



EAGLE STAR

受傷索償表格  
INJURY CLAIM FORM

所有問題均須由受保人完全作答

ALL QUESTIONS MUST BE ANSWERED BY INSURED PERSON

保單號碼

Policy No. \_\_\_\_\_

1. 保戶姓名英文／中文 \_\_\_\_\_ 年齡 \_\_\_\_\_  
Name of Insured in full (English/Chinese) \_\_\_\_\_ Age \_\_\_\_\_  
地址 \_\_\_\_\_ 聯絡電話(日間) \_\_\_\_\_  
Address \_\_\_\_\_ Tel no. (Daytime) \_\_\_\_\_  
職業 \_\_\_\_\_ 身份證號碼 \_\_\_\_\_  
Occupation (describe fully) \_\_\_\_\_ Identity Card No. \_\_\_\_\_

2. 意外在何時何地發生  
When and where did the accident occur?  
(a) Date 日期 \_\_\_\_\_ (b) Time 時間 \_\_\_\_\_  
(c) Place 地點 \_\_\_\_\_

3. 請詳述意外如何發生  
How did the accident occur? (Please state fully) \_\_\_\_\_  
\_\_\_\_\_

受傷部位 Part of body injured	受傷性質 Nature of injury
手 hand	扭傷 sprain
腳 leg	折骨 fracture
頭 head	撞傷 contusion
眼 eye	割傷 laceration
其他 others _____ (請說明 please specify)	其他 others _____ (請說明 please specify)

5. 病假完畢後會否繼續應診? \_\_\_\_\_ 會／否  
After the sick leaves, do you need to attend follow up treatment/consultation: Yes/No  
若然，何時 \_\_\_\_\_  
If yes, when \_\_\_\_\_

6. 估計何時完全康復，並可繼續工作?  
When do you anticipate being able to recover completely and resume your duties or attend to your business? \_\_\_\_\_

7. 意外後首位診症醫生之姓名及地址  
Give name and address of the Doctor who attended you immediately after the accident \_\_\_\_\_

8. 對是次意外有否向其他保單索償(包括勞工，醫療及團體／公司醫療保險)?如有，請述保險公司名稱  
Are you claiming under any other Policy or Policies (including employees compensation, medical and group/employers medical scheme) in respect of this Accident? If so, state name of Insurance Company or Companies

**聲明:**

本人特此聲明本人以上所述之受傷事件是表面可見並因劇烈意外引起。而本人現依以上保單索償。本人在此重申以上所述事實之真確及本人對有關此項要求賠償事件並無對保險公司作重要資料之保留。

**DECLARATION:**

I hereby declare that I have sustained the injuries described above by violent, accidental, external and visible means, and I claim compensation under the above policy in respect thereof. I hereby warrant that the above statements and facts are true, and that I have not withheld from the Company any material information connected with this claim.

日期  
Date \_\_\_\_\_

保單持有人簽署  
Policyholder Signature \_\_\_\_\_

**EAGLE STAR INSURANCE COMPANY LIMITED**  
(INCORPORATED IN THE ENGLAND & WALES WITH LIMITED LIABILITY)  
LEVELS 15-17 CITYPLAZA 3 14 TAIKOO WAN ROAD HONG KONG  
TELEPHONE 2903 9388 FAX 2967 9161 WEB SITE <http://www.eaglestar.com.hk>

## CLAIM DOCUMENTATION

Please complete and return this Claim Form together with the following document (original copy), if appropriate, for our handling:

### 1. DEATH BENEFIT

- Death Certificate
- Presumed death proclaimed by Court (Disappearance case)

### 2. PERMANENT DISABLEMENT BENEFIT

- Certificate issued by Registered Medical Practitioner certifying the severity of injury and percentage of disablement

### 3. MEDICAL EXPENSES

- Doctors' Receipt with Diagnosis, name of patient, date of treatment and consultation fees etc.
- Hospital Bill with itemized list
- Sick-leaves Certificates issued by Registered Medical Practitioner

### 4. INCOME BENEFIT\*

- Sick-leaves Certificates issued by Registered Medical Practitioner
- Income proof i.e. Pay-slip, Bank statement, IR Tax Return or Employment letter/contract etc.
- In case of self-employed, proof of in-patient treatment

### 5. CLAIMS SERVICE GUARANTEE

- Upon receipt of full claim document, settlement will be made **within 7 working days**

*Remark\** You may submit your claim at any time before the insured is fully recovered from the injury in case the Income Benefit claim exceeds two weeks

## 索償文件

請填妥賠償申報表並提交以下所需證明文件(正本)寄回本公司以便處理閣下之賠償

### 意外死亡：

- 死亡證
- 法庭假定死亡證(失蹤事件)

### 永久傷殘：

- 註冊醫生發出之有關傷殘程度證明

### 醫療費用：

- 註冊醫生／跌打或針灸師診斷證明，包括投保人姓名、症狀、診治日期及診金
- 詳列各項費用之醫院賬單
- 註冊醫生發出之病假證明

### 入息保障：

- 註冊醫生發出之病假證明
- 糧單、稅單、銀行存款單或僱主所發之僱用狀
- 凡自僱投保人士，須提交住院期間證明

### 賠償承諾：

- 一切有關文件齊備，保證 7 個工作天辦妥賠償

**註：**索償入息保障超過兩星期者，毋須等候受保人完全康復及出院後才申請賠償

## 鷹星保險有限公司

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