

**ACCIDENT CLAIM FORM 意外賠償申請表**
**PART I (To be completed by Insured/Policyowner) 第一部份 (由受保人/保單持有人填寫)**

Policy No. 保單編號	Name of Insured 受保人姓名  Identity Document No.: 身份證明文件號碼	Age 年齡  Sex 性別	<input type="checkbox"/> New Claim 首次索償 <input type="checkbox"/> Further Claim 再度索償 <input type="checkbox"/> Pending Claim 待決賠償 <input type="checkbox"/> Review/Appeal 重批/覆核
Contact Phone No. 電話號碼	Name of Sales Personnel 保險顧問姓名	Code of Sales Personnel 保險顧問編號	Claim No. (For office use only) 賠償號碼 (公司專用)

**A. EMPLOYMENT DETAILS 就業詳情**

1. a. Present occupation (if more than one, state all) and exact nature of occupational duties 現職 (如有兼職請列明) 職位及職責  b. Name, address, and Telephone No. of employer 僱主名稱、地址及電話	2. Did you report your sick leave to your present employer? 有否向僱主申請病假? <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有  Sick leave from 病假由_____ to 至_____ (DD日/MM月/YYYY年)
3 a. Date returned to work 復職日期 _____ (DD日/MM月/YYYY年)  b. If you are still on sick leave, please provide the expected date of returning to work. 如仍在休假, 請提供預計復職日期 _____ (DD日/MM月/YYYY年)	4. Did you apply for compensation from other insurers, Social Welfare Department, Labour Department or organizations for the same event? 閣下有否就此次事件向其他保險公司、社會福利署、勞工處或其他機構申請索償? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes有, please provide details: 請提供有關詳情: Insurance Company/ Organization 保險公司/機構 _____  Policy No. 保單號碼 _____  Benefit(s) to Claim 索償類別 _____  Result/ Status 結果/狀況 _____

**B. ACCIDENT DETAILS 意外詳情**

5. Date, Time & Location of Accident 意外發生日期、時間及地點  Date of Accident 意外日期 _____ (DD日/MM月/YYYY年)  Time 時間 _____ AM上午/PM下午  Location 地點 _____	6. How did the accident happen 意外經過?
7. Part(s) of body injured and type of injury 受傷部位及傷勢	8. Did you report to the police 有否報警? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 有, Police Station 警署名稱 :  Ref. No. 檔案編號

### C. TREATMENT DETAILS 治療詳情

9. All Physicians consulted or Hospitals confined for the injury 所有因此受傷而就診之醫生或醫院資料

Date of Consultation/ Confinement (DD/MM/YYYY) 就診/住院日期(日/月/年)	Physician/ Hospital 醫生/醫院名稱	Address 地址	Hospital No./ Patient No. 住院編號/病人編號
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### D. PAYMENT INSTRUCTION 付款指示

(If payment instruction is not specified or information is not clear, HKD cheque will be issued 如沒有註明方式或資料不清晰, 將以港幣支票支付)

#### By Autopay 自動轉賬

Current Direct Debit Authorization bank account in the company record; or  
現時本公司紀錄之自動轉賬戶口; 或

Specified HKD bank account below  
以下指定之港幣銀行戶口

Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼
<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes:

- (1) Bank account holder name must be the same as **Policyowner's** name.
- (2) Please provide account holder's bank account proof which shows account holder name and account number.
- (3) Autopay is only applicable to banks in Hong Kong and the payment will be paid in Hong Kong Dollar.
- (4) If the autopay is rejected by your bank, the respective payment/ loan will be paid by cheque.

注意事項:

- (1) 銀行賬戶持有人姓名必須與**保單持有人**姓名相同。
- (2) 請提供賬戶持有人的銀行賬戶證明, 而該證明須列有銀行賬戶持有人姓名及銀行賬號。
- (3) 自動轉賬只適用於香港銀行及款項將以港幣支付。
- (4) 若自動轉賬不成功, 本公司將以港幣支票支付相關之保單利益/貸款。

**By cheque 支票 (If no cheque currency is selected, HKD cheque will be issued 若沒有選擇支票貨幣, 將以港幣支票支付。)**

Cheque currency 支票貨幣

Hong Kong Dollar 港幣  Policy Currency 保單貨幣

### E. DOCUMENT CHECKLIST 所需文件指引

Please  below to indicate the documents submitted with this claim form. 請於下表以“”號表示連同以賠償申請表遞交的文件:

Document Type 文件類別	Medical Reimbursement Benefit 意外醫療費用保障	Weekly Indemnity Benefit 每週賠償保障
<input type="checkbox"/> Copy of identity document of the insured & Policyowner 受保人及保單持有人之身份證明文件副本	√	√
<input type="checkbox"/> Claim Form Part I (Completed by the Policyowner) 賠償申請表第一部份 (由保單持有人填寫)	√	√
<input type="checkbox"/> Claim Form Part II (Completed by the insured's Attending Physician) 賠償申請表第二部份 (由受保人之主診醫生填寫)	√	√
<input type="checkbox"/> Medical Receipt(s) and Statement(s) of Charges 醫療收據及收費單 (費用明細表)	√ (Original 正本)	#
<input type="checkbox"/> Copy of Discharge Summary/ Discharge Slip 出院總結/出院紙副本	√	√
<input type="checkbox"/> Copy of Laboratory / X-ray/ CT scan/ MRI/ Pathological Report(s) 化驗/X-光/電腦掃描/磁力共振/病理檢驗報告副本	√	√
<input type="checkbox"/> Copy of Admission Note, Discharge Summary, Discharge Certificate, Daily Medical Record & Temperature Sheet of hospital in Mainland China 中國內地醫院之病案首頁、入院紀錄、出院總結、每日醫囑單及體溫表副本	√	√
<input type="checkbox"/> Copy of Sick Leave Certificate with clear diagnosis 列有診斷證明之病假證明書副本	√	√
<input type="checkbox"/> Copy of Physiotherapy / Occupational Therapy Report(s) 物理治療/職業治療報告副本	#	#
<input type="checkbox"/> Copy of X-ray / Physiotherapy/ Occupational Therapy/ Chiropractic Treatment referral letter by Registered Medical Practitioner 由註冊醫生發出之X-光/職業治療/脊醫治療轉介信副本	√	#
<input type="checkbox"/> Copy of Compensation Breakdown from other insurer/ Party 其他保險公司或機構之賠償細算表	√	#

√ Required Documents 基本文件 # Optional Documents 附加文件

\*The Company may request for the submission of extra information/ documents on case by case basis  
本公司可能會按個別個案情況要求遞交額外資料/文件

## DECLARATION AND AUTHORIZATION 聲明及授權

### DECLARATION - I/WE HEREBY DECLARE AND AGREE that:

- (1) all statements and answers to all questions in relation to the above claims whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true;
- (2) Personal Information Collection Statement ("PICS") as below.

### AUTHORIZATION

I/WE HEREBY AUTHORIZE (1) 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 and who has attended or may hereafter attend myself/ourselves to disclose such information to Tahoe Life Insurance Company Limited ("Tahoe Life"); (2) Tahoe Life or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ourselves in relation to this claim. This authorization shall bind my/our successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

I/We declare and agree that I/we have the full authority from and consent to make the above authorizations.

**聲明** - 本人/我們謹聲明並同意：

- (1) 不論是否由本人/我們親手書寫，所有與上列索償有關的陳述及所有問題的答案均按本人所知及所信均屬完整及真確；
- (2) 下列「個人資料收集聲明」。

### 授權

本人/我們謹此授權 (1) 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/我們之紀錄者、及/或曾診驗或可能將會診驗本人/我們者，均可將該等資料提供給泰禾人壽保險有限公司「泰禾人壽」；(2) 泰禾人壽或任何其指定之醫生或化驗所，可就此賠償申請替本人/我們進行所需之醫療評估及測試，作為審核本人/我們之健康狀況。此授權對本人/我們之繼承人及受讓人具約束力；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。本人/我們聲明本人/我們有權及同意作出上述授權。

## Personal Information Collection Statement ("PICS") 個人資料收集聲明

**1. Purpose:** Among the personal data collected from you to Tahoe Life Insurance Company Limited/ Tahoe Insurance Services Limited ("Company"), it is collected for the purpose of: (i) processing, administering, implementing and effecting the requests indicated in this document or any documents that you may submit to the Company from time to time; (ii) providing all services related to this document and the Policy, including promoting or improving such services or related services by the Company or its subsidiaries and affiliates; (iii) communicating with you in relation to the administrative purposes; (iv) investigating, processing and paying claims made under your insurance policy; (v) co-operating with any investigation and meeting any disclosure requirements imposed by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies within or outside Hong Kong Special Administrative Region ("HKSAR"); (vi) transferring your Personal Data to any federation or similar organization of insurance companies ("Federation") and any members of the Federation to carry out its regulatory functions and/or in the interest of insurance industry or any members; (vii) statistical or actuarial research; (viii) other ancillary purposes which are directly related to the purposes set above.

For using the personal data provided by you for promotional / marketing purposes, please refer to the section titled "Use of Personal Data in Direct Marketing". The failure of providing the Personal Data by you may result in the Company being unable to provide products and services, assess your policy application, process claims under insurance policies issued by the Company, or process any other requests, enquiries, or complaints from you.

**2. Transfer:** Personal data provided by you to the Company will be kept in confidential but it may be transferred to parties mentioned below for purposes set above: (i) any related company(ies), including subsidiaries or affiliates of the Company; (ii) any other unrelated company carrying on insurance, provisional trustee of mandatory provident fund or reinsurance related business; (iii) financial services intermediaries that are authorized by the Company for the distribution of products and services provided by the Company; (iv) a claims, investigation or other services provider providing services relevant to your insurance policies; (v) relevant industry association and federation that exists or is formed from time to time; (vi) any person (including agents, contractors or third party service providers) who provides administrative, telecommunications, computer, payment, data processing or other services in connection with the operation of the Company's business and provision of products and services to you; (vii) any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies within or outside HKSAR; (viii) any third party in connection with a transfer or potential transfer of all or part of the business of the Company that some of the transferees may be located within or outside of HKSAR; (ix) your insurance agents, intermediaries or referrers.

**3. Access:** You have the right to ascertain what type of personal data the Company holds, whether the Company holds your personal data and, if so, the right to request access to and to request correction of any personal data concerning you held by the Company. Such request can be made to the Data Protection Officer of the Company at 15/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong. The Company has the right to charge a reasonable fee for processing a request to access your personal data access request.

### Use of Personal Data in Direct Marketing

Apart from the aforementioned purposes, the Company may use your personal data including name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data for direct marketing by mail, fax, email, telephone or SMS that may include the following classes of services, products and subjects: (a) insurance, financial and related services and products; (b) reward, loyalty or privileges programmes and related services and products; and (c) services and products offered by the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s) and/or advertising leaflet(s)/poster(s) for the relevant services and products, as the case may be). Your personal data may also be provided to third party providers of financial, insurance, medical/health, call centre, marketing or research services, rewards, loyalty or privileges program services and/or related services for their use in direct marketing.

Before using your personal data for the purposes of direct marketing conducted by the Company or any third parties indicated in this section, the Company must obtain your consent and only after your consent is received by the Company, the Company may use or provide your personal data for direct marketing purpose.

You may, in future, withdraw your consent to the use of your personal data by the Company and any third parties on direct marketing purposes. Such request can be made to the Data Protection Officer of the Company at 15/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong and the Company shall cease to use your personal data for direct marketing purposes.

### Amendment to the PICS

The Company reserves the right at anytime, with or without notice, amends this PICS which will be found in our website or in writing to notify you how the Company will collect, use and transfers your personal data. Should there be any amendment to this PICS in the future, such amendment will become effective with immediate effect.

**1. 目的：**泰禾人壽保險有限公司/泰禾保險服務有限公司（「本公司」）就向閣下收集之個人資料（「個人資料」）乃為以下目的使用：**(i)** 處理、管理、落實及實行閣下提交予本公司的本文件或不時提交的任何其他文件中所表明的申請；**(ii)** 提供與本文件和保單相關的一切服務，包括推廣或改善本公司或其關聯公司提供的有關本申請的服務或相關服務；**(iii)** 就行政目的與閣下聯絡；**(iv)** 調查、處理及繳付閣下保單的理賠申請；**(v)** 依照在香港特別行政區境內或境外任何法律、監管、政府、稅務、執法或其他機關，或自律監管機構或行業組織的要求，配合調查及作出披露；**(vi)** 將閣下的個人資料發送給任何保險公司聯會或類似組織（「聯會」）以及聯會的任何成員，以供其履行其監管職能及/或為保險行業或聯會的任何成員的合理利益所需的其他職能；**(vii)** 統計或精算研究；**(viii)** 其他直接與以上目的相關的目的；

就本公司使用閣下提供的個人資料作宣傳或市場推廣用途，請參閱「使用個人資料作直接促銷用途」一節。未能提供所需的個人資料可能導致本公司無法為閣下提供產品及服務、評估閣下的保單申請、處理保單索償、或處理任何閣下提出的要求、查詢或投訴。

**2. 轉移：**閣下提供的個人資料將保密處理，惟會因以上第1條所述之目的將此等資料轉移給以下各方：**(i)** 本公司的任何成員公司，包括附屬公司及聯屬公司；**(ii)** 任何其他從事保險、強制性公積金暫行受託人或再保險相關業務的非本公司成員公司；**(iii)** 獲本公司授權以分銷本公司所提供之產品及服務的金融服務中介團體；**(iv)** 提供與閣下的保單有關的索償、調查或其他服務的提供者；**(v)** 現有或不時成立的相關行業協會及聯會；**(vi)** 向閣下提供與本公司產品及服務有關的行政、電訊、電腦、付款、數據處理或其他服務的任何人士（包括代理商、承包商或第三方服務提供者）；**(vii)** 於香港境內或境外任何法律、監管、政府、稅務、執法或其他機關，或自律監管機構或行業組織；**(viii)** 與本公司業務的轉讓或擬議轉讓有關的任何第三方，當中部分受讓方或位於香港境內或境外；**(ix)** 閣下的保險代理人或中介人或介紹人。

**3. 查閱：**閣下有權查明本公司持有個人資料的類別、本公司是否持有閣下的個人資料，如持有，閣下有權要求查閱本公司持有涉及閣下的個人資料以及要求對該等資料作出更正。閣下可向本公司的資料保障主任提出要求，地址為香港太古城英皇道1111號太古中心一樓15樓。本公司有權為處理閣下的個人資料查閱要求而收取合理費用。

### 使用個人資料作直接促銷用途

除了以上所述的用途，本公司擬把閣下的個人資料包括姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及人口統計數據透過郵寄、傳真、電郵、電話及短訊形式用於直接促銷，當中包括以下的服務、產品和類別：**(a)** 保險、財務及相關服務及產品；**(b)** 獎賞、年資獎勵或優惠計劃及相關服務和產品；**(c)** 本公司的聯名合作夥伴提供之服務和產品（有關服務和產品的申請表/宣傳單張/海報上會提供聯名合作夥伴的名稱，視屬何情況而定）；閣下的個人資料可提供予第三方金融機構、保險公司、醫療機構、電話服務公司、市場營銷或研究服務、獎賞、年資獎勵及優惠計劃服務及/或相關服務作直接促銷。使用閣下的個人資料進行本公司或任何第三方直接促銷前，本公司必須得到閣下的同意及只有在本公司收到閣下的同意後，本公司才可使用或提供閣下的個人資料作直接促銷用途。閣下將來可以撤回閣下對個人資料作本公司及第三方直接促銷用途的同意書。這項要求可向本公司的資料保障主任提出，地址為香港太古城英皇道1111號太古中心一樓15樓。此後，本公司須停止使用閣下的個人資料作直接促銷之用。

### 個人資料收集聲明的修訂

本公司保留權利可隨時且在無須通知的情況下，修訂本個人資料收集聲明，本公司亦可在本公司的網站或以書面形式知會閣下，閣下因而能得悉本公司如何收集閣下的個人資料、如何使用該資料及轉移該資料的情況。任何有關修訂將在刊登後即時生效。

Signature of Policyowner 保單持有人簽名 \_\_\_\_\_

Signature of Insured (Age 18 or above) 受保人簽名 (年滿18歲或以上) \_\_\_\_\_

Date (DD/MM/YY) 日期 (日/月/年) \_\_\_\_\_

Name 姓名 \_\_\_\_\_

Name 姓名 \_\_\_\_\_

Identity Document No. 身份證明文件號碼 \_\_\_\_\_

Identity Document No. 身份證明文件號碼 \_\_\_\_\_

Relationship to the Insured 與受保人關係 \_\_\_\_\_

Policy No. 保單號碼： \_\_\_\_\_

**Part II (To be completed by the Attending Physician at Claimant's expense)**

**第二部份 (須由主診醫生填寫。所需費用由索償人自行承擔。)**

Name of Patient 病人姓名	Age 年齡	Sex 性別	Identity Document No. 身份證明文件號碼：	Date of Accident 意外日期															
<p>1. a. Date of first consultation 首次就診日期 _____ (DD日/MM月/YYYY年)</p> <p>b. Cause of Accident 受傷原因：</p> <p>c. Part(s) of body injured 受傷部位：</p> <p>d. Any visible wound 有否表面傷痕？  <input type="checkbox"/> No 沒有  <input type="checkbox"/> Yes, please tick where it is appropriate 有，請在適當位置劃上剔號：  <input type="checkbox"/> Bruises 瘀傷  <input type="checkbox"/> Swelling 腫脹  <input type="checkbox"/> Contusion 挫傷  <input type="checkbox"/> Laceration/ abrasion/ wound 割傷/擦傷/傷口  <input type="checkbox"/> Others, please specify 其他，請說明 _____</p> <p>e. Nature and extent of injury 傷勢及受傷情況</p>			<p>5. Was hospitalization required? 是否需要住院？  <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, 是  From 由 _____ to 至 _____  (DD日/MM月/YYYY年)  Hospital Name 醫院名稱： _____</p>																
<p>2. a. Subsequent consultation dates and treatment details 隨後的診治日期及治療詳情  i) Subsequent consultation date(s) 隨後的診治日期 (DD日/MM月/YYYY年)  ii) Treatment details 治療詳情：</p> <p>b. Please state the investigations/treatments administered and results for this injury.  請列明因是次意外受傷而接受之檢查或治療項目及結果</p> <table border="1" data-bbox="84 1160 813 1503"> <thead> <tr> <th>Investigation/Treatments 檢查 / 治療</th> <th>Result 結果</th> <th>Date 日期(DD日/MM月/YYYY年)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Suturing 縫針</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> X-ray X 光檢查</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Physiotherapy 物理治療</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Others (please specify) 其他 (請註明)</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Investigation/Treatments 檢查 / 治療	Result 結果	Date 日期(DD日/MM月/YYYY年)	<input type="checkbox"/> Suturing 縫針	_____	_____	<input type="checkbox"/> X-ray X 光檢查	_____	_____	<input type="checkbox"/> Physiotherapy 物理治療	_____	_____	<input type="checkbox"/> Others (please specify) 其他 (請註明)	_____	_____	<p>6. Was such injury due to or aggravated by the following(s)?  意外是否因下列情況而導致或加劇？  <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please tick where it is appropriate and provide details 是，請在適當位置劃上剔號及提供詳情：  <input type="checkbox"/> alcoholism or drugs abuse 酗酒或濫用藥物  <input type="checkbox"/> degenerative changes/ congenital anomalies 退化/先天性異常  <input type="checkbox"/> self – inflicted injury 自毀  <input type="checkbox"/> past injury/ illness (please specify) 過往的傷患/疾病 (請說明)： _____  <input type="checkbox"/> cosmetic or plastic surgery 美容或整形手術  <input type="checkbox"/> others, please specify 其他，請說明：</p>	
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<p>3. Is the patient now, or was he/she at the time of the incident, suffering from any illness, disease or infirmity? 病人現時，或在意外發生時，有否感染疾病或已出現身體不適的情況？  <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please provide details 有，請提供有關詳情：</p>			<p>7. Bearing in mind, the declared occupation of this patient, please indicate the effect of the accident/ disablement  以病人之職業而論，請詳述此意外/傷勢對其的影響：  a. Please indicate the effect of his/her daily job activities of the injury/ disablement  請詳述此意外/傷勢對其日常工作的影響  b. In what way do you feel the injuries would/ would not totally prevent the patient from working? 閣下為何認為此傷勢會/不會令病人完全不能工作？請列明原因。  c. If an absence from work for more than two weeks is necessary, please describe in detail why you think the patient could not return to work earlier.  若不能工作兩星期以上，請詳述閣下認為病人不可提早復工之原因。</p>																
<p>4. a. Present condition of injury/degree of recovery. 現時傷患之情況或康復之程度。  b. Please describe the current range of motion of the injured area  請詳述受傷部位現時之活動程度  c. Please describe the progress of recovery 請詳述康復進度  d. Is healing complicated by other factors? 有否其他因素影響痊癒進度？  <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please provide details 有，請提供有關詳情：</p>			<p>8. Did you refer the patient to another physician/ hospital?  閣下有否轉介病人往其他醫生或醫院？  <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 有, please provide name &amp; address of the physician/ hospital and details of referral reason 請提供醫生或醫院名稱、地址及詳述轉介原因</p>																
<p>9. Had other physicians treated the patient for the same accident?  病人曾否就此意外向其他醫生求診？  <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, name &amp; address of the physician and consultation dates 有，醫生姓名、地址及求診日期</p>			<p>10. Are you the patient's usual physician? 閣下是否病人慣常求診的醫生？  <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, medical records date back to _____  是，醫療紀錄可追溯至(DD日/MM月/YYYY年)</p>																
<p>Name of Attending Physician/ Specialist (with qualifications) 主診/專科醫生姓名(資歷)</p> <p>Address &amp; Telephone No. 地址及電話</p>			<p>Signature with chop 簽名及蓋印</p> <p>Date 日期</p>																