

**QBE****QBE HONGKONG & SHANGHAI INSURANCE LIMITED**Claims Department: 1606-11, Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong  
Email: qbehksclaims@qbe.com www.qbe.com.hk**昆士蘭聯保險有限公司**理賠部地址: 香港鰂魚涌英皇道979號太古坊德宏大廈16樓1606-11室  
電郵: qbehksclaims@qbe.com www.qbe.com.hkCLAIMS HOTLINE 賠償部熱線: (852) 2877 8608  
CLAIMS FAX 賠償部傳真: (852) 3607 0532**FOR AGENT USE:**

Agent name:
Tel no.:
Email:

**DOMESTIC HELPER INSURANCE CLAIM FORM 家傭保險索償申請表****A. NOTES 注意事項**

- All questions must be answered. If not applicable, write "n/a".  
所有問題必須作答。如不適用者，請填上「不適用」。
- The issue of this claim form is not an admission of liability by QBE Hongkong & Shanghai Insurance Ltd.  
發出此索償申請表並不代表昆士蘭聯保險有限公司承認任何責任。
- If there is insufficient space or further comment on any area is considered necessary, please use additional pages.  
若填報資料的位置不足，請填寫於附加紙上。
- Please attach original medical advice, admission and discharge slips, hospital bills, doctor receipts and all other supporting documents.  
請遞交正本醫生建議書、入院及出院證明、醫院發票、醫生收據及其他一切有關文件。
- Original receipt will not be returned. A copy of the original receipt will be returned upon request.  
正本收據將不獲發還，如需取得收據的副本，請與本公司聯絡。

**B. DETAILS OF THE INSURED 保戶資料**

Policy no. 保單號碼:	Name of the insured 保戶姓名:	
Correspondence address 通訊地址:		
Tel. no. 電話號碼:	Mobile tel. no. 手提電話號碼:	Email 電郵:

**C. DETAILS OF THE HELPER 家傭資料**

Name of the helper 家傭姓名:	
Are there any other policies of insurance covering the helper? 家傭是否擁有其他保險?	<input type="checkbox"/> NO 否 <input type="checkbox"/> YES 是 (Please give details 請詳述)
Name of insurance company 保險公司名稱:	
Policy no. 保單號碼:	Amount recoverable 可領回金額:

**D. THE ACCIDENT / SICKNESS 意外 / 疾病**

Description of accident / sickness 意外或疾病詳情:	Name of hospital 醫院名稱:	
Date of accident / sickness 意外或疾病日期: / /	Date of admission 入院日期: / /	Date of discharge 出院日期: / /
Has the helper ever suffered from this or similar condition or a recurrence of a previous injury or illness? 家傭曾否患上類似之疾病，或舊傷 / 病復發?	<input type="checkbox"/> NO 否 <input type="checkbox"/> YES 是 (Please give details 請詳述)	
Disease / Injury 疾病 / 損傷:	Date 日期: / /	
Attending doctor's name and address 診治醫生姓名及地址:		

**E. STATEMENT OF CLAIM 索償單**

Type of Benefits 類別	Per Day (HK\$) 每日 (港元)	Total (HK\$) 總額 (港元)	Office Use Only 由保險公司填寫
Clinical expenses 門診費用			
Bonesetter / physiotherapist expenses (first treatment is received from registered doctor) 跌打 / 物理治療費用 (首次治療由註冊西醫提供)			
Room, board & miscellaneous hospital charges 房租及醫院雜費			
Surgical fee 手術費			
Anaesthetist's fee 麻醉師費			
Operating theatre 手術室費			
Others (please specify) 其他 (請註明)			

**F. DECLARATION 聲明**

I declare that all particulars and answers given above are true and complete to the best of my knowledge and belief.  
本人聲明根據本人所知及深信表格填報之一切資料均屬確實完整。

Signature of the insured  
保戶簽名：

Signature of helper  
家傭簽名：

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

Date  
日期： / /

**G. AUTHORISATION 授權**

I hereby agree and authorise any Doctor, Hospital, Clinic, Insurance Company or organisation who has been or may hereafter be consulted to disclose to QBE Hongkong & Shanghai Insurance Ltd. any and all information concerning my medical history for the purpose of assessment of an insurance claim, such authorisation to survive me in so far as legally possible. A photocopy of this authorisation shall be as valid as the original.  
本人現授權任何醫生、醫院、診所、保險公司或機構提供有關本人所有疾病、受傷、病歷等資料，醫療或醫院記錄予昆士蘭聯保保險有限公司，以便評估本人的保險索償。如法律上可行，此授權書在本人身故後仍然生效。此授權書的影印本與正本同樣有效。

Signature of helper  
家傭簽名：

Date  
日期： / /

**TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES** 由主診醫生填寫，其費用由索償者支付。

**H. CERTIFICATE OF HOSPITALIZATION (please complete in block letters)**

Name of patient:

Date of admission: / / Date of discharge: / / Diagnosis: / /

Name of hospital:

The first date and subsequent dates of your treatment of this illness

The last date of your treatment for this illness

According to the patient, how long had he / she been experiencing these symptoms before the first date of your treatment for the above illness?

Was the patient referred to you by another doctor?  YES  NO  
If "Yes", please give name(s) and address(es) of the doctor(s).

Are there any of the conditions treated due to pregnancy?  YES  NO  
If "Yes", please advise the commencement date of pregnancy

Details of Treatment / Operation

Date performed: / / Name of surgeon:

To the best of your knowledge, has the patient previously been treated or hospitalized for this or any other disorder?  YES  NO  
If "Yes", please give details.

Date	Disease / Disorder	Details of treatment / hospitalization	Doctor's / hospital's name

Are conditions due to or associated with the following:	YES	NO
i. drug addition or alcoholism?	<input type="checkbox"/>	<input type="checkbox"/>
ii. AIDS, venereal disease, sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>
iii. infertility or sterilization?	<input type="checkbox"/>	<input type="checkbox"/>
iv. cosmetic or plastic surgery?	<input type="checkbox"/>	<input type="checkbox"/>
v. mental or nervous disorder?	<input type="checkbox"/>	<input type="checkbox"/>
vi. congenital deformities or anomalies?	<input type="checkbox"/>	<input type="checkbox"/>
vii. suicide, insanity or self-infliction?	<input type="checkbox"/>	<input type="checkbox"/>
viii. heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
ix. cancer?	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Name of attending physician

\_\_\_\_\_  
Signature of attending physician

\_\_\_\_\_  
Qualifications

Date: / /

## PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

QBE Hongkong & Shanghai Insurance Limited ("the Company") may use the personal data collected or held about you for the following purposes:

Insurance Services (mandatory)

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. any alterations, variations, cancellation or renewal of any insurance and related services;
4. investigating, analyzing, processing and paying claims made under your insurance policy;
5. invoicing and collecting premiums and outstanding amounts from you;
6. exercising any right under the insurance policy including right of subrogation, if applicable;
7. complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order.
8. contacting you for any of the above purposes;
9. other ancillary purposes which are directly related to the above purposes.

The Company may transfer your personal data, including but not limited to your name and contact details, to the following parties within or outside Hong Kong for the purposes set out above:

- a. any agent, advisor, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
- b. 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;
- c. any members of the Federation by the Federation for any of the above or related purposes;
- d. regulators;
- e. lawyers;
- f. auditors; and
- g. other insurance companies within the QBE Group which have undertaken to keep such information confidential and solely for the purposes set out in the above paragraph.

By taking out an insurance policy with the Company, you hereby provide your express consent to the transfer of your personal data outside of Hong Kong. You also understand that your personal data may be transferred to a place that may not have data protection laws that are substantially similar to, or service the same purposes as the Personal Data (Privacy) Ordinance so as to ensure the protection of your personal information.

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services.

You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company subject to payment of an administrative fee. Requests for such access or correction can be made in writing to the Data Protection Officer, QBE Hongkong & Shanghai Insurance Limited, 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 8488, Fax: 3607 0300).

If you do not want to receive any sale or marketing of any of the products or services from the Company at any time, you may also contact the Company's Data Protection Officer.

July 2015

昆士蘭聯保保險有限公司（本公司）將所收集閣下的個人資料，可能用作下列的用途：

保險服務（強制）

1. 處理及評估任何保險產品之申請，及有關服務之日常運作；
2. 管理閣下的保單及為閣下的保單提供相關服務；
3. 有關保險產品及服務的任何更改、變更、取消或續保；
4. 閣下保單索償的調查、分析、處理及賠償；
5. 保費通知、收集保費和款項；
6. 行使有關保單賦予的任何權利包括代位權，如適用；
7. 遵守及符合任何法例及條例規定的要求、行業手則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求；
8. 為上述任何用途與閣下聯絡；
9. 與上述用途直接有關之其他附帶的目的。

閣下向本公司提供的資料可能會提供或轉送予下列各方在香港或海外單位作前段所述的用途：

- a. 任何代理人、顧問、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應人或任何其他從事與保險或再保險業務有關的公司，或中介人，或索償或調查或其他提供與保險業務有關的服務供應人，以達到任何上述或有關的用途；
- b. 現存或不時成立之任何保險公司協會或聯會或同類組織（聯會），以達到任何上述或有關的用途，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；
- c. 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；及
- d. 監管機構；
- e. 執業律師；
- f. 認可核數師；及
- g. 昆士蘭保險集團內的其他保險公司已承諾將資料保密並純粹用作上述的用途。

閣下在本公司投保，代表明確表示同意閣下的個人資料可能會轉移至香港以外地區。同時，閣下亦明白閣下的個人資料可能會轉移至並未設有資料保障法例的地區，以致未能確保閣下的個人資料可以獲得與個人資料（私隱）條例類近或所提供的保障。

如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下之申請及為閣下提供服務。

閣下有權查明本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，並需支付行政費用。有關查閱或更正的要求，可致函香港鰂魚涌英皇道 979 號太古坊濠豐大廈 33 樓（電話：2877 8488，傳真：3607 0300）向昆士蘭聯保保險有限公司資料保護主任提出。

如閣下於任何時間不欲收取本公司的任何產品或服務的任何銷售或推廣，閣下亦可聯絡上述資料保護主任。

（中文譯本僅供參考，文義如與英文本有歧異，概以英文版為準。）

2015 年 7 月