QBE HONGKONG & SHANGHAI INSURANCE LIMITED
A member of the worldwide QBE Insurance Group
17/F, Warwick House, West Wing, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong
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Unit 8E Golden Sun Centre 223 Wing Lok St Sheung Wan HK
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MALPRACTICE LIABILITY CLAIM FORM 醫療失誤責任索償申請表

A. NOTES 注意事項

1. Please read the claim form fully prior to answering the questions.
   請在回答問題前，先詳閱此索償申請表。
2. The claim form shall be completed and signed by a partner, director or principal of the insured.
   此索償申請表必須由保戶之合夥人、董事或委託人填妥並簽署。
3. All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documents should be attached.
   所有問題必須盡量回答。如有需要，可附上額外紙張，並請附上相關文件之副本。
4. If you have any questions in relation to completion of the claim form, please contact your insurance advisor or broker.
   若閣下對填寫此索償申請表有任何疑問，請與閣下的保險顧問或經紀聯絡。
5. Please send the completed claim form, as soon as possible, to your insurance advisor or broker or to:
   請盡快將填妥之索償申請表寄予閣下之保險顧問、經紀，或：

   Claims Manager, Professional Liability Division
   QBE Hongkong & Shanghai Insurance Ltd.
   17/F, Warwick House, West Wing, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong
   理賠經理，專業責任部
   昆士蘭聯保保險有限公司
   香港鰂魚涌英皇道979號太古坊和域大廈西翼17樓

B. PARTICULARS OF THE INSURED ESTABLISHMENT / PRACTICE 受保機構 / 事務所資料

Full name of the insured 保戶全名：	
Address of the insured 保戶地址：	
Contact person 聯絡人：	Policy no. / certificate no. (if known) 保單 / 保險證書號碼（若知道）：
Tel. no. 電話號碼：	Fax. no. 傳真號碼：

C. PARTICULARS OF THE CLAIMANT 索償人資料

Full name of the claimant or potential claimant (i.e. the party making the claim upon the insured) 索償人或可能提出索償的人士（即向保戶索償的人士）全名：		
Address of the claimant 索償人之地址：		
Occupation 職業：	Date of birth 出生日期： / /	Gender ☐ Male 男 ☐ Female女 性別：
Marital status 婚姻狀況：	No. of dependents 受養人數目：	Age at incident date 事件發生時之年齡：

D. DETAILS OF THE MEDICAL SERVICES PROVIDED 所提供醫療服務之詳情

What type of medical services were you providing to the claimant?
保戶向索償人提供甚麼醫療服務？

Was your agreement to provide services evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars.
保戶協議提供之服務有否以書面記錄？如有，請附上副本。否則，請提供有關詳情。

When did you perform the services out of which the claim arises or may arise?
保戶何時提供引致或可能引致索償的服務？

Please provide the name of the person within your establishment / practice who actually performed the services out of which the claim arises or may arise.
請提供貴機構 / 事務所內實際執行引致此索償或可能引致索償之服務的有關人士姓名。

E. DETAILS OF CLAIM OR CIRCUMSTANCE 索償或事件之詳情

What is the precise nature of the claim or the fact or circumstance that might give rise to a claim?
請詳述是次索償或可能引致索償之事實或事件的確切性質。

When did you first become aware of the claim or of such fact or circumstance? 閣下於何時首次獲悉此索償或此事實或事件？	Date 日期： / /
When was the claim or the intimation of a claim first made against you? 閣下於何時首次接到索償要求或通知？	Date 日期： / /

Was the first intimation of a claim verbal or in writing? (If in writing, please attach a copy)
首次索償通知是以口頭形式還是書面形式發出？（若以書面通知，請附上副本）

If verbal, please give "first person" account of the coversation.
若以口頭通知，請以第一身敘述談話內容。

What amount, if any, is claimed?
索償金額（如有）為多少？

F. DETAILS OF THE INSURED COMPANY'S RESPONSE 保戶意見詳情

What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?
保戶對於是次索償或可能引致索償之事實或事件有何意見？

What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the claimant?
保戶對於索償金額範圍有何意見？同時，保戶估計須對索償人在金錢上負起的責任為多少金額（如有）？

Are there any additional details about which you wish to advise, or which may be of interest to QBE Hongkong & Shanghai Insurance Ltd., so that QBE Hongkong & Shanghai Insurance Ltd. will have a better understanding of this matter? If so, please provide details along with supporting documents.
保戶是否有其他資料或可讓昆士蘭聯保保險有限公司更了解此事件的其他資料？若有，請提供細節及附上有關證明文件。

G. DECLARATION & AUTHORIZATION 聲明及授權

Please read the explanatory notes to this form before signing.
請在簽署前，參閱隨此表格附上的註釋。

I / We hereby declare that:
本人 / 我等就此聲明:

1. The information provided by me / us in this form is true and correct in every aspect.
   本人 / 我等在此表格提供的資料全是真實正確無訛。
2. I / We have not withheld from QBE Hongkong & Shanghai Insurance Ltd. any information within my / our knowledge connected with the accident / incident.
   本人 / 我等就本人 / 我等所知，並未有向昆士蘭聯保保險有限公司隱瞞 / 保留任何有關意外 / 事件資料。
3. I / We understand the information herein provided by me / us is provided on the basis that the same may be used to draw up pleadings on my / our behalf in the event that court proceedings are resulted from the accident / incident concerned. Any false or incorrect information provided by me / us in this form may prejudice the conduct of such proceedings and also my / our entitlement to be indemnified under the Policy.
   本人 / 我等明白本人 / 我等提供有關意外 / 事件的資料，有可能用作草擬訴狀。在此表格提供的資料如有所失實，將可能影響此等訴訟案件及損害本人 / 我等就保險單索償的權利。
4. I / We understand where a Statement of Truth is signed on my / our behalf based on false or incorrect information provided by me / us may subject me / us to being found in contempt of court and I / we will be subject to punishment by the Court.
   本人 / 我等明白「屬實申述」是代表本人 / 我等簽署如基於本人 / 我等提供非真實或不正確的資料，本人 / 我等明白本人 / 我等將可能被視作為蔑視法庭及遭受法庭的懲處。
5. I / We understand and agree that QBE Hongkong & Shanghai Insurance Ltd., by requesting me / us to submit and complete this form, and by requesting me / us to make the declaration and give the authorization herein, does not constitute a waiver of its rights entitled under the terms and conditions under the Policy and the law in general.
   本人 / 我等明白並同意昆士蘭聯保保險有限公司，在要求本人 / 我等完成及提交此表格，及在要求本人 / 我等聲明及授權，是不會構成其放棄保險單內條款和條件及一般法例權益。

AUTHORIZATION 授權

By submitting this form, I / we authorize the insurance company and its legal representative to sign on my / our behalf, in any related court proceedings, a statement of truth relating to the facts provided by me / us.
在提交此表格，本人 / 我等授權保險公司及其法律代表，代表本人 / 我等簽署一份，就有關法庭訴訟，根據本人 / 我等提供的事實而立的「屬實申述」。

Signature
簽署：

(Please sign with company chop, if incorporated 如屬法團請蓋章)

Date
日期： / /

H. EXPLANATORY NOTES 註釋

STATEMENT OF TRUTH 屬實申述

- As from 2, April 2009, Rules of the High Court and Rules of the District Court require the contents of pleadings be verified by a "Statement of Truth" signed by, or on behalf of a party to the court proceedings.
  由2009年4月2日起，高等法院及區域法院條例要求所有訴訟狀（包括答辯書）須由訴訟人或其代表簽署「屬實申述」確實其陳述。
- The Statement of Truth takes the form of a declaration of belief that the facts stated in the relevant pleadings are true. The standard wordings read:
  「屬實申述」以相信的事實形式聲明在有關的訴訟狀內陳述的事件均為真確，其標準字句為：
  "I believe that the facts stated in this (name of the document) are true".
  "本人相信在（文件名稱）內的陳述皆為事實正確無訛。"
- A person who verifies a pleading without honest belief in the truth of the facts pleaded is liable to proceedings for contempt of court and may be punished.
  任何人士在未能誠實相信事實情況下對訴訟狀（包括答辯書）的內容作出屬實聲明，須視作蔑視法庭及被懲罰。
- The Statement of Truth may be signed by a party himself, his legal representatives if authorised, or where an insurance company which has a financial interest in the result of the proceeding brought by or against its insured, may sign in its name.
  「屬實申述」可由訴訟人，或其授權的律師代表，或為其提供保險的保險公司，如該公司當就訴訟結果在財務上負責，均可代表訴訟人簽署。

IMPORTANT 重要事項

In each case, the Statement of Truth is signed on behalf of the party. It remains a statement made by the party, and he remains liable for the consequences. In other words, if you provide false or incorrect information to the Company, and the Company or its legal representative, or legal representative instructed to represent you in the proceedings, sign a statement of truth based on the false or incorrect information you provided, you may be liable to contempt. It is therefore important that you make sure you only provide information which, to your best knowledge and belief, is true and correct.
在每件訴訟案，「屬實申述」是代表訴訟人簽署，該「屬實申述」仍繼續是訴訟人的聲明。所以，訴訟人仍須負責其後果。換言之，如閣下提供非真實或不正確的資料給保險公司或其代表律師或閣下獨自顧用的律師代表閣下，而他們基於閣下所提供的非真實或不正確的資料代閣下簽署該「屬實申述」，閣下須負責有關蔑視懲罰。因此，閣下須查明所提供之資料是閣下所知及相信確為真實及正確無訛。

注意：中文譯本內容如與英文本有所不同時，以英文本為準。

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; any claim or investigation or analysis of such claim; and exercising any right of subrogation, and may be transferred to 1) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; 2) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation, and 3) any members of the Federation by the Federation for any of the above or related purposes.Moreover, we are hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Requests for such access can be made in writing to the Personal Data Privacy Officer, QBE Hongkong & Shanghai Insurance Limited, 17/F, Warwick House, West Wing, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 8488, Fax: 3607 0300)

閣下提供的資料，為本公司提供保險業務所需，並可能使用於：任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消、或續期；或任何索償，或該等索償的調查或分析；或行使任何代位權之用。以上資料，及可能移轉予：1）任何有關的公司，或任何其他從事與保險或再保險業務有關的公司、或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；2）現存或不時成立的任何保險公司協會或聯會或類同組織（聯會），以達到任何上述或有關目的，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能，及3）或透過聯會移轉予任何聯會的會員，以達到任何上述或有關目的。此外，本公司亦據此獲授權由聯會從保險業內收集的資料中查閱及/或核對閣下任何資料。閣下有權查閱及要求更正由本公司持有有關閣下的個人資料。如有需要查閱，可用書面寄香港鰂魚涌英皇道979號太古坊和域大廈西翼17樓（電話：2877 8488，圖文傳真：3607 0300）向本公司個人資料私隱主任提出。

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