

## **Domestic Worker Claim Form**

# 家庭傭工保險索償申請表

This form must be completed truthfully and accurately. If the space is not enough or no applicable field available, please supplement information by attachment. 請正確填寫此申請表。如果表格空間不足或沒有適用之欄位,請以附件補充資料。

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim. 各部份之「所需文件」只是概括要求,本公司保留權利在有需要時要求閣下提供更多文件以處理有關的索償申請。如所遞交的索償申請表未填妥或有關資料或文件不足,閣下的索償申請有可能會受延誤或被拒絕。

The completed form should be returned to us together with all supporting documents as soon as possible at the following address:

請填妥索償申請表並連同所有有關文件盡快寄回以下地址:

AIG Insurance Hong Kong Limited

Claims Department

46/F, One Island East 18 Westlands Road Island East Hong Kong

Facsimile: 852 2838 9916

Email address: claims.hk@aig.com

www.aig.com.hk

美亞保險香港有限公司

賠償部

香港港島東華蘭路18號港島東中心46樓

傳真: 852 2838 9916 電郵地址: claims.hk@aig.com

www.aig.com.hk

### Section IA - General Information 第一部份 一般資料

Policy/certificate no. 保單號碼	Name of Insured (Chinese & English) 受保人姓名 (中文及英文)	ID card no./passport no. 身份證/護照號碼
Telephone no. (Residential) 電話號碼 (住宅)	Telephone no. (Office) 電話號碼 (辦公室)	Telephone no. (Mobile) 電話號碼 (手提電話) Acknowledgement will be sent to this mobile phone number via SMS upon receipt of this for 本公司將會在吸到此索價申請表後發送確認短訊至此手提電話號碼。
Mailing address 聯絡地址 (請盡量以英文填寫)		E-mail address 電郵地址
Name of agent/broker 經紀姓名	Agent / broker's email address 經紀電郵地址	Agent / broker's telephone no. (Mobile) 經紀電話號碼 (手提電話) Acknowledgement will be sent to this mobile phone number via SMS upon receipt of this for 本公司將會在收到此素價申請表後發送確認短訊至此手提電話號碼。
Name of domestic worker 家傭姓名		ID card no. / passport no. of the domestic worker 家傭身份證/護照號碼

#### Section II A - Medical Expense Reimbursement/Hospital Income/Loss of Income

#### 第二部份(甲) 醫療費用/住院現金/緊急入息援助

Documents required under SECTION IIA: 第二部份 (甲) 所需文件

Medical Expense Reimbursement 醫療費用

 Original hospital/medical bill(s)/receipt(s)/medical report stating diagnosis and the date of the injury/sickness commenced and certified by a qualified medical practitioner. 由註冊醫生發出的醫療報告/收據正本,並註明診斷結果及受傷或疾病發生日期

Hospital Income/Loss of Income 住院現金/緊急入息援助

- Medical certificate from a qualified medical practitioner certifying the number of days of hospitalization. 由註冊醫生發出的醫療證書證明住院 日數
- Hospital discharge summary. 出院總結
- Letter from employer/company stating that the insured is under employment during sick leave period as a result of injury/sickness and
  amount of the salary earned, if claiming loss of income. 如屬緊急入息援助索償,請提供由公司/僱主發出之信件,證明受保人在受傷或疾病的病假
  期間仍然受僱及薪酬金額

Date of injury/sickness 發生意外或疾病的日期			Time of injury/sickness 發生意外或疾病的時間		Date of first consultation w 首次求診日期	ith doctor / hospital	
DD	MM	YYYY		A.M. / P.M.	DD	MM	YYYY
日	月	年		上午 / 下午	日	月	年

In the case of injury, where and how did the accident occur? In the case of sickness, what were the symptom(s) and when did the symptom(s) first appear? 如屬受傷個案,請詳述意外發生的地點及經過。如屬疾病個案,請詳述疾病的徵狀及首次出現病徵的時間。

Nature of injury/diagnosis of sickness 傷勢/病況的診斷結果

Name and a 主診醫生姓名		he attendin	g doctor							
If hospitalized	d. nlease s	tate the nar	me. addres	s and the period of t	he hospitaliza	ation				_
如曾住院,請				o una mo ponea en						
From					То				Claim amount (Please indicate the currency) :	_
由	D F	D ∃	MM 月	YYYY 年	至	DD 日	MM 月	YYYY 年		
Was the injur		•			ide the details	• • • • • • • • • • • • • • • • • • • •		<u> </u>	and contact number	_
意外是否第三			,	如是,請提供第三				,		
□ Yes □ 是										
No □否										-
│										_
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Section	II B - /	Accidei	ntal De	eath and Di	sability	<u> </u>	が(乙)息ダ	了了。 「	易疫	
Date of accid					Time of los	ss			Place of accident	
意外發生日期	H.	DD 日	M	M YYYY 月 年	時間			A.M. / P.M. 上午 / 下午	地點	
				and the injuries sust	ained					
詳述意外發生	主的經過及	所置安的損	!傷							
Name and a	address of	the attendir	ng doctor							
主診醫生姓	名及地址									
Full name a 證人姓名及f			vitness(es), i	t applicable						
Cause of de 死亡原因(如		licable					Permanent disabili 永久傷殘的程度(如		extent), if applicable	
,	,							,		
Name of the	e claimant	(Chinese &	Enalish) in	fatal case	Claimant's	relationship to	the domestic work	er (the deceased	D ID card no. / passport no. of the claimant	
索償申請人	姓名(中文)	及英文),僅	適用於死亡	個案	索償申請人	與死者之關係		(	索償申請人身份證/護照號碼	
Section	II C -	Domes	stic Wo	orker Liabili	tv 第二	部份 (丙	家傭責任			
						,				
Full descript 詳細描述意				v, when and where i B損失程度	t happened, (	and the extent	of the damage/los	SS		
ar management	.,		.,	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
Full name at 第三者/索信			ne third par	ty / claimant			Full name and tele 證人姓名及電話號		ne witness(es), if applicable	
和二日 / 茶1	吳八对白汉	电印加响					µ立ハスエロ以 电前弧	ᅡᄦᅥᄽᅥᄱᄱᄁ		
		demand, clo			relating to the	e incident of w	hich becomes awa	re of, and receiv	ved from the third party claimant, should be immediate	ly
No	o liability s	hould be ac	dmitted and	no settlement or pr					rty without our prior approval.	
				賞要求、法庭傳票、 三者承認任何責任或			t何法律訴訟,切勿	〕目行處理,應₫	<b>立即通知及提交本公司處理</b>	

#### Section III - Declaration and Authorization 第三部份 聲明及授權

- The undersigned Insured(s) / Claimant(s) HEREBY DECLARE that to the best of the Insured(s') / Claimant(s') knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind.
  In relation to the personal data collected in this claim form, the Insured(s)/Claimant(s) agree and acknowledge that:
- - (unless specifically indicated otherwise in this form) the personal data requested in this form (or otherwise provided during the course of the claim process) is necessary for AIG Insurance Hong Kong Limited ("AIG HK") to process the insurance claim and any such data not provided may mean the claim cannot be processed.
  - the personal data collected in this form may be used by AIG HK for purposes which include 1) assessing, investigation, adjusting and making a decision on this claim; 2) otherwise for the purpose of administering the insured(s') insurance policy (including pursuing recovery from reinsurers) and 3) for other purposes stated elsewhere in this form
  - AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) above:
    - third parties providing services related to the administration of the Insured's policy (including reinsurers);
    - financial institutions for the purpose of processing this application and obtaining policy payments;
    - iii) loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
    - iv) another member of the AIG group (for all of the purposes stated in (b) ) in any country; or
  - y) other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.
    The Insured(s)/Claimant(s) may gain access to, or request correction of their personal data (in both cases, subject to a reasonable fee)at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The same addresses may be used to contact us with any comments on our service. The full version of AIG HK's Data Privacy Policy can be found at www.aia.com.hk.
- The Insured(s) / Claimant(s) hereby irrevocably authorize:
  - (a) any organization, institution, or individual that has any information, record or knowledge of the Insured(s') health and medical history or any treatment or advice rendered thereto to disclose to AIG HK such information, record and knowledge;
  - AIG HK or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate the Insured(s') health status in relation to the Claims therein and any matter arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites; the police that has any of the Insured(s') information to provide AIG HK with the information including but not limited to the police reports, witness statements, investigation and/or prosecution results:
  - airline(s) that has/have any of the Insured (s') information to provide AIG HK with the information including but not limited to flight details, booking details, irregularities reports and all information related to the Insured (s') bookings; and
- any organization institution or individual that has any information, record or knowledge of the Insured(s') travel record to disclose to AIG HK such information, record and knowledge. This authorization shall bind the Insured(s') / Claimant(s') successors and assigns and remain valid notwithstanding the Insured(s') / Claimant(s') death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original
- 於本索償申請表簽署之受保人/索償申請人謹此聲明盡其所知所信,上述所申報的一切資料均屬正確無誤,並無任何保留。
- 沉本来順中語教教育之文体人/来順中語人種此葉的選共的和所信,工施所中報的一切資料均屬正確無缺,並無压門体質。 就有關從此家僧申請表所收集的個人資料,受失人,索僧申請人同意及確認: (a) 除非於本表格上另有訂明,本表格所要求提供的個人資料(或於處理索僧時所要求提供的個人資料)是供美亞保險香港有限公司("美亞保險") 處理保險索償申請的所需資料,若未能提供任何所需資料索償申 請則可能不被處理;
  - 美亞保險可按列於其私隱政策的用途使用此表格所收集之個人資料,其用途包括:1)評核、調查、調整及就此索償申請作出決定;2)管理受保人的保單(包括向再保險公司索取賠償)及3)任何於本表格其它位 置列明的目的;
  - 量列研切日37) 美亞保險亦可向以下類別的人士 (不論在香港或海外)轉交該些個人資料,作上述(b)項所列明之用途: (i) 提供有關本人/吾等保單管理服務的第三者(包括再保險公司);

    - (ii) 財務機構,作處理此申請及收取保費
  - (III) 奶粉機構,作處理此中頭皮根故味質, (iii) 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構,以處理索償事宜; (iv) 其它在任何國家之AIG集團之成員公司,作上述(b)項所有列明之用途;或 (v) 其它於美亞保險私隱政策所列明的人士,作於私隱政策列明之用途。 受保人/索償申請人可隨時致函到美亞保險香港有限公司之私隱事務主任(地址:香港郵政總局信箱456號或電郵:cs.hk@aig.com)查閱、或要求修改其個人資料(美亞保險可就查閱及修改要求收取合理 費用)。如對美亞保險提供的服務有任何意見,可按上述地址聯絡美亞保險。美亞保險私隱政策的全文載於www.aig.com.hk
- 受保人/索償申請人茲授權:
  - (任何知悉或擁有受保人之健康狀況及病歷或任何治療或諮詢記錄或資料及曾為或將為受保人診治之機構、組織或人士,向美亞保險透露有關資料及記錄;
  - 美亞民際或任何其認可之驗身醫生或化驗所,替受保人進行所需之醫療評估及測點,並對受保人之健康状況進行審核及評估,作為處理本索管申請及其後與之有關的賠償事宜。此等化驗包括,但並不限於膽固醇及有關之血脂肪、糖尿病、肝或腎功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代產物之含量等化驗; 醫方向美亞保險提供有關受保人之任何資料包括但不限於警察報告、証人口供、調查及/或檢控結果;

  - 航空公司向美亞保險提供有關受保人之任何資料包括但不限於航班資料、訂位資料、違規報告及所有有關受保人之訂位資料;及

(e) 任何知悉或擁有受保人之出入境資料紀錄之機構、組織或人士向美亞保險透露有關資料及紀錄。 此授權書不得徹回。在法律許可下,即使受保人/索償申請人死亡或喪失能力,此授權書仍然存有法律效力,而受保人/索償申請人之繼承人及轉讓人亦會受此授權書約束。此授權書之副本與正本均屬有效。

Name of insured	Signature of insured
受保人姓名	受保人簽署
ID card no./passport no.	Date
身份證/護照號碼	日期
	DD MM YYYY 日 月 年
Name of domestic worker	Signature of domestic worker
家傭姓名	家傭簽署
ID card no./passport no.	Date
身份證/護照號碼	日期
	DD MM YYYY 日 月 年