



Falcon Insurance Company (Hong Kong) Limited 富勤保險(香港)有限公司

36/F., The Lee Gardens
33 Hysan Avenue
Causeway Bay, Hong Kong

Telephone 電話 : (852) 2232-2888
Facsimile 傳真 : (852) 2232-2950

香港銅鑼灣
希慎道33號
利園36樓

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PERSONAL ACCIDENT INSURANCE CLAIM FORM 個人意外保險索償表格

Personal Information Collection Statement

Purposes of Collection

The information you provide us is used for the purposes of :

- carrying out your instructions, arranging and providing the requested insurance covers;
- providing services relating to insurance covers contracted, including settlement of claims;
- providing you with information concerning the business or products of our company or of our subsidiary or associated companies;

and for any other purposes related to the above. Failure to supply such information may result in our being unable to provide the requested insurance covers or related services.

Transfer of Personal Data

Personal information held by us is kept confidential but we may provide such information to :

- reinsurers, intermediaries, contractors, third-party service providers, and other persons who provide services to us in connection with our business;
- statutory governmental or regulatory bodies or insurance industry organisations and institutions;
- our subsidiary or associated companies.

Access to Personal Data

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Falcon Insurance Company (Hong Kong) Limited. Request for such access can be made to :

Data Protection Officer
Falcon Insurance Company (Hong Kong) Limited
36/F The Lee Gardens
33 Hysan Avenue
Causeway Bay
Hong Kong

個人資料收集聲明

收集目的

閣下所提供的資料將用作於：

- 執行閣下的指示及安排閣下要求的保險保障，
- 提供保險合約內的有關服務，包括理賠服務，
- 為閣下提供本公司或附屬公司、聯營公司的業務和產品資訊，

及與以上有關的其他業務運作。倘若閣下提供的資料錯誤或不完整，會導致本公司無法按閣下之要求提供保險保障和有關服務。

個人資料轉交

本公司對個人資料是絕對保密，惟可能提供此資料予：

- 任何向本公司提供有關業務運作服務之人仕、再承保公司、中介人及其他承約商，
- 官方監管機構及保險界組織及團體，
- 本公司的附屬公司及聯營公司。

索閱個人資料

閣下有權查閱及要求更正由富勤保險(香港)有限公司持有有關閣下的個人資料，如有此項要求，可向富勤保險(香港)有限公司索閱：

資料保護主任
富勤保險(香港)有限公司
香港銅鑼灣
希慎道33號
利園36樓



A member of
the Insurance Claims Complaints Bureau

PART I - INSURED DETAILS

甲部 - 保戶資料

- 1) Name of Insured _____ 2) Policy No. _____
保戶姓名 保單號碼
- 3) Name of Insured Person (if other than the Insured) _____
受保人姓名(如非保戶本人)
- 4) Age _____ 5) HKID card no. _____ 6) Telephone No. _____ 7) Sex Male Female
年齡 身份証號碼 電話 性別 男 女
- 8) Address _____
地址
- 9) Present Business or Occupation _____
現時職業

PART II - ACCIDENT DETAILS

乙部 - 意外資料

- 1) Date of accident _____ 2) Time _____ a.m./p.m. 3) Which part of the body is injured? _____
意外日期 時間 上午/下午 身體受傷部位?
- 4) Where did the accident occur? _____
意外在何處發生?
- 5) How did the accident occur? _____
意外如何發生?
- 6) Name and address of the Doctor attending you for the accident _____
主理醫生姓名及地址
- 7) State the period during which you have been totally disabled from attending to work From _____ to _____
請提供是次受傷引致閣下完全不能工作之日期 由 至
- 8) If you are still unable to return to work, please state the date on which you expect to do so Date _____
如閣下現時仍未能工作, 請提供預計能恢復工作日期 日期
- 9) Have you received medical treatment or advice for the same or an interrelated cause in the last three months?
閣下於過去三個月內, 有否因同一或相關意外接受治療?
 Yes - If yes, please provide the date of receiving treatment/advice and accident details _____ No
有 - 如有, 請提供意外及治療詳情 否
- 10) Are benefits available for this injury covered under any other Insurance Plan?
有否參與其他可能對是次受傷作出賠償的保險計劃?
 Yes - If yes, please provide policy copies _____ No
有 - 如有, 請提供保險單副本 否

I/We confirm that I/we have read and fully understand the Purpose of Collection of my personal data. I/We agree to the transfer of my data to the relevant parties as stated in the section of Transfer of personal Data.

本人/吾等確認已閱讀, 並清楚明白收集本人/吾等個人資料之目的。本人/吾等同意富勤保險(香港)有限公司, 將本人/吾等的個人資料, 根據“個人資料轉交”一項所列, 移交予有關人仕。

I/We hereby declare that the above statements and answers are true and correct and agree that if there are any false statements and answers, my right to compensation shall be forfeited.

茲聲明上述資料正確無誤, 本人/吾等明白假若提供虛假聲明或答案, 本人/吾等將得不到應得的賠償。

Signature of Insured
保戶簽署

Signature of Insured Person (if other than the Insured)
受保人(如非保戶本人)簽署

Date
日期

Notes for Insured/Insured Person
保戶/受保人注意事項

Further Medical Certificates are required upon request during periods of disablement.
於受傷期間，本公司有可能要求提供進一步的醫療證明書。
Insured/Insured Person may be required to submit to medical examination.
應本公司要求，保戶/受保人有可能須要接受醫療檢驗。

PART III - MEDICAL CERTIFICATE (To be completed by the attending doctor)

丙部 - 醫療證明書(由主理醫生填寫)

Any fee for completing this form is payable by the Insured/Insured Person
填寫此部之任何費用，由保戶/受保人負責

Name of patient _____
病人姓名

Age _____ HKID card no. _____ Sex Male Female
年齡 身份證號碼 性別 男 女

I certify that the above-named patient is/was disabled from attending to his/her usual occupation by reason of suffering from (IN
茲證明上述病人因下列原因引致他/她不能從事現有職業

BLOCK LETTER) _____

(以正楷填寫)

The patient is required to follow up on _____

病人須於此日期覆診

| Disablement Details 受傷詳情 | From 由 | To 至 | Prognosis (Please indicate probable duration of disablement) 預斷(請提供預計不能工作時間) |
|---|-----------|---------|--|
| Confined to house 於家中療養 | | | |
| Unable to give any attention to usual occupation 完全不能從事現有職業 | | | |
| Able to give some attention to usual occupation 能從事部份現有職業 | | | |

Any additional information:
其他資料：

I also certify that the above-named patient is not suffering from any other injury or disease.
茲證明上述病人現未有受到其他損傷或疾病感染。

Signature of Physician / Surgeon
醫生簽署

Address
地址

Name of Physician / Surgeon (in block letter)
醫生姓名(以正楷填寫)

Telephone
電話

Qualifications
學歷/專業資格

Date
日期

Ref 檔案編號：

TO WHOM IT MAY CONCERN

致有關方面

Letter of Authorization 授權信

I hereby request and authorize any physician, surgeon, clinic or hospital to release all records, notes and medical history of my treatment to **Falcon Insurance Company (Hong Kong) Limited**.

I confirm that the copy of this Authorization has the same effect as the original.

茲授權各醫生，診所或醫院，提供所有有關本人過往及近期之醫療記錄及療程予富勤保險(香港)有限公司。

本人確定授權書的副本，與正本擁有同樣效力。

Signature 簽署

Name 姓名

HKID card no./Passport no. 身份証或護照編號

Ref 檔案編號：

TO WHOM IT MAY CONCERN

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本人確定授權書的副本，與正本擁有同樣效力。

Signature 簽署

Name 姓名

HKID card no./Passport no. 身份証或護照編號



Claims Procedures - Personal Accident Insurance

1. **If the Insured Person suffers from a serious or fatal injury**, call us or your insurance agent/broker immediately. We may need to send an adjuster to investigate the accident right away.
2. Whether the injury is serious or not, complete and return the attached claim form to us or through your insurance agent/broker.
3. Whenever the followings are available, send them to us immediately:
 - Non-fatal case
 - all original sick leave certificates
 - copies of all medical reports
 - if the injury is work related, copies of Form 5 (Certificate of Compensation Assessment) and/or Form 7 (Certificate of Assessments) issued by the Labour Department.
 - Fatal case
 - copy of the deceased's ID card or passport
 - copy of the beneficiary's ID card or passport
 - copy of post mortem report
 - copy of police report, if any.
 - copy of Death Certificate issued by the relevant Authority
 - copy of statement(s) from any concerned party(ies), if any.

個人意外保險之一般索償程序

1. 倘若受保人身受重傷或遭遇死亡，請即致電本公司或閣下/貴公司的保險代理，本公司有可能委派公証行即時展開調查。
2. 無論受保人傷勢是否嚴重，閣下/貴公司仍需填妥附上的索償表格，直接或經由保險代理送回本公司。
3. 當收到下列文件後，請儘快送交本公司處理：
 - 受傷個案：
 - 所有病假紙
 - 所有病歷報告之副本
 - 如遇工傷，由勞工署簽發的表格五(補償評估證明書)及/或表格七(評估證明書)之副本
 - 死亡個案：
 - 死者的身份証或護照副本
 - 受益人的身份証或護照副本
 - 驗屍報告副本
 - 警署報告副本
 - 有關部門發出的死亡証副本
 - 有關人仕的口供副本