident occurred			

(2)至(6)項須根據索償項目填寫。Part (2) to Part (6) must be completed according to claim items.

(2) 人身意外、醫療費用、住院現金津貼、急病身故、嚴重燒傷及每週賠償 Personal Accident, Medical Expenses, Hospital Cash Allowance, Extra Fatal Benefits, Major Burns and Weekly Indemnity	
(2.1) 請述受傷或疾病性質 Describe the nature of injury or illness	
(2.2) 閣下曾否患上上述類似之疾病或舊病/傷復發? Have you ever suffered this or similar condition or a recurrence of such previous related injury or illness? 若「是」，請敘述詳情 If yes, please give full details:	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
(2.3) 閣下曾否因此次疾病或受傷而於旅途中住院? Were you hospitalized overseas as a result of this injury / illness? 若「是」，請敘述詳情 If yes, please give full details:	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
入院日期 Date of Admission	(日/月/年) (D/M/Y)
出院日期 Date of Discharge	(日/月/年) (D/M/Y)
(2.4) 請註明申請賠償金額 (請自費及附上有關醫生證明書、入院及出院證明、病假紙、發票 / 收據、僱主病假證明或其他文件) Please state amount claimed (attach account/medical certificate, admission and discharge slips, employer's sickness confirmation or other documents at your own account in support of your claim)	
(2.5) 閣下經常求診之醫生姓名、地址及電話號碼 Name, Address and Phone No. of your usual attending Medical Practitioner.	
姓名 Name:	電話號碼 Tel No.:
地址 Address:	
(2.6) 是否已痊癒? Are you completely recovered?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
(2.7) 是否已呈上一切醫療收據? Have you presented all medical receipts?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
(2.8) 主診醫生聲明 Declaration by the Attending Medical Practitioner	
本人特此證明已親自為_____ (病者姓名) 就上述疾病或受傷進行檢查及治療。詳情如下： I hereby certify that I have personally examined & treated _____ (name of patient) for the above injury or illness and details are as follows:	
診斷 Diagnosis:	
治療 Treatment:	
結果 Result:	
此是否原有之傷病? Is this pre-existing disease?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
若「是」，已存在多久? If yes, how long? _____ 此是否先天性缺陷? Is condition congenital?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
據閣下所知，病人以前曾否患有同類病況? To the best of your knowledge, has the patient ever had the same or similar conditions or symptoms relating thereto?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
若「是」，請說明何時及當時情況 If yes, please state dates and describe	
醫生簽署 Signature: _____	醫生姓名 Name of Medical Practitioner (with stamp): _____
日期 Date: _____	地址 Address / 電話 Telephone: _____

(3) 個人行李/行李延誤/個人錢財/旅遊證件/家居爆竊 Personal Baggage/Delayed Baggage/Personal Money/Travel Document/Loss of Home Contents				
(3.1) 已通知何處警方？請註明有關警署及附上警方報告。 Which country's police was advised? Please state police station and attach original police report.				
(3.2) 閣下有否就財物之遺失或損壞或延誤而向航空公司或其他有關方面索償或投訴？ Have you lodged a claim or complaint against any carrier/airline or other authority for the loss of or damage or delay to your property?		否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>		
若「是」，請敘述詳情及原因及附上書函包括索償號碼及賠償記錄。If yes, please give full details, reason and attach original correspondence including their claim reference numbers and reimbursement record.				
(3.3) 航空公司/承運人之名稱及聯絡電話號碼 Name and Contact Telephone No. of Airline/Carrier				
(3.4) 請註明申請賠償金額及附上收據正本、損壞財物之照片。Please provide details of amounts claimed and attach original receipt(s), photograph of damaged property.				
物品名稱 (牌子、型號、尺碼) Item/Description (i.e. Brand, model, size)		購買時之價值 Original Cost	購買日期 Date of Purchase	要求賠償金額 Amount Claimed HK\$
(4) 行程延誤 Travel Delay				
		日期/時間 Date/Time	由(出發地) From (Departure)	至(目的地) To (Arrival)
原定時間 Original Schedule				班機號碼 Flight No.
延誤後時間 Delayed Schedule				
延誤原因 Reason for Delay			延誤小時 (以出發時間計) Hours Delayed (calculated from the departure time)	
備註：請附有關文件以證明延誤時間及原因，例如：登機證及機票、航空公司證明信等。 Remarks: Please attach the relevant supporting documents to certify the hours delayed, e.g. copy of boarding pass and air ticket, confirmation letter from Airline.				
(5) 取消旅程/縮短旅程 Cancellation or Curtailment of Journey				
(5.1) 旅程於何時何處預定？ When and where was holiday booked?				
(5.2) 預定離港日期 Intended Departure Date				
(5.3) 旅程取消日期 / 抵港日期 Date of Journey Cancelled / Date of Arrival at Hong Kong				
(5.4) 旅程取消原因 (請附有關證明文件) Why the journey cancelled? (Please attach the relevant supporting documents)				
(5.5) 旅行社名稱、地址及電話號碼 Name, Address and Telephone No. of Travel Agent				
(5.6) 閣下已支付之款項 (請附證明文件正本) Amount Paid by You (please attach original documents)			港幣 / HK\$	
(5.7) 已取回之款項 (請附證明文件正本) Amount Recoverable from all sources (please attach original documents)			港幣 / HK\$	
(5.8) 申請賠償金額 Amount Claimed			港幣 / HK\$	
(6) 一桿入洞獎賞 Hole-In-One Benefit				
事發日期、時間及地點 (請附高爾夫球會證明文件正本) Please state date, time and place of event (Please attach the original supporting documents by recognized golf club)				
(7) 其他保險 (此部分必須填寫) Other Insurance (This part must be completed)				
第 2 至 6 所述索償，是否受保於其他保險合約？ Any other policy covering the above item(s) involved under Section 2 to 6?			否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>	
若「是」，請敘述詳情。If yes, please give full details				
保險公司名稱 Name of Insurance Company		保單號碼 Policy No.	(請附保單副本及已賠付的收據文件) (please attach copy of policy & discharge receipt)	

- 本人/我們茲聲明上述所填報之資料皆為確實詳情，並沒有隱瞞任何與此索償有關之重要情況。
I/We hereby warrant the truth of the above statements and declare that I have not withheld any material information connected with this claim.
- 本人/我們謹此代表本人/我們/所有被保險人授權任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他機構、組織或人士，凡知道或持有任何有關本人/我們/所有被保險人記錄者，及/或曾診驗或可能將會診驗本人/我們/所有被保險人者，均可將該等資料提供給中國太平保險(香港)有限公司、貴公司。此授權對本人/我們之繼承人及被保險人具有約束力；即使死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。
I/We hereby authorize on behalf of myself/ourselves/the Insured Person any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/us/the Insured Person and who has attended or may hereafter to myself/ourselves/the Insured Person to disclose such information to China Taiping Insurance (H.K.) Company Ltd., the Company. This authorization shall bind my successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.
- 本人/我們聲明及同意已獲被保險人授權及同意本人/我們作出上述授權。
I/We declare and agree that I/we have the full authority from and consent of the Insured Person to make the above authorizations.
- 本人/我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。
I/We confirm having read and understand the Company's Personal Information Collection Statement as accompanied with this form.

日期
Date

申請賠償者簽署
Claimant Signature

註：為避免影響貴客戶之索償權利，請填妥本申請理賠表格並簽署後，連同一切所需文件在本保單之規定期限內親交或按以上地址郵寄本公司意外及健康險部。

Note: In order not to prejudice your claim, please complete this Claim Form with signature and submit full documentation within stated deadline in the policy in person or post to Accident & Health Department at above address.

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

中國太平保險(香港)有限公司(下稱“本公司”)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。閣下提供本索償表格要求的個人資料(包括信用資料和以往申索記錄)·是為了本公司提供保險業務所需·本公司並可能使用閣下的個人資料作以下用途：

- (i) 任何與保險有關的產品或服務(包括處理及審批閣下索償、結清申索、保單相關行政、財務工作、索償調查或分析、偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)及其它相關的服務)·或該等產品或服務的任何更改、變更、取消或續期；
- (ii) 本公司行使任何代位權；
- (iii) 就以上用途聯絡閣下；
- (iv) 其它與上述用途有直接關係的附帶用途；及
- (v) 遵循適用法律、條例及業內守則及指引。

本公司亦可因應上述用途披露/轉移閣下的個人資料予下列各方·而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料：

- (a) 向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問·或任何從事與保險或再保險業務有關的公司·或閣下的保險中介人(若有)·保險理算人或索償調查員/公司·或其他保險業務有關的服務提供者；
- (b) 僱主；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；和保險業就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)；
- (c) 本公司的關連公司(以《公司條例》內的定義為準)；
- (d) 政府及市場認可的保險業監管機構：保險投訴局及同類的保險業機構、香港保險業聯會(或同類的保險公司聯會)及其會員；
- (e) 法例要求或許可的政府機關包括運輸署。

閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外)·而就此而言·閣下同意將閣下的資料移轉至香港境外。

閣下可有權隨時查閱及/或更正由本公司持有有關閣下的個人資料。如有需要·請以書面形式向本公司的總經理辦公室提出·地址為香港北角京華道18號15樓或電郵 info@hk.cntaiping.com。另本公司私隱政策的全文已上載於 www.hk.cntaiping.com·歡迎查閱。

本公司為預防保險詐騙偵測系統成員·詳情請參閱 www.hkfi.org.hk/ifpcd/en/index.html。

本聲明中英文版本如有任何歧異或不一致·概以英文版為準。

China Taiping Insurance (HK) Company Limited (the “Company”) understands its responsibilities to the collection, retention processing or use personal data under the Personal Data (Privacy) Ordinance. The personal data you provided in this form (including credit information and claims history) is collected to enable the Company to carry on insurance business. The Company may also use your personal data for the following purposes:

- (i) any insurance related product or service (include processing and evaluating your insurance claim, settling claims, providing administration, financing, claim investigation or analysis work, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;
- (ii) exercising any right of subrogation;
- (iii) contacting you for any of the above purposes;
- (iv) other ancillary purposes which are directly related to the above purposes; and
- (v) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose / transfer your personal data to the following persons who may collect and use this data only as reasonably necessary to carry out the purposes described above:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjusters/companies, or other service provider providing services relevant to insurance business;
- (b) employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
- (c) the Company's related companies (as that term is defined in the Companies Ordinance);
- (d) Government and industry recognized insurance regulatory bodies: the Insurance Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members ; and
- (e) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

You have the right to access and/or request correction of any personal data concerning yourself held by the Company. Requests for such access can be made in writing to Office of the General Manager at 15/F, 18 King Wah Road, North Point, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company's Data Privacy Policy can be found at www.hk.cntaiping.com.

The Company is a member of the Insurance Fraud Prevention Claims Database, please go to website www.hkfi.org.hk/ifpcd/en/index.html for details.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.



® Sun Flower Insurance Brokers Limited

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Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.