

## 360° BUSINESS PROTECTION INSURANCE CLAIM FORM

### 商業全面保索償申請表

(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 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. 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

<b>Insured's Information 客戶資料</b>			
Name of Insured 受保人名稱			
Insured's Premise 受保人地址			
Daytime Contact No. 日間聯絡電話號碼		Email 電郵	
Policy No. 保單號碼			

Please ✓ the appropriate box of your claim and complete the following:

請 ✓ 選擇索償項目及填寫下表：

- |   |   |
|---|---|
| <input type="checkbox"/> Property All Risks 綜合財物          | <input type="checkbox"/> Business Interruption 業務影響   |
| <input type="checkbox"/> Money & Personal Assault 金錢及普通襲擊 | <input type="checkbox"/> Employees' Compensation 僱傭保險 |
| <input type="checkbox"/> Public Liability 公眾責任保險          |   |

1. Date, Time and Place of Accident 意外發生之日期、時間及地點	
2. Cause and Circumstances of Accident 意外發生的原因及經過	
3. Nature of Loss/Damage to Property 財物損毀情況	
4. Description of Injury 受傷情況	
5. (a) Circumstances of Third Party Claim 第三者索償之情況	
(b) Currency / Claim Amount 索償金額	

<p>6. (a) Are you insured with other insurers? 有否在其他保險公司投保?</p> <p>(b) If so, give the name of each Company or Insurer, and amount you are entitled to claim. 如有，請列明各保險公司及可能獲得之賠償金額。</p>	<p>(a) Yes / No 有 沒有</p> <p>(b)</p>
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<b>Document required for claims under relevant section 各索償項目所需之證明文件</b>	
<b>SECTION 項目</b>	<b>DOCUMENT REQUIRED 所需文件</b>
<p>1. PROPERTY ALL RISKS 綜合財物</p>	<p>State circumstances of the loss, how the loss is discovered, police reference, full address of the police station and attach original purchase/replacement receipts for the lost items. For damage claims, please retain the damaged item for inspection and provide photos. 請詳細說明事發經過、如何發現您的損失、報案之警署及檔案編號。同時，請附上購買損失物品之收據正本。 如有財物損毀，請保留損毀之財物，以供我們檢查，並請提供相片，顯示損毀情況。</p>
<p>2. BUSINESS INTERRUPTION 業務影響</p>	<p>State the cause of the business interruption &amp; particulars. 請列明業務影響之原因及投保收入/毛利損失之情況。 State the amount of the additional expenditure &amp; attach receipts. 請說明額外支出銀碼及收據。</p>
<p>3. MONEY &amp; PERSONAL ASSAULT 金錢及普通襲擊</p>	<p>State circumstances of the loss, how the loss is discovered, police reference, full address of the police station and attach account records of lost money. For Personal assault, attach a copy of death certificate and notice should be given to us before interment, cremation or the holding of any inquest enquiry or proceedings concerning the death of insured's directors, partners or employees or original Medical Report / Certificate or Consent Letter for obtaining the medical report from hospital. 請詳細說明事發經過、如何發現閣下之損失、報案之警署及檔案編號，同時，請附上會計資料，如營業收支記錄或零用金記錄。 若涉及人身意外，請附上死亡證明書，並應於埋葬、火葬、驗屍或進行關於死者之訴訟前通知我們。 請附上醫療報告/證明書之正本或授權信以向醫院索取醫療報告。</p>
<p>4. LIABILITY TO THE PUBLIC 公眾責任保險</p>	<p><b><u>DO NOT</u></b> admit liability on or enter into any settlement agreement with a third party without our written consent. Any correspondence from third party or Writ of summons should be <b><u>unanswered and submitted to us immediately</u></b> for handling on your behalf. 未得我們同意，切勿與第三者私下訂立任何協議或承諾。如收到第三者之索償或法庭傳票，應立即交由我們處理，切勿私自答覆。</p>

<p>5. EMPLOYEES' COMPENSATION 僱傭保險</p>	<p>Report the accident to Labour Department by means of a <b>Form 2B</b> (for sick leave of 3 days or less) or a <b>Form 2</b> (for sick leave of more than 3 days) and forward us a copy at the same time. (Form 2B and Form 2 can be obtained from Labour Department Office or District Office.)</p> <p>While the employee is taking sick leave, submit <u>original</u> sick leave certificates to us. For minor injuries resulting in no permanent incapacity and involving sick leave of less than 7 days, please furnish us with the duly completed Form 2B or Form 2. We will then send the Insured an <b>Agreement of Compensation</b> which is to be signed by both the employer and the employee for <b>direct settlement</b>.</p> <p>For injuries which involve sick leave of more than 7 days and / or permanent incapacity, medical assessment on the extent of injury will be required. Please send us the <u>original</u> <b>Form 7 &amp; Form 5</b> upon receipt of the same from Labour Department.</p> <p>如有意外，僱主須填寫表格二 B (若病假不多於三天) 或表格二 (若病假超過三天) 呈報勞工署，並立即遞交副本給我們，作為書面通知。(表格二及表格二 B 可在勞工署或政務署索取。) 僱員受傷期間，請遞交僱員之病假證明書正本。</p> <p>如受傷僱員獲醫生批准之病假少於七天，而該僱員亦未曾蒙受永久性喪失工作能力，請遞交填妥之表格二 B 或表格二予我們。我們將發出一份協議信，由僱主及僱員雙方簽署，以作直接賠償。</p> <p>如僱員獲多於七天之病假，或蒙受永久性喪失工作能力，勞工署會安排僱員接受<u>評估委員會</u>評估。僱主必須將勞工署發出之表格五及表格七正本立即遞交我們。</p> <p><b>N.B.:</b> The insurance policy does not cover any late payment surcharge, therefore, you are advised to pay the compensation to your employee as soon as possible. We shall then reimburse you upon receipt of all the required documents.</p> <p><b>注意:</b> 我們概不負責延遲附加費及任何罰款，因此，您必須盡快支付賠償額給僱員。我們在接獲有關文件後，將盡速辦理。</p>
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Remarks: If necessary, we may request for document other than those listed above.

註：如有需要，我們可能要求未列於上表之證明文件。

### Declarations 聲明

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。

Signature of the Insured 受保人簽署 \_\_\_\_\_ Date 日期 \_\_\_\_\_



® Sun Flower Insurance Brokers Limited  
Placing through Sun Flower Insurance Agency Limited  
Room 1105-06, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong  
Tel: 2521 1881 Fax: 2521 1919 Email: vp@sunflowergroup.com.hk www.sunflowerVIP.com  
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.

## **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](mailto:hkcompliance@awac.com).

## **個人資料收集聲明**

### **資料收集目的**

Allied World Assurance Company, Ltd (「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](mailto:hkcompliance@awac.com)。