

Prudential General Insurance Hong Kong Limited
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保誠財險有限公司
(英國保誠集團成員)
香港鰂魚涌華蘭路 25 號
大昌行商業中心 3 樓

電話 : (852) 2977 3888
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Personal Accident Insurance Claim Form

個人意外保險索償表格

Please complete this claim form in full carefully. Forwarding of this claim form for completion is not an admission of liability upon the part of Prudential General Insurance Hong Kong Limited ("the Company"). For queries, please contact your Financial Consultant or us by email at gi.claims@prudential.com.hk.

請小心填妥本索償表格。發出本索償表格予以填寫，並不能視作保誠財險有限公司（“本公司”）已承認有賠償的責任。如有查詢，請聯絡你的理財顧問或電郵至 gi.claims@prudential.com.hk。

Please complete in BLOCK LETTERS

請以正楷填寫

PART I 第一部份

Name of Insured

受保人姓名 _____

Policy number

保單號碼 _____

Date of birth

出生日期 _____

Sex

性別 _____

Address

地址 _____

Contact number

聯絡電話 _____

Occupation

職業 _____

Employer's name & address

僱主名稱及地址 _____

PART II 第二部份

Accident Details 意外詳情

Date of accident

意外發生日期 _____

Place of accident

意外發生地點 _____

Detail description of accident

意外發生詳情 _____

Nature of injury

受傷情況 _____

Any witness to the accident?

是否有意外目擊證人？

Yes 是 ☐

No 否 ☐

Do you have any other insurance or scheme, which may provide cover for this claim?

你是否有其他保險或計劃可提供承保上述的賠償？

Yes 是 ☐

No 否 ☐

If yes, please state the name of the insurance company and the policy number.

若是，請說明該保險公司的名稱及保單號碼。

Detail of Injury 受傷情況

Totally unable to attend normal duties from

完全不能恢復正常工作由 _____

to

至 _____

Partially unable to attend normal duties from

局部不能恢復正常工作由 _____

to

至 _____

Whether have you fully recovered?

你是否已完全康復？

Yes 是 ☐

No 否 ☐

If yes, please state the recovery date.

若是，請提供康復日期 _____

If no, please give details of further treatment required.

若否，請說明日後所需的治療。

PART III 第三部份

Declaration and Authorization

聲明及授權

The statements and particulars given in this application are, to the best of my/our knowledge and belief, true and complete and that this application shall form the basis of the contract with Prudential General Insurance Hong Kong Limited.

就本人/吾等知悉範圍內，此申請表填報的一切資料，均屬確實完整，本人/吾等並同意以此申請表作本人/吾等與保誠財險有限公司之間所訂合約的根據。

I/We hereby authorize Prudential General Insurance Hong Kong Limited to access, obtain and utilize all of my/our information from any person, company, authority, enterprise and/or legal entity for the Company's reference, and/or processing of this claim and/or other claims submitted previously and in the future. A photocopy of this authorization shall be considered as effective and valid as the original.

本人/本公司茲授權保誠財險有限公司向任何人/公司/機構索取有關本人/公司的任何資料以作 貴公司參考及/或辦理此索償及/或以前及將來的索償。此授權書的影印本與正本具有同等效力。

Personal Information Collection Statement

收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as "the Company", "our", "we", or "us" in this Part entitled "Personal Information Collection Statement") may collect certain personal information, including without limitation your name, identity card number (and copy of identity card), passport number, contact information, family history, health and medical information and financial information ("Personal Information") from you when you apply for insurance or financial products and services from us, or when you apply to make changes to your policy, or when you make a claim against a policy. We may also collect Personal Information about you from third parties such as other insurance companies or agents, government agencies, medical personnel, credit reporting agencies, courts or public records.

保誠財險有限公司（在題為「收集個人資料聲明」之本部份，簡稱「本公司」或「我們」）可能會於閣下向我們申請保險或金融產品及服務、申請更改保單或就保單提出索償時向閣下收集一些個人資料，包括但不限於閣下的姓名、身份證號碼（及身份證副本）、護照號碼、聯絡資料、家族歷史、健康和醫療資料，以及財務資料（以下簡稱「個人資料」）。我們還可能從第三方，如其他保險公司或代理、政府機構、醫務人員、信用報告機構、法院或公開記錄等，收集關於閣下的個人資料。

1. Purpose of Collection 收集資料之目的

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related services and products; (f) to communicate with you; (g) to perform a policy review or needs analysis; (h) to conduct research and statistical analysis; and (i) to meet disclosure requirements imposed by law or regulatory authorities.

我們可能會使用閣下的個人資料作下列用途：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的服務和產品；(f) 與閣下進行通訊；(g) 進行保單審查或需求分析；(h) 進行研究和統計分析；及 (i) 符合法律或監管當局實施的披露要求。

2. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including without limitation the following third parties: (a) insurance agents; (b) re-insurance companies; (c) other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group"); (d) claims investigation companies; (e) third party administrators; (f) third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business); (g) industry associations and federations; (h) medical bill review companies; (i) professional advisors; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions; (n) regulators and government agencies; (o) law enforcement agencies; (p) the Courts.

為達到上述第一部分所列明之目的，我們可能會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 再保險公司；(c) 其他母公司為英國保誠集團的實體（「**保誠集團內的公司**」）；(d) 索償調查公司；(e) 第三方管理人；(f) 第三方服務供應商（包括但不限於保險公司、銀行、律師、會計師，以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商）；(g) 行業協會及聯會；(h) 醫療帳單審查公司；(i) 專業顧問；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構；(n) 監管機構及政府機構；(o) 執法機構；(p) 法院。

We may transfer your Personal Information in connection with a transaction with another company which affects the control, governance, structure and/or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements.

在有關影響到我們全部或重大部分業務的控制權、治理、結構和/或管理的交易時，或在必須符合適用的法律或監管要求下，我們可能會轉交閣下的個人資料。

3. Consequence of failing to provide Personal Information 未能提供個人資料的影響

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. In the event that any such Personal Information is not provided, we may be unable to provide you with the services or carry out the activities outlined at Section 1 above.

除非我們另有規定，否則閣下必須提供我們所要求的個人資料。若未能提供任何此等個人資料，我們可能無法為閣下提供服務或進行上述第一部分所列出的活動。

4. Access and Correction Rights 查閱和更正的權利

Under the Personal Data (Privacy) Ordinance (the "**Ordinance**"), you have the right to request access to and correction of any Personal Information that you provide to us. You may make such a request by writing to our Data Protection Officer at 3/F DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong. In accordance with the Ordinance, we have the right to charge a reasonable fee for the processing of any Personal Information access or correction request.

根據《個人資料（私隱）條例》（「**條例**」），閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲查閱或更正個人資料，請向我們的資料保護主任作出書面要求，地址是香港鰂魚涌華蘭路25號大昌行商業中心3樓。根據條例的規定，我們有權就處理查閱及更正任何個人資料的要求，收取合理的費用。

The Applicant/ the Insured/ Insured/ Claimant hereby confirm understanding of and agreement to the contents in this Part entitled 'Personal Information Collection Statement'.

申請人/ 保單持有人/ 受保人/ 申索人特此確認明白並同意在題為「收集個人資料聲明」之本部份中的內容。

Signature of Insured
受保人簽署

Date
日期

Hong Kong ID Card/Passport Number
香港身份證 / 旅遊證件號碼

Important Notes 重要事項

- Please substantiate your claim application with relevant document(s), you are referred to the list of document(s) that we would require for processing your claim application.
請提交有關文件以證明閣下的索償申請；請參考下列表單，當中列出我們在處理閣下索償申請時可能需要的文件。
- All reports, information and evidences that you provide to substantiate your claim application shall be furnished at your own expenses.
閣下請自費提供用作證明本索償申請的報告、資料及證明。
- Please submit this claim form to us within 30 days of the occurrence in the case of non-fatal bodily injury, or within 7 days in case of death.
如屬非死亡事故的身體損傷索償，請於意外發生後30天內遞交本索償表格。如為死亡索償，請於意外發生後7天內遞交本索償表格。
- To expedite the claim process, kindly submit this claim form together with all original supporting document(s).
敬請同時遞交所有用以證明本索償的文件正本，以便我們盡快處理有關索償。
- According to the terms and conditions of your insurance with the Company, the following types of claims and/or expenses shall not be recoverable:
按閣下與本公司的保險條款及細則，若有關索償／或開支由下述原因所引致，一概屬不保情況：
 - Claims relating to sickness or disease
與疾病或病患有關的索償
 - Medical expenses incurred for specialist consultations without a referral letter issued by Registered Medical Practitioner
沒有註冊醫生發出作專科治療的轉介信之專科治療支出
 - Sick leave granted by Registered Chinese Medicine Practitioners
由註冊中醫發出的病假
- You are recommended to refer to the policy wordings should you be uncertain on the coverage of this insurance.
如閣下就本保險中所提供的保障有不清晰地方，請參閱有關保單條文。

Please ensure the following original relevant document(s) will be submitted together with this claim form. 請確保以下所示的 有關文件正本 ，連同本索償表格一併交回。						
	In respect of claims of the following 與下述有關的索償：					
	Accidental Death 意外死亡	Permanent Disablement 永久性傷殘	Temporary Total Disablement 暫時喪失全部工作能力	Temporary Partial Disablement 暫時喪失部份工作能力	Medical Expenses 醫療費用	Hospital Cash 住院現金
Death Certificate (If applicable) 死亡證 (如適用)	✓					
Medical report 醫療報告	✓	✓				
Original sick leave certificate 病假證明書			✓	✓		
Medical Certificate as attached in Appendix 1* 醫療報告書 (請參照附頁1)*			✓	✓		✓
Employer's Confirmation of Sick Leave as attached in Appendix 2** 僱主認可病假確認書 (請參照附頁2)**			✓			
Hospital/ medical receipts with diagnosis 附診斷的醫院／醫療收據					✓	
Referral letter from Registered Medical Practitioner for specialist consultation 由註冊醫生發出作專科治療的轉介信					✓	

* Medical Certificate has to be completed only if you are claiming Temporary Total or Temporary Partial Disablement Benefit (Appendix 1).
如索償暫時喪失全部工作能力或暫時喪失部份工作能力，請填妥醫療報告書(附頁1)。

** Employer's Confirmation of Sick Leave has to be completed only if you have been granted sick leave for over 10 days (Appendix 2).
如索償傷殘期超過十天的暫時喪失全部工作能力，請填妥僱主認可病假確認書(附頁2)。

Please also note that further information and /or document(s) may be needed. We shall write to you when necessary.
如有需要，我們將另行發書函索取附加資料及／或文件，敬請留意。

PLEASE HAVE YOUR ATTENDING MEDICAL PRACTITIONER COMPLETE
THE FOLLOWING MEDICAL CERTIFICATE FOR CLAIMS OF TEMPORARY DISABLEMENT.
請安排註冊西醫填寫以下醫療報告，以便就暫時喪失工作能力提出索償。

MEDICAL CERTIFICATE
醫療報告書

(to be completed by Medical Practitioner registered in Hong Kong)
(由香港註冊西醫填寫)



Notes for the registered medical practitioner 註冊西醫注意事項

Definitions: 定義

1. Total disablement occurs when, through accidental bodily injury, the patient is wholly and continuously incapacitated from attending to his usual business, occupation and pursuits.
完成喪失能力指病人因意外受傷而完全不能恢復正常工作。
2. Partial disablement occurs when the injury sustained does not wholly prevent patient from attending to business, or when, after total disablement ceases, he can attend to some part of his usual business or occupation but not the whole.
局部喪失能力指病人意外受傷後仍可局部工作或完全失去工作能力之後病人可恢復局部工作。

The following must be completed by the attending registered medical practitioner at the expenses of the insured person.
以下必須要由註冊西醫填寫，費用由受保人支付。

Patient's Name
病人姓名

HKID Card No
香港身份證號碼

Date of Accident
意外發生日期

1. a) When did you first see the patient after the accident? 意外之後，病人在何時第一次向你求診？

b) To your knowledge, what was the cause of the accident? 據你所知，什麼是意外發生的原因？

2. a) Regions injured – If a limb, state whether right or left 受傷部份：如四肢，說明左或右

b) Nature and extent of injuries 傷勢的性質及程度

3. a) Are the patient's symptoms solely due to this accident? 病人的病症是否完全因為此次的意外而導致？

b) If not, are they traceable to a previous injury or any other cause? 若否，是否由於過往的受傷經歷或其他原因而導致？

4. a) Is the patient now, or was he at the time of the accident suffering from any illness, disease or infirmity?
病人在發生意外時或現在，是否已患上疾病？

b.) If so, state the nature and to what extent his recovery has been or may be retarded thereby.
如有，說明情況及此次受傷的康復可有因上述疾病而受阻延及受阻延的程度。

5. Bearing in mind the patient's occupation and the two definitions above, please state
在填寫下列(a)及(b)項時，請注意病人職業及上述兩項定義
a.) the period during which the patient has been totally disabled from attending to his usual business, occupation and pursuits:
病人完全不能恢復正常工作日期是：
From 由 _____ to 至 _____
b.) the period during which the patient has been partially disabled from attending to his usual business or occupation but not the whole:
病人可局部工作日期是：
From 由 _____ to 至 _____
6. Did the injury require Hospitalization / X-rays / Physiotherapy / Surgery or any other special diagnostic procedure? If yes, please specify.
傷勢是否需要作住院 / X光 / 物理治療 / 手術或任何特別治療？若是，請列明所需治療。

7. Is there any other information, professional or otherwise, that you consider should be made known to us?
有否其他資料或專業意見可供本公司參考？

Signature 簽署：_____

Qualification 資格：_____

Address 地址：_____

Date 日期：_____

PLEASE HAVE YOUR EMPLOYER COMPLETE THE FOLLOWING
CONFIRMATION FOR CLAIMS WITH GRANTED SICK LEAVE FOR OVER 10 DAYS.
請安排僱主填寫以下確認書，以便就傷殘期超過十天的情況提出索償。

Employer's Confirmation of Sick Leave
僱主認可病假確認書

(to be completed by the Insureds' employer)
(由受保人的僱主填寫)



Important Notes 注意事項

1. This form is applicable if you are claiming Temporary Total Disablement Benefit.
此表格在暫時喪失全部工作能力的情況下提出索償時適用。
2. Completion of this confirmation is waived if you have not been granted sick leave for over 10 days in total.
如就傷殘而獲發的病假一共未有超過十天，則可獲豁免填寫本確認書。

This is to certify that (Name of Employee)
茲證明(僱員名字) _____

is our employee serving the position currently as (Position)
為本公司(職位) _____

had suffered an injury of
因(意外受傷原因) _____

occurred on (Date)
發生於(日期) _____

and as a result he/she did not attend to work during the period
而休假

From
日期由 _____

to
至 _____

Date
日期

Signed by employer
僱主簽署

Position
職位

Contact Person
聯絡人

Telephone Number
聯絡電話

Company address
公司地址

Company Chop as confirmation
公司蓋章作實