DOMESTIC HELPER INSURANCE CLAIM FORM
家傭保險賠償申請表

東京海上火災保險(香港)有限公司
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Policy Particulars 保單資料

Policy No. 保單編號	Insured 受保人(僱主)姓名	Name of Domestic Helper 受保家傭名稱	Domestic Helper's HKID Card No. 家傭的香港身份證號碼:

Correspondence Address 通訊地址:	Contact Phone No. 聯絡電話:

Benefit Claimed 索償保障項目 (Please select and "✓" the appropriate item(s) 請用✓選擇適當項目)

☐ Employer's Liability 僱主責任	☐ Clinical Expenses 門診保障	☐ Loan Protection 貸款保障	☐ Fidelity Guarantee 家傭誠信保障
☐ Dental Expenses 牙科保障	☐ Personal Accident 個人意外保障	☐ Repatriation Expenses 送返保障	☐ Rehiring Expenses 補聘家傭費用
☐ Surgical and Hospitalization Expenses 手術及住院費用	☐ Loss of Services Cash Allowance 服務中斷現金津貼		

Particulars of Claim 索償資料

Date of Accident/Consultation/Loss 意外/診治/損失日期	Description of Accident/Sickness/Loss 意外/疾病/損失詳情	Claim Amount 索償金額

Claim Document 索償文件 (Please submit the following relevant document together with a completed claim form. We are entitled to request for further particulars and documents. 請連同以下所列的相關文件及已填妥的賠償申請表一併遞交。本公司有權要求索償者提供更多資料及文件。)

Employer's Liability 僱主責任:	Copy of Form 2 or Form 2B submitted to the Labour Department, original physician's report, original medical expense receipt & Proof of compensation received by the domestic helper 呈報勞工處的表格 2 或 2B 副本、醫生證明書正本、醫療費用收據正本、家傭收取賠償証明
Clinical Expenses, Surgical and Hospitalization Expenses, Dental Expenses, Loss of Services Cash Allowance, Personal Accident 門診保障、手術及住院費用、牙科保障、服務中斷現金津貼、個人意外保障	Original medical expense receipt, medical report / laboratory report (if any)/Hospital Discharge Report 醫療費用收據正本、醫療報告 / 檢驗報告 (如有)/ 醫院出院証明
Repatriation Expenses 送返保障	Medical report, laboratory report, Death Certificate(if any) original receipt for helper repatriation costs 醫療報告、檢驗報告、死亡証(如有)、家傭送返原居地費用的收據正本
Rehiring Expenses 補聘家傭費用	Medical report, laboratory report, letter of termination of employment contract, employment contract of new helper, record of working permit from Immigration Department, original receipt for relevant expenses 醫療報告、檢驗報告、終止僱傭合約證明、新聘家傭的僱傭合約、入境處工作許可紀錄、有關費用收據正本
Loan Protection， Fidelity Guarantee 貸款保障、家傭誠信保障	Police report, statement to police, valuation proof for lost property, other relevant proof of loss 警方報告、警方口供記錄、損失物品的價值証明、任何有關損失的証明

Means of Claim Settlement (Please tick) 賠償支付方式 (請選擇)

We must emphasize that this request is not an admission of our liability. If the claim is eligible, the indemnity shall be payable to the relevant Insured only.
本公司特此聲明此項要求並不代表本公司承認賠償責任。如果索償成功，所有賠償均只可支付予此索償之相關受保人。

☐ Hong Kong Bank Transfer **本地銀行過數** (HKD account only 只限港幣戶口)
☐ Hong Kong Dollar Cheque **港幣支票**

Please provide copy of bank passbook or ATM card if you prefer payment by bank transfer.
閣下選擇銀行過數，請提供銀行存摺或提款卡副本

Account Holder's Name (Must be the Insured or Insured's Parent/ Legal Guardian if the Insured is below the age of 18)
銀行戶口持有人姓名 (如受保人未滿18歲，必須為受保人或受保人的父母/合法監護人):

Bank Name 銀行名稱 :	Bank Code 銀行號碼	Branch Code 分行號碼	Account Number 戶口號碼

DECLARATION and AUTHORIZATION 聲明及授權書：

I/We hereby declare that to the best of my/our knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. I also authorize any hospital, physician, insurance company or organization that has any records or knowledge of me or my health, to furnish to The Tokio Marine and Fire Insurance Company (Hong Kong) Limited ("the Company") or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation prescriptions or treatment and copies of all hospital or medical records. The information provided by me/us to the Company is collected to enable the Company to carry on insurance business and may be used for the purpose of (i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of the said products or services; (ii) any claim or investigation or analysis of such claim; and (iii) exercising any right of subrogation; and may be transferred to (iv) 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; (v) 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 (vi) any members of the Federation by the Federation for any of the above or related purposes.
本人／我們現聲明上述所填報的一切資料均屬正確無訛，並無任何保留。 本人更授權持有本人健康或任何資料之醫院、醫生、保險公司或機構，可以將部份或全部有關本人傷患之病歷、診斷報告及藥方等資料給與東京海上火災保險(香港)有限公司 (「貴公司」)或其代理人。 本人／我們明白本人／我們提供的資料為 貴公司提供保險業務所需，並可能使用於下列目的： (i) 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； (ii)任何索償，或該等索償的調查或分析；及 (iii) 行使任何代位權； 並可能移轉予: (iv) 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；(v) 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 (vi) 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。
Moreover, the Company is hereby authorized to obtain access to and/or to verify any data provided by me/us with the information collected by the Federation from the insurance industry.
I/We understand that I/we have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by the Company. Requests for such access can be made in writing to the Compliance Officer, 27th Floor, United Centre, 95 Queensway, Hong Kong. A photostat copy of this authorization shall be considered as effective and valid as the original.
此外，本人／我們授權 貴公司可向聯會從保險業內收集的資料中查閱及/或核對本人／我們任何資料。
本人／我們明白本人／我們有權查閱及要求更正由 貴公司持有有關本人／我們的個人資料。如有需要查閱，本人／我們可用書面寄香港金鐘道 95 號統一中心 27 樓，向 貴公司條例遵行主任提出。此授權書之影印本具同等效力。

Date 日期 _____

Signature of Insured Member 受保人簽署 _____

*本賠償表格之中文譯本只供參考之用，如有爭議，應以英文原義為準。