

Domestic Helper Claim Form 家傭賠償申請表

Please submit this Claim Form with all necessary original supporting documents within 30 days after occurrence of incident.
索償申請表連同所有相關證明文件之正本必須於意外發生後 30 天內 遞交。

Personal Details 個人資料	
Policy no. 保單號碼 _____	Name of Insured 保戶姓名 _____
Tel. no. 電話號碼 _____	E-mail address 電郵地址 _____
Address 地址 _____	
Name of helper 家傭姓名 _____	HKID card no. / Passport no. 身份證號碼 / 護照號碼 _____
Are there any other policies covering the helper? 家傭是否擁有其他保險? NO 否 <input type="checkbox"/> YES 是 <input type="checkbox"/>	
If 'YES', please give details of the following 若「是」, 請詳述如下	
Name of insurance company 保險公司名稱 _____	
Policy no. 保單號碼 _____	Amount recoverable 可領回金額 _____

The accident / sickness 意外 / 疾病			
Date of accident / sickness 意外或疾病日期 _____			
Description of accident / sickness 意外或疾病詳情 _____			
Name of hospital 醫院名稱 _____			
Date of admission 入院日期 _____	Date of discharge 出院日期 _____		
Has the helper ever suffered from this or similar condition or is it a recurrence of a previous injury or illness? 家傭曾否患上類似之疾病, 或舊傷 / 病復發? NO 否 <input type="checkbox"/> YES 是 <input type="checkbox"/> If 'YES', please give details. 若「是」, 請詳述。			
Attending doctor's name 診治醫生姓名	Address 地址	Date 日期	Disease / Injury 疾病 / 損傷

Statement of claim 索償報表			
Types of benefit 類別	Per day (HK\$) 每日	Total (HK\$) 總額	OFFICE USE ONLY 由保險公司填寫
Clinical Expenses 門診費用			
Bonesetter / Physiotherapist Expenses 跌打 / 物理治療費用 (First treatment was received from registered medical practitioner 首次治療由註冊西醫提供)			
Room, Board & Miscellaneous Hospital Charges 房租及醫院雜項			
Surgical Fee 手術費			
Anesthetist's Fee 麻醉師費			

Operating Theatre Fee 手術室費			
Others 其他 (please specify 請註明)			
Notes			
1. By furnishing this form the Company makes no admission of liability. 呈上此表格非視為本公司承認有關責任。			
2. Claims will not be processed unless declaration and authorization are signed by the claimant. 本公司只接受已簽署聲明及授權書的索償申請表。			

Declaration and Authorization 聲明及授權書

1. I/We declare that the above information is in all respect true and complete to the best of my/our knowledge and belief;
本人 / 我們就此作出聲明，就本人 / 我們等所深知及確信，上述資料均屬真確無訛。
2. It is agreed that upon request by CMB Wing Lung Insurance Company Limited, I/we shall make a statutory declaration to re-affirm the genuineness of all information contained in this claim form; and
若招商永隆保險有限公司提出有關要求，本人 / 我們將同意作出重申本索償申請表內資料均屬真確的法定聲明；及
3. I, the undersigned Insured/domestic helper, hereby authorize the parties concerned to disclose to CMB Wing Lung Insurance Company Limited or its representative or its authorized loss adjusters any and all information with respect to my medical history regarding illness or injuries, my claimed loss/damage under the above Section(s) and my full claim history with other insurance companies.
本人（下述簽署的保戶 / 家傭）現授權有關人士向招商永隆保險有限公司或其代表或其授權的公證行提供任何一切有關本人於上述索償項目中申報本人患病、受傷和財物損失 / 損毀的資料記錄及本人於其他保險公司的所有索償紀錄。
4. I/We believe that the facts stated in this claim form are true and correct. I/We acknowledge that the Insurers will rely upon the information supplied by me/the policyholder/the Insured, which I/we verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory/the policyholder/the Insured under the Policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.
本人 / 我們確認此索償申請書內之事實均為真實及正確。本人 / 我們確認貴保險公司會依靠本人 / 保單持有人 / 受保人所提供的資料（本人 / 我們誠實地相信該等資料是真實和正確），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人 / 保單持有人 / 受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。
5. I/We confirm that I/we have read and understood the CMB Wing Lung Insurance Company Limited *Notice to Customers relating to the Personal Data (Privacy) Ordinance* attached in this Claim Form.
本人 / 我們確認已閱讀並清楚明白附於本意外報告書內之招商永隆保險有限公司《關於個人資料（私隱）條例致客戶的通知》。

Signature of Insured 保戶簽署

Signature of domestic helper 家傭簽署

Date 日期