



Blue Cross (Asia-Pacific) Insurance Limited 藍十字(亞太)保險有限公司

Customer Service Hotline 客戶服務熱線:3608 2988 Fax 傳真:3608 2989 E-mail 電郵:cs@bluecross.com.hk

Domestic Helper Insurance Claims Procedures

All claims must be reported to Claims Department of Blue Cross (Asia-Pacific) Insurance Limited ("The Company) within **30 days** after the incident. For claim of "Personal Liability" under the Policy, please **immediately** complete the Domestic Helper Insurance Claim Form and return to: 29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong

To make a claim:

Please fill in all details and return the Domestic Helper Insurance Claim Form and provide relevant claims documents as specified below to avoid delay in claim process.

| | Claim Items | Claims Procedures & Required Document(s) |
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| 2 | Outpatient (including bone-setting | ✓ Claim form is not required for the claim of this item |
| _ | treatment/ physiotherapy/ chiropractic | ✓ Original medical expenses receipt stating the injury and/or diagnosis. |
| | treatment) or Dental Benefit | If laboratory and/or x-ray expenses incurred, physician's or dentist's referral letter is required (if applicable) |
| | | ✓ The following information should contain on the reverse side of the medical expenses receipt : |
| | | - Policy number |



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| | | - Policyholder's name and contact number |
|---|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 | Hospital and Surgical and Loss of Services Cash Allowance | ✓ Original hospital invoice and/or medical expenses receipt ✓ Full physician's report stating the diagnosis of the condition treated, the date of sickness and/or injury commenced, and the date, time, duration and place of such hospitalisation ✓ Summary of the course of treatment including prescribed medicines and services rendered |
| 4 | Replacement Helper Expenses | ✓ Physician's report and laboratory report ✓ Copy of death certificate (if applicable) ✓ Letter of termination of employment contract ✓ Employment contract of the new helper ✓ Original receipt for relevant expenses |
| 5 | Repatriation Expenses | ✓ Physician's report certifying the domestic helper is medically unfit to work ✓ Copy of death certificate (if applicable) ✓ Original receipt for repatriation costs |
| 6 | Personal Accident | ✓ Hospital and/or physician's report giving details on the nature and the extent of the injury and the period of disability ✓ If death as a result of an accident, a copy of the death certificate and the relevant coroner's report are required ✓ Original police report and/or copy of statement to police (if applicable) |
| 7 | Fidelity Protection | ✓ Report any act of fraud or dishonesty to police within 24 hours upon discovery ✓ Original purchase receipt/valuation for the lost property ✓ Original police report and/or copy of statement to police ✓ Relevant documentary proof on the prosecution and conviction from the police Important Note: Authorisation letter may be required to facilitate us to obtain documentary proof from the police |
| 8 | Personal Liability | ✓ Letter of claim from third parties ✓ Original police report and/or copy of statement to police (if any) ✓ Photo relevant to the claim (if applicable) Important Note: No admission of liability, offer, settlement, promise of payment or payment should be made or agreed without The Company's prior knowledge and written consent |

This material is for reference only. We may reasonably further request you to provide supplementary information or evidence. For details of the Claims Conditions, please refer to the terms and conditions of the relevant insurance policy.



Unit 8E Golden Sun Centre 223 Wing Lok St Sheung Wan HK Tel. (852) 2530 2530 Fax (852) 2530 2535 Email: crew@navigator-insurance.com www.navigator-insurance.com