Blue Cross 藍十字
Member of BEA Group 東亞銀行集團成員

NAVIGATOR
Insurance Brokers Ltd.
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

29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road,
Kwun Tong, Kowloon, Hong Kong
香港九龍觀塘道418號創紀之城 5 期東亞銀行中心29樓
Tel 電話: 3608 2888 Fax傳真: 3608 2938
www.bluecross.com.hk

PERSONAL ACCIDENT CLAIM FORM 人身意外保險賠償申請表

Please complete this form in full and return together with all supporting documents to: **Blue Cross (Asia-Pacific) Insurance Limited.**
請填妥此申請表，連同有關文件盡速交回「藍十字（亞太）保險有限公司」。

Claimant's Particulars 申請賠償者資料

Name of Insured 投保人姓名	Policy No. 保單號碼	Claim No. (Office Use) 賠償號碼（本公司填寫）

Name of the Claimant
申請賠償者姓名

Sex 性別	Age 年齡	I.D. Card No. 身分證號碼

Residential address
住址

Name of Employer 僱主名稱	Address of Employer 僱主地址
Telephone No. (Office) 電話號碼（公司）	(Home) （住宅）

Present Occupation (if more than one, state all)
現時職業（如多於一項，請詳細列明）

Main nature of occupational duties at time of accident
發生意外時的主要職業及職責

Circumstances of Injury 受傷情形

Place of Accident 發生意外地點	Date 日期	Time 時間

Nature of Accident (state in details, how it happen)
意外原因（詳列細節，怎樣發生）

Name(s) of Doctor (s) who treated you for the injury 受傷時，替你診治的醫生姓名	Address(es) of Doctor (s) 醫生地址

Date Consulted
醫治日期

Details of hospitalization 住院詳情 (please attach discharge note 請附收據)

Name of Hospital 醫院名稱	Period of Hospitalization 住院日期

Date on which you last worked prior to disability
不能工作前之最後工作日期

Date on which you returned to work
恢復工作之日期

Date on which you expect to return to work if you have not aleardy done so?
如現時仍不能工作，估計可於何日恢復工作?

If after you return to work you were not immediately able to perform all your duties, please indicate:
如已恢復工作，但工作能力未能完全恢復，請列明:

Are you insured with any other insurance company for accident benefits? If so, please give full particulars.
你是否於其他保險公司購有意外保險？如有，請列明：

☐ Yes 是 ☐ No 否

Details of claim and the amount you wish to claim under the Policy
請列明您欲依據此保險單索償的項目

_____

_____

_____

_____

_____

Total Amount Claimed:
索償總數

HK$

Notes 注意

1. By furnishing this form the Company makes no admission of liability nor guarantees payment of the claim.
   呈上此表格非視爲本公司承認有關責任或保證賠償。
2. All original itemized bills must be submitted together with this form in order to avoid delay.
   呈上填妥之表格及附上醫療單據正本。

Authorization / Declaration 授權/ 聲明

I / We hereby authorize the Police Station concerned to release my statement to Blue Cross (Asia-Pacific) Insurance Limited ("the Company"). A photostat copy of this authorization shall be considered as effective and valid as the original.
本人/我們授權警方向藍十字(亞太) 保險有限公司(「貴公司」)提供本人之口供記錄。此授權書之副本具有正本之同等效力。

I / We hereby declare to the best of my/our knowledge and belief that the above statements and particulars are true and correct and I/We have no other insurance policy indemnifying me/us in respect of this accident. I / We hereby further agree that if I/we have made or shall make any false statement or concealment, the Policy shall be void and all rights of recovery under the Policy shall be forfeited.
本人/我們在此聲明以上一切資料均屬真實，及在此次意外中，本人/我等並無得到其他保險賠償。
本人/我們亦同意，如以上或將來提供之資料有虛假成分或有隱瞞，此保險單將被作癈，而一切索償權利亦將喪失。

I / We confirm having read and understand the Company's Personal Information Collection Statement as accompanied with this form.
本人/我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。

Date 曰期	Signature of Claimant 申請賠償者簽署

Notes 注意

Employer's Confirmation of Sick Leave and Certificate of Medical Attendant have to be filled in only if you are claiming for Permanent Total or Temporary Total Disablement Benefit.
如非申請永久或暫時完全喪失工作能力賠償，毋須填寫僱主認可休假證明書及醫生證明書。

Employer's Confirmation of Sick Leave 僱主認可休假證明書

To be completed by claimant's employer
由申請賠償者的僱主填寫

This is to certify that the claimant _____ who is our employee serving the postition currently as _____

_____ had suffered an injury of _____ occurred on _____

and as a result of the said injury he/she did not attend to work for a total of _____ days during the period from _____ to _____.

We further confirm that his/her basic salary at the time of accident was HK$ _____

(excluding bonus, commission, overtime and other allowance)

茲證明_____（申請賠償者姓名），爲本公司_____（職位）

因發生於_____之意外而致_____受傷

由_____至_____休假供_____天。

本人/公司證明該申請賠償者，每月的基本薪金（不包括花紅、佣金、超時補薪及其他津貼）爲港幣_____元。

Date 日期	Signed by Employer 僱主簽署 Company Chop 公司蓋章
Date 日期	Signature of Claimant (Signed to confirm the above statements are ture and correct) 申請賠償者簽署（證明以上資料眞實無誤）

A. State your Basic Salary: (excluding bonus, commission, overtime and other allowances)
請列明你的基本薪金（不包括花紅、佣金、超時補薪及其他津貼）

HK$

Or B. If you are self-employed: State gross income for previous 12 months: (after deduction of all operating expenses of your business)
或 如果你是自僱者：請列明最近12個月的總收入（扣除所有營業支出後計）

HK$

Certificate of Medical Attendant 醫生證明書

No claim can be admitted unless medical certificate from a duly qualified and registered medical practitioner on the form below be furnished at the expenses of the insured.
醫生證明書必須由政府註冊及批准執業之醫師證明簽字否則無效，此項費用由保戶負責。

Patient's Name	Age	Identity Card No.	Date of Accident

1. Describe and locate cause, character and extent of injury

2. Is there any **external** and **visible** evidence of injury at the **1st consultation**

3. **Present** condition of the injury

4. Treatment administrated (as number of stitches, dressing, etc.)

Date	Time (am/pm)	Treatment

5. Names and Addresses of other Physicians who treated the insured for the same injury

Names	Addresses	Approximate Dates

6. Where did you see him after the accident?

7. Did injury require (if yes, please give details)

(a) hospitalizaton?	☐ No	☐ Yes	Date admitted	Date discharged
(b) X-rays?	☐ No	☐ Yes		
(c) Special diagnostic procedures?	☐ No	☐ Yes	Please specify:	
(d) Surgery?	☐ No	☐ Yes	Please specify:	

8. (a) Was healing complicated? ☐ No ☐ Yes

   (b) If so, state what special treatment was given?

9. Bearing in mind the patient's occupation, do you feel that the injuries would have prevented him/her from working? ☐ No ☐ Yes

10. If answer to the above is "Yes" and an absence from work of more than three days was necessary, please describe in detail the reasons why you feel the patient could not return to work earlier.

11. Given details of any circumstances, such as intoxication, physical defects or medical history which may have contributed to the accident and/or lengthen the period of disability.

12. Give date of first and last consultation or treatment.

First Date	Last Date

13. In your opinion how long was he/she disabled from performing any kind of duty pertaining to his/her occupation.

Total disablement days from to

14. In your opinion how long was he/she disable from performing one or more important daily duties performing to his/her occupation ?

Partial disablement days from to

I hereby certify that I have examined and treated the patient for the above injuries and that the facts as given above present my opinion of his/her condition.

Signed	Name of Physician & Chop	Date

Qualification	Address	Tel. No.

For identity purpose, the Claimant must sign his/her name in the presence of the Physician.	Signature of Claimant 申請賠償者姓名及簽署

Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

個人資料（私隱）條例 - 收集個人資料聲明（「本聲明」）

藍十字（亞太）保險有限公司（「本公司」）乃東亞銀行有限公司的全資附屬公司。在本聲明內，東亞銀行有限公司連同其附屬公司及聯營公司將統稱為「東亞銀行集團」。

為依從個人資料（私隱）條例（「條例」），本公司特此通知閣下以下事項：

(1) 在申請及接受保險產品及服務時，及當本公司提供與保險產品及服務相關之其他服務時，閣下有需要不時向本公司提供個人資料。若閣下未能提供該等資料，可能會令本公司無法處理閣下的保險申請或向閣下提供或繼續提供保險產品及服務及／或其他相關服務。本公司亦可能會在日常業務運作的過程中向閣下收集資料，例如當閣下向本公司提出保險索償或當在一般情況下以口頭或書面形式與本公司溝通。

(2) 個人資料收集目的

閣下的個人資料可能會用作下列用途：

(i) 處理保險產品及服務的申請；

(ii) 為閣下提供保險產品及服務及處理閣下就本公司的保險產品及服務提出的要求，包括但不限於要求增加、更改或刪除保障項目或受保成員，訂立直接付款安排及保單取消、更新或復效申請；

(iii) 處理、判定保險索償及就索償抗辯，包括進行任何附帶調查；

(iv) 執行與所提供的保險產品及服務相關的功能及活動，如核實身份、資料核對及再保險之安排；

(v) 行使本公司因不時向閣下提供保險產品及服務而享有的權利，例如向閣下追討欠款；

(vi) 設計保險產品及服務以提升本公司的服務質素；

(vii) 製作數據及進行研究；

(viii) 營銷服務、產品及其他標的（詳情請參閱本聲明第(4)段）；

(ix) 履行根據下列對本公司及／或東亞銀行集團具有約束力或適用或期望其遵守的就披露及使用資料的義務、規定及／或安排：

(a) 不論於香港特別行政區（「香港」）境內或境外及不論目前或將來存在的對其具法律約束力或適用的任何法律；

(b) 不論於香港境內或境外及不論目前或將來存在的任何法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出的任何指引或指導；或

(c) 本公司或東亞銀行集團因其位於或跟相關本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的司法管轄區有關的金融、商業、業務或其他利益或活動，而向該等本地或外地的法律、監管、政府、稅務、執法或其他機關，或有關的自律監管或行業組織或協會承擔或被彼等施加的任何目前或將來的合約或其他承諾；

(x) 遵守東亞銀行集團為符合制裁或預防或偵測清洗黑錢、恐怖分子融資活動或其他非法活動的任何方案就於本銀行集團內共用資料及資訊及／或資料及資訊的任何其他使用而指定的任何義務、要求、政策、程序、措施或安排；

(xi) 允許本公司的權益或業務的實際或建議承讓人、受讓人、參與人或附屬參與人，就擬涉及的轉讓、出讓、參與或附屬參與的交易進行評估；及

(xii) 與上述有關的其他用途。

(3) 個人資料的轉移

存於本公司的個人資料將會保密，但本公司可能會向以下各方透露該等資料作本聲明第(2)段所列出的用途：

(i) 任何代理人、承包人或就本公司之業務運作，包括行政、電訊、電腦、付款、資料處理、儲存、調查和收數服務，或就與保險產品及服務相關之其他服務，向本公司提供服務的第三方服務供應者（如公證行、理賠調查員、收數公司、資料處理公司及專業顧問）；

(ii) 任何對本公司或東亞銀行集團負有保密責任的其他人士，包括承諾保密該等資料的東亞銀行集團任何成員公司；

(iii) 與本公司有或將有商業往來的再保險公司；

(iv) 本公司或東亞銀行集團為遵守任何法律規定，或根據法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出對本公司或東亞銀行集團具有約束力或適用或期望其遵守的規則、規例、實務守則、指引或指導，或根據本公司或東亞銀行集團向本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的任何合約或其他承諾（以上不論於香港境內或境外及不論目前或將來存在的），而有義務或以其他方式被要求向其作出披露的任何人士或機構；

(v) 本公司的權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人；

(vi) 第三方獎賞、客戶或會員、品牌合作及優惠計劃供應商；

(vii) 本公司及／或東亞銀行集團任何成員公司的品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）；及

(viii) 本公司為就本聲明第(2)(viii)段所列明的用途而聘用的外判服務供應商（包括但不限於郵寄公司、電訊公司、電話銷售和直接促銷代理、電話服務中心、數據處理公司和資訊科技公司）。

該等資料可能被轉移至香港境外。

(4) 在直接促銷中使用個人資料

本公司可能把閣下的個人資料用於直接促銷，除非本公司已取得閣下的同意（包括表示不反對），否則本公司並不可以如此使用閣下的個人資料，但條例所指明的豁免情況除外。就此，請注意：

(i) 本公司可能把本公司不時持有閣下的姓名、聯絡資料、產品及服務組合資料、交易模式及行是台式、財務背景及人口統計數據用於直接促銷；

(ii) 本公司可能就下列服務、產品及促銷標的進行促銷：

(a) 保險、財務、銀行及相關服務及產品；

(b) 獎賞、客戶或會員或優惠計劃及相關服務及產品；及

(c) 本公司及／或東亞銀行集團任何成員公司的品牌合作夥伴提供之服務及產品（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）；

(iii) 上述服務、產品及促銷標的可能由本公司及／或下列各方提供：

(a) 東亞銀行集團任何成員公司；

(b) 第三方獎賞、客戶或會員、品牌合作或優惠計劃供應商；及／或

(c) 本公司及／或東亞銀行集團任何成員公司之品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）。

如閣下不希望本公司使用閣下的資料作上述直接促銷用途，閣下可通知本公司行使閣下的選擇權拒絕促銷。閣下可根據本聲明第(5)段所提供的聯絡方法以書面向本公司的個人資料保障主任提出有關要求，或於有關的申請表格內向本公司表達閣下拒絕促銷的意願（如適用）。

(5) 查閱及改正資料權利

根據條例規定，閣下有權查詢本公司是否持有閣下的個人資料及要求索取該等資料的複本（查閱資料要求），並要求本公司就不準確的資料作出改正。閣下如欲行使有關權利，請以書面經以下聯絡方法向本公司的個人資料保障主任提出：

香港九龍觀塘道418號創紀之城5期東亞銀行中心29樓
藍十字（亞太）保險有限公司
個人資料保障主任
傳真：(852) 3608 2938

根據條例，本公司有權就辦理任何查閱資料要求收取合理費用。

(6) 閣下亦有權根據本聲明第(5)段所提供的聯絡方法向本公司的個人資料保障主任索取本公司有關個人資料私隱的政策及實務，並獲告知本公司持有的個人資料的種類。

(7) 本公司只會根據上述任何用途上的合理需要或適用法例或規例規定的期間保存閣下的個人資料。

(8) 如閣下對本聲明有任何疑問，請致電本公司的客戶服務熱線 3608 2988。

(9) 本聲明不會限制客戶在條例下所享有的權利。

(10) 本公司保留修改本聲明的權利。

2013年4月

由東亞銀行集團成員-藍十字（亞太）保險有限公司發出

Blue Cross 藍十字
Member of BEA Group 東亞銀行集團成員

NAVIGATOR
Insurance Brokers Ltd.
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

The Personal Data (Privacy) Ordinance - Personal Information Collection Statement (the "Statement")

Blue Cross (Asia-Pacific) Insurance Limited (the "Company") is a wholly owned subsidiary of The Bank of East Asia, Limited. The Bank of East Asia, Limited together with its subsidiaries and affiliates are collectively referred to in this Statement as the "BEA Group".

In compliance with the Personal Data (Privacy) Ordinance (the "Ordinance"), the Company would like to inform you of the following:

(1) From time to time, it is necessary for you to supply the Company with personal data in connection with the application for and provision of insurance products and services as well as the carrying out by the Company of other services relating to these insurance products and services. Failure to supply such data may result in the Company being unable to process your insurance applications or to provide or continue to provide the insurance products and services and/or the related services to you. Data may also be collected by the Company from you in the ordinary course of the Company's business, for example, when you lodge insurance claims with the Company or generally communicate verbally or in writing with the Company, by means of documentation or telephone recording system, as the case may be.

(2) PURPOSES FOR COLLECTING PERSONAL DATA

Personal data relating to you may be used for the following purposes:

(i) processing applications for insurance products and services;

(ii) providing insurance products and services to you and processing requests made by you in relation to our insurance products and services, including but not limited to requests for addition, alteration or deletion of insurance benefits or insured members, setting up of direct debit facilities as well as cancellation, renewal, or reinstatement of insurance policies;

(iii) processing, adjudicating and defending insurance claims as well as conducting any incidental investigation;

(iv) performing functions and activities incidental to the provision of insurance products and services such as identity verification, data matching and reinsurance arrangement;

(v) exercising the Company's rights in connection with the provision of insurance products and services to you from time to time, for example, to recover indebtedness from you;

(vi) designing insurance products and services with a view to improving the Company's service;

(vii) preparing statistics and conducting research;

(viii) marketing services, products and other subjects (please see further details in paragraph (4) of this Statement);

(ix) complying with the obligations, requirements and/or arrangements for disclosing and using data that bind on or apply to the Company and/or the BEA Group or that it is expected to comply according to:

(a) any law binding or applying to it within or outside the Hong Kong Special Administrative Region ("Hong Kong") existing currently and in the future;

(b) any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers within or outside Hong Kong existing currently and in the future; or

(c) any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers that is assumed by or imposed on the Company or the BEA Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations;

(x) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the BEA Group and/or any other use of data and information in accordance with any group-wide programs for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;

(xi) enabling an actual or proposed assignee, transferee, participant or sub-participant of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and

(xii) any other purposes relating to the purposes listed above.

(3) TRANSFER OF PERSONAL DATA

Personal data held by the Company relating to you will be kept confidential but the Company may provide such data to the following parties for the purposes set out in paragraph (2) of this Statement:-

(i) any agent, contractor or third party service provider who provides services to the Company in connection with the operation of its business including administrative, telecommunications, computer, payment, data processing, storage, investigation and debt collection services as well as other services incidental to the provision of insurance products and services by the Company (such as loss adjusters, claim investigators, debt collection agencies, data processing companies and professional advisors);

(ii) any other person or entity under a duty of confidentiality to the Company or the BEA Group including a member of the BEA Group which has undertaken to keep such data confidential;

(iii) reinsurance companies with whom the Company has or proposes to have dealings;

(iv) any person or entity to whom the Company or the BEA Group is under an obligation or otherwise required to make disclosure under the requirements of any law or rules, regulations, codes of practice, guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers binding on or applying to the Company or the BEA Group or with which the Company or the BEA Group is expected to comply, or any disclosure pursuant to any contractual or other commitment of the Company or the BEA Group with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future;

(v) any actual or proposed assignee, transferee, participant or sub-participant of the Company's rights or business;

(vi) third party reward, loyalty, co-branding and privileges program providers;

(vii) co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be); and

(viii) external service providers (including but not limited to mailing houses, telecommunication companies, telemarketing and direct sales agents, call centres, data processing companies and information technology companies) that the Company engages for the purposes set out in paragraph (2)(viii) of this Statement.

Such information may be transferred to a place outside Hong Kong.

(4) USE OF PERSONAL DATA IN DIRECT MARKETING

The Company may use your personal data in direct marketing. Save in the circumstances exempted in the Ordinance, the Company cannot so use your personal data without your consent (which includes an indication of no objection). In this connection, please note that:

(i) the name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data of you held by the Company from time to time may be used by the Company in direct marketing;

(ii) the following services, products and subjects may be marketed:

(a) insurance, financial, banking and related services and products;

(b) reward, loyalty or privileges programs and related services and products; and

(c) services and products offered by the co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be);

(iii) the above services, products and subjects may be provided by the Company and/or:

(a) any member of the BEA Group;

(b) third party reward, loyalty, co-branding or privileges program providers; and/or

(c) co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be).

If you do not wish the Company to use your personal data in direct marketing as described above, you may exercise your opt-out right by notifying the Company. You may write to the Corporate Data Protection Officer of the Company at the address or fax number provided in paragraph (5) of this Statement, or provide the Company with your opt-out choice in the relevant application form (if applicable).

(5) DATA ACCESS AND CORRECTION RIGHT

In accordance with the Ordinance, you have the right to check whether the Company holds personal data about you and to require the Company to provide a copy of such data (data access right) and to correct the data which is inaccurate. Such requests can be made in writing to the Corporate Data Protection Officer of the Company at the following address or fax number:

The Corporate Data Protection Officer
Blue Cross (Asia-Pacific) Insurance Limited
29th Floor, BEA Tower, Millennium City 5,
418 Kwun Tong Road,
Kwun Tong, Kowloon
Hong Kong
Fax : (852) 3608 2938

According to the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.

(6) You also have the right, by writing to the Company's Corporate Data Protection Officer at the address or fax number provided in paragraph (5) of this Statement, to request for the Company's policies and practices in relation to personal data and to be informed of the kinds of personal data held by the Company.

(7) The Company keeps your personal data only for a period reasonably necessary for any of the above purposes or as prescribed by the applicable laws or regulations.

(8) Should you have any query with this Statement, please do not hesitate to contact our Customer Service Hotline at 3608 2988.

(9) Nothing in this Statement shall limit the rights of the customers under the Ordinance.

(10) The Company retains the right to change this Statement.

April 2013
Issued by Blue Cross (Asia-Pacific) Insurance Limited, a member of the BEA Group.