



(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 Suite 2201, 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 2201 室。
Tel 電話：+852 2968 3221 Fax 傳真：+852 2917 6179 Email 電郵：hk_claims@awac.com

Insured's Information 客戶資料			
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	
Contact Person 聯絡人		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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Document required for claims under relevant section 各索償項目所需之證明文件	
SECTION 項目	DOCUMENT REQUIRED 所需文件
<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 & 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 & attach receipts. 請說明額外支出銀碼及收據。</p>
<p>3. MONEY & 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><u>DO NOT</u> 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 <u>unanswered and submitted to us immediately</u> 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 Form 2B (for sick leave of 3 days or less) or a Form 2 (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 Agreement of Compensation which is to be signed by both the employer and the employee for direct settlement.</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> Form 7 & Form 5 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>N.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>注意: 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 _____ (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。