



Claim Form 索償申請表

Please complete this Claim Form in Block Letters and provide all supporting documents to the Company within 30 days after the incident occurred to avoid delay in claim process. The Company is entitled to request for further information, documents or other specific claim form to be completed, and assign a loss adjuster for investigation. Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.

請以正楷填妥並簽署此索償申請表，連同有關證明文件於事件發生後30天內交回本公司，以免延誤索償進程。本公司有權要求索償人/保單持有人提供更多資料、文件或填寫其他專用索償表格，以及委派公證人員進行調查。填寫及遞交此索償申請表並不表示本公司承擔賠償責任。

Personal Details 個人資料	
Policy No.: 保單號碼：	Name of Policy Holder: 保單持有人姓名：
Name of Claimant (if different from Policy Holder): 索償人姓名 (如非保單持有人)：	Name of Insured Person (if different from Policy Holder): 受保人姓名 (如非保單持有人)：
Mobile Phone Number: 流動電話號碼：	Email Address: 電郵地址：
Correspondence Address: 通訊地址：	
Occupation / Business: 職業 / 行業：	Period of Employment: 受僱年期：
Name of Employer: 僱主名稱：	Contact Number of Employer: 僱主聯絡電話號碼：
Address of Employer: 僱主地址：	

Claims Payment Method (The request for payment method is not an admission of our liability) 賠償支付方式 (本公司特此聲明此項要求並不代表本公司承認賠償責任)	
<input type="checkbox"/> Cheque 支票 <input type="checkbox"/> Bank Autopay 銀行自動轉賬 (Please fill in the bank details as below 請填寫以下銀行資料) Attention: The bank account holder must be the Policy Holder if chose Bank Autopay 請注意：如選擇銀行自動轉賬，必須為保單持有人持有的銀行帳戶	
Account Holder's Name: 戶口持有人姓名：	
Bank Name: 銀行名稱：	
Bank Code: 銀行編號：	Branch Code: 分行編號：
Bank Account Number: 銀行帳戶號碼：	

Accident Details 意外詳情

Date and time of accident (DD/MM/YYYY, hh:mm):

意外日期及時間 (日 / 月 / 年 · 時 : 分) :

Place of accident:

意外發生地點 :

Was this accident occurred in the course of and/or arising out of your employment?

意外是否由工作引致 ?

 Yes 是 No 否

Full description of accident:

請詳述事故的始末 :

Particulars of injuries (please describe injury part and severity) 受傷詳情 (請描述受傷部位及嚴重程度)

If the accident has been reported to the police, please provide the following:

如有報警, 請提供以下資料 :

Name of Police Station:

報案警署名稱 :

Reference no. of the loss reported to the police:

警方檔案編號 :

Claim documents to be submitted together with the claim form

索償文件須與索償申請表一同遞交

Accidental Death 意外死亡

- ✓ Copy of Full medical report
詳細醫療報告副本
- ✓ Copy of Police Statement for the accident (if the case reported to police)
如有報案, 請提供所有警方口供紙副本
- ✓ Relationship proof between Claimant & Insured Person (e.g. Certificate of Birth)
索償人與受保人的親屬關係證明副本 (例: 出生證明書)
- ✓ Copy of Death certificate and/or autopsy report (if any)
死亡證及 / 或驗屍報告副本 (如適用)

Permanent Disablement 永久殘廢

- ✓ Copy of Full medical report
詳細醫療報告副本
- ✓ Attending Medical Practitioner's statement
主診醫生證明書
- ✓ Copy of Police Statement for the accident (if the case reported to police)
如有報案, 請提供所有警方口供紙副本

AUTHORIZATION AND DECLARATION 授權及聲明

I/We hereby authorize any hospital, physician, police, person, party and/or authority that has any records or is holding any information of the insured person or me /us to disclose to Avo Insurance Company Limited ("the Company") or its authorized representative, any and all information with respect to the insured person's or my/our loss, disability, medical history, police statement made and the like for the purpose of assessing my/our claim request(s). A photocopy of this authorization shall have the same effect as the original.

I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief.

I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

I/We confirm having read and understand and agreed to all the Declarations, terms and conditions and the Company's Personal Information Collection Statement as accompanied with this form.

本人 / 我們謹此授權任何持有受保人或本人 / 我們之任何記錄或資料的醫院、醫生、警方、人士、有關人等、及 / 或有關當局、向安我保險有限公司 (「貴公司」) 或其授權代表提供任何或所有有關受保人或本人 / 我們之損失、損傷、病歷、口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

本人 / 我們謹此聲明, 上述所有問題的答案包括所有資料及細節均是準確無誤、真實及為事實之全部, 並且是盡本人 / 我們所知及所信而作答的。

本人 / 我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此索償申請之重要資料, 將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人 / 我們明白此索償申請表之發出及填妥並不代表貴公司確認責任或保證賠償。

本人 / 我們確認已閱讀及明白並同意所有聲明、條款及細則及隨本表格附上有關貴公司的收集個人資料聲明。

Signature of Claimant / Insured Person:

索償人 / 受保人簽署 :

Date (DD/MM/YYYY):

日期 (日 / 月 / 年) :

Personal Information Collection Statement 收集個人資料聲明

It is the policy of Avo Insurance Co., Ltd. ("Avo Insurance") to safeguard and keep confidential the personal data of all our customers. Avo Insurance shall at all times observe and ensure our staff strictly adhere to all the requirements under the Personal Data (Privacy) Ordinance ("the Ordinance").

1. Personal Data collected and/or held by Avo Insurance

Personal data such as first name, last name, HKID Card, date of birth, email address, telephone number, policy number,

medical and health records, and question or comment will be collected by us when you make enquires or submit any forms for products or services provided by Avo Insurance.

2. Importance of Personal Data Collection

From time to time, you will be requested to provide your personal data to Avo Insurance. Provision of personal data to Avo Insurance by you is voluntary. However, Avo Insurance may not be able to provide or continue to provide products and services to you if you fail to provide your personal data as requested by us.

3. Purposes of Personal Data Collection and Usage

Your personal data held by Avo Insurance may be used for the following purposes:-

a. Administration of insurance or reinsurance related business, which include underwriting, processing and evaluation of applications, identity and credit checking, suitability checking, policy servicing, claims processing, investigation, account/debt collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, maintaining quality services, sales and marketing;

b. Avo Insurance will collect, use and disclose my personal information (including claims history) for the purposes necessary to process my application, investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application);

c. Make disclosure to any applicable regulators, governmental bodies or industry recognized bodies as required by any law, rule, regulation, code of practice or guideline, binding on Avo Insurance or our affiliates including without limitation the laws and regulatory requirements of Hong Kong SAR.

4. Personal Data Confidentiality

The personal data you provide to Avo Insurance will be kept confidential, except that it may be shared with following parties:-

a. Avo Insurance will transfer personal information to the following persons who may collect and use this information only as reasonably necessary to carry out the purposes described above: insurance adjusters, agents and brokers; 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;

b. any subsidiary, holding company, associated company or affiliates of Avo Insurance for any of the purposes set out in section 3a and b;

c. Any agent, contractor or third party service provider, including but not limited to providers of risk intelligence, loss adjustors, private investigators, letter shopping service providers and debt collectors who provides administrative, telecommunications, computer, internet, payment or other services to Avo Insurance for any of the purposes set out in section 3a;

d. Any actual or proposed reinsurers of Avo Insurance for any of the purposes set out in section 3a;

e. Any co-branding partners and our business partners for any of the purposes set out in section 3a and b; and

f. Any person to whom Avo Insurance is under an obligation to make disclosure under the requirement of any law or regulation binding on or applicable to Avo Insurance or any of our group companies.

5. Personal Data Access / Correction Request

a. You have the right to check whether Avo Insurance holds personal data about you and of access to and correction of your personal data.

b. Avo Insurance has the right to charge a reasonable fee for the processing of any personal data access request.

c. Requests shall be made in writing to our Personal Data Protection Officer, Avo Insurance Company Limited, 5/F, 160 Des Voeux Road West, Sai Ying Pun, Hong Kong SAR.

6. We reserve the right to change this Statement.

維護和保密所有客戶的個人資料是安我保險有限公司(「本公司」)的政策。本公司會一直遵守和確保員工嚴格遵守《個人資料(私隱)條例》(「條例」)的所有規定。

1. 本公司所收集及 / 或持有的個人資料

在閣下查詢或提交由本公司提供的產品或服務的表格時，本公司將會收集個人資料如姓名、身份證、出生日期、電郵地址、電話號碼、保單號碼、醫療及健康紀錄、以及問題或意見。

2. 個人資料收集的重要性

本公司會不時地要求提供閣下的個人資料。向本公司提供閣下的個人資料是自願的。若閣下沒有按照本公司的要求提供該等資料，可能會令本公司無法向閣下提供或繼續提供保險產品及服務。

3. 個人資料收集和使用的目的

閣下的個人資料可能會用於以下目的：-

a. 保險管理或再保險業務有關的用途，其中包括承保、處理和評估申請、身份和信用檢查、適用性檢查、保單服務、理賠處理、調查、賬戶 / 債務追收、訴訟、通訊、編制統計、數據分析和研究、內部 / 外界審計、保持優質的服務、銷售和營銷；

b. 安我保險有限公司將收集、使用和披露我的個人資料(包括以往申索紀錄)，以用作處理我的申請、調查和解決申索、以及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)所需的目的。

c. 在對本公司或其附屬機構具有約束力的任何法律、法規、規例、實務守則或指引的要求下(包括但不限於香港法例及監管的要求)，向任何適用的監管機構、政府機構或相關行業的認可機構進行披露。

4. 個人資料保密

本公司會對閣下的個人資料加以保密，但可能會與下列各方透露該等資料：-

a. 安我保險有限公司將把個人資料轉移給以下人士，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：保險理算人、代理和經紀；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定的其他人士)；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)；

b. 任何本公司的附屬公司、控股公司、聯營公司或聯屬公司作在第3a和b段中所列出的任何用途；

c. 任何本公司的代理人、承包商或會向本公司提供行政、電訊、電腦、網際網路、付款或其他服務的第三方服務供應商(包括但不限於風險分析顧問、公證行、私人調查員、信函裝封服務機構及財務公司)作在第3a段中所列出的任何用途；

d. 任何本公司的實際或建議再保險公司作在第3a段中所列出的任何用途；

e. 任何品牌合作伙伴及本公司生意伙伴作在第3a和b段中所列出的任何用途；及

f. 在對本公司或任何其他集團公司具有約束力或適用性的任何法律或法規的要求下而使本公司有責任對其進行披露的任何人士。

5. 個人資料的查閱 / 改正要求

a. 閣下有權查詢本公司是否持有關於閣下的個人資料及查閱這些資料及改正不準確的資料；

b. 本公司有權就處理任何個人資料查閱要求收取合理的費用；

c. 有關要求須以書面提交香港西營盤德輔道西160號5樓安我保險有限公司的個人資料保護主任。

6. 我們保留更改本聲明的權利。

(If any conflict or inconsistency between the English and Chinese versions, the English version shall prevail. 中文譯本內容如與英文本有歧異，一概以英文為準。)

This section is to be completed by the claimant's attending physician at the claimant's own expense.

此部分須由索償人之主診醫生填寫，所需費用由索償人自行承擔。

Please fill in this section when claiming for Permanent Disablement Benefit

如閣下索償永久殘廢保障，請填妥下表

Attending Physician's Statement 主診醫生證明書

Diagnosis (in respect of the disability described in accident details) 診斷 (有關索償申請表描述之殘疾)

Had the patient become permanently, totally and irrecoverably disabled? Yes 是 No 否

病人是否永久、完全及不可復原的殘廢？

If yes, please provide the details 如「是」，請提供詳情：

Part of disabled 殘廢部位：

Severity of disabled / injury 殘廢 / 受傷程度：

- Hand 手 Leg 腳
 Head 頭 Eye 眼
 Others 其他：

First consultation date (DD/MM/YYYY):

首次求診日期 (日 / 月 / 年)：

Name of referring Medical Practitioner (if any):

轉介醫生姓名 (如有)：

Has the patient ever had the same or similar symptoms / medical conditions before? Yes 是 No 否

病人是否曾經患有同一或相似病徵？

If yes, please provide the details 如「是」，請提供詳情：

Declaration 聲明

I hereby certify that all information given above is accurate and true to the best of my knowledge.

本人特此聲明，就本人所知，上述所有資料均準確無誤。

Contact Telephone Number
聯絡電話號碼

Email Address
電郵地址

Address
地址

Signature of the physician with
official chop
醫生簽署及蓋章

Name of physician
醫生姓名

Signature Date
簽署日期