

Personal Accident Insurance Claim Form

人身意外保險賠償申請表

QBE Hongkong & Shanghai Insurance Limited 昆士蘭聯保險有限公司
QBE General Insurance (Hong Kong) Limited 昆士蘭保險(香港)有限公司



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**Claims
理賠**
Hotline 熱線
Fax 傳真
Email 電郵

**Hang Seng Bank Customers
恒生銀行客戶**
852 2828 3138
852 3009 0998
claims.qqi@qbe.com

www.qbe.com/hk

A. eClaims 網上理賠



Insurance claims are now easier and faster with QBE eClaims.
Visit or scan the QR code to lodge your claim on any device, anytime, anywhere
請登入以下網址或掃描 QRcode，立即享受快捷的網上理賠體驗

claims.qbe.com/hk

B. NOTES 注意事項

- All questions must be answered. If not applicable, please write "n/a". You may attach additional sheet(s) if necessary.
所有問題必須作答。如不適用者，請填上「不適用」。如有需要，可附上額外紙張。
- The issue of this claim form is not an admission of liability by QBE Hong Kong.
發出此索償申請表並不代表昆士蘭保險香港承認任何責任。
- Original receipt(s) will not be returned. A copy of the original receipt(s) will be returned upon request.
正本收據將不獲發還，如需取得收據副本，請與本公司聯絡。

Policy no. 保單號碼：	Name of the Insured 保戶姓名：	
Address 地址：		
Home tel. no. 住宅電話：	Office tel. no. 辦公室電話：	Mobile tel. no. 流動電話：
Contact person 聯絡人姓名：	Email 電郵：	
Occupation / business 職業 / 行業：	Present position 現時職位：	Present salary 現時薪金：
Employer's name, tel. no. and address 僱主名稱、聯絡電話及地址：		

C. ACCIDENT DETAILS 意外詳情

Date (DD/MM/YYYY) 日期(日/月/年)：	Time 時間：	am / pm 上午 / 下午	Place 地點：
Detailed description of the accident 意外之詳情：			

Particulars of injuries 受傷詳情	
Region of injury 受傷部位：	Nature of injury 受傷性質：
<input type="checkbox"/> Hand 手	<input type="checkbox"/> Sprain 扭傷
<input type="checkbox"/> Head 頭	<input type="checkbox"/> Contusion 撞傷
<input type="checkbox"/> Others 其他：	<input type="checkbox"/> Fracture 骨折
<input type="checkbox"/> Leg 腳	<input type="checkbox"/> Laceration 割傷
<input type="checkbox"/> Eye 眼	<input type="checkbox"/> Others 其他：
Was the accident arising out of occupation or business related? 意外是否由工作引致？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Have you ever encountered a similar accident or sustained an injury of similar nature in the past? 閣下過往有否遇上類似意外或損傷？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please provide details (including insurance claims). 如「是」，請詳細列明（包括保險索償）。	
The following document(s), if any, should be attached with this claim form 下列文件（如適用）須與此申請表一併提交：	
• Hospitalization period certificate 住院證明書	From 由： To 至：
• Sick leave certificate 病假證明書	From 由： To 至：
• Receipt(s) issued by registered doctor(s) 由註冊醫生發出之收據	HK\$ 港元
• Receipts issued by non-registered doctor(s) 由非註冊醫生發出之收據	HK\$ 港元
Are you fully recovered? 閣下是否已完全康復？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(Note: Benefit stated in the Schedule shall be payable when you are fully recovered and the total amount of the Benefit shall have been ascertained and agreed. 附註：閣下完全康復，保障金額確定及協定後，本公司方會一筆整付賠償。)	
If "Yes", please provide date (DD/MM/YYYY) 如「是」，請提供康復日期（日/月/年）： / /	
If "No", please state the treatments that you are currently undertaking. 如回答屬「否」，請說明現時所接受之治療。	

D. DETAILS OF THE POLICE OR OTHER AUTHORITY 警方或其他有關政府機構資料

If the case was reported to the police or other authority, please provide the following information.

若事件已報告警方或其他有關政府機構，請填寫下列資料。

Please attach the following document(s) with this claim form 請連同以下文件與此索償申請表一併遞交：

- Letter of consent 同意書
- Copies of report from the police / authority and statement, if applicable 警方或有關政府機構之報告文件及口供副本（如適用）

Name and address of the police station / other authority reported to

報案警署或其他有關政府機構名稱及地址：

Report / reference no. 報案 / 檔案號碼：	Date of report (DD/MM/YYYY) 報案日期 (日/月/年)： / /
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E. OTHER INSURANCE DETAILS 其他保險資料

Do you also report this case to your employer for employees' compensation insurance claim? 閣下是否同時向僱主報告事件以申報僱員補償保險索償？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Was there any other insurance (including employees' compensation insurance) covering this accident at the time of occurrence? 是次意外發生時是否同時享有其他保險之保障（包括僱員補償保險索償）？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please provide details. 如「是」，請提供詳情。	
Name of insurer 保險公司名稱：	
Type of insurance 保險種類：	Policy no. 保單號碼：
Claim no. 索償號碼：	Claim amount received / claimable amount 已收取之賠償金額 / 可索償之金額：

F. PAYMENT MODE 收取賠償款項方式

Subject to the terms and conditions of your policy, you may select to receive the claim payable amount by way of direct credit or cheque. Normally, you will receive your payment 3-5 working days earlier if you choose the direct credit option. If you do not provide your payment preference, a cheque will be issued for any claim payment.
在保單條款許可情況下，閣下可選擇以銀行轉賬或支票方式收取賠償款項。一般情況下，選擇銀行轉賬收取賠償款項較支票快 3-5 個工作天。如閣下沒有選擇收取賠償款項方式，將會視作選擇以支票收取賠償款項。

Important Note for Direct Credit 銀行轉賬重要事項

a. The claim payment shall be credited to the bank account in the name of the Insured Person in accordance with the terms and condition of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.
有關之賠款將按其保單條款，存入該受保人名下之銀行賬戶。請確保賬戶號碼及賬戶持有人名稱正確，以免引致不必要之延誤。

b. If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and/or account holder name, we shall not be liable to make any further payment and any other additional banking handling charges regardless of whether the claim payment can be recovered.
如索償人提供之銀行賬戶號碼及 / 或戶口持有人名稱不正確，而導致本公司錯誤將賠款存至第三者戶口，無論有關賠款能否取回，本公司無任何責任再支付該賠款及其引致之相關銀行手續費用。

<input type="checkbox"/> Option (1) 選擇 (一)	By direct credit – for HKD account only 銀行轉賬 – 只限港元戶口 Please provide your bank account details 請提供相關銀行資料： Bank Name <input type="checkbox"/> Hang Seng Bank 恒生銀行 銀行名稱 <input type="checkbox"/> Others, please specify 其它，請列明：	
	Name of Account Holder (in English & block letter) 賬戶持有人姓名（英文及以大楷書寫）：	
	Bank Account Information 銀行賬戶資料：	
	Bank Code 銀行編號	Bank A/C No. 銀行賬戶號碼
<input type="checkbox"/> Option (2) 選擇 (二)	Hong Kong Dollar Cheque 港幣支票	

G. DECLARATION & AUTHORIZATION 聲明及授權

I / We hereby declare that:

本人 / 我等就此聲明：

1. The above information provided by me / us in this form is true and complete to the best of my / our knowledge and belief.
本人 / 我等在此表格提供的資料全是真實正確無訛。
2. I / We have not withheld from QBE Hongkong & Shanghai Insurance Limited or QBE General Insurance (Hong Kong) Limited any information within my / our knowledge connected with the accident / incident.
本人 / 我等就本人 / 我等所知，並未有向昆士蘭聯保保險有限公司或昆士蘭保險（香港）有限公司隱瞞 / 保留任何有關意外 / 事件資料。
3. I / We hereby authorize any medical practitioner, hospital, clinic, insurance company or organization that has any records or knowledge of me / us or my / our health, to furnish to QBE Hongkong & Shanghai Insurance Limited or QBE General Insurance (Hong Kong) Limited or its authorized representative, any and all information with respect to my / our illness or injury, medical history, consultation prescription or treatment. A photocopy of this authorization shall be considered as effective and valid as the original.
本人 / 我等現授權任何醫生、醫院、診所、保險公司或機構可將本人 / 我等之病情、以往病歷、診治及申請賠償等資料給予昆士蘭聯保保險有限公司及昆士蘭保險（香港）有限公司或其代表。此授權書之副本與正本同等有效。
4. I / We have read the QBE Hongkong & Shanghai Insurance Limited and QBE General Insurance (Hong Kong) Limited's Personal Information Collection Statement ("Notice") and acknowledge and agree that all personal data and information with respect to me / us which is provided by me / us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Notice.
本人 / 我等確認本人 / 我等已細閱昆士蘭聯保保險有限公司及昆士蘭保險（香港）有限公司之收集個人資料聲明（「通知」），並知悉及同意有關於本人 / 我等於是次申請由本人 / 我等提供的所有個人資料及其他資料將可能被持有、使用、處理或披露予有關各方以用作「通知」上所載的用途上。
5. I / We understand and agree that QBE Hongkong & Shanghai Insurance Limited or QBE General Insurance (Hong Kong) Limited by requesting me / us to submit and complete this form, and by requesting me / us to make the declaration and give the authorization herein, does not constitute a waiver of its rights entitled under the terms and conditions under the Policy and the law in general.
本人 / 我等明白並同意昆士蘭聯保保險有限公司或昆士蘭保險（香港）有限公司，在要求本人 / 我等完成及提交此表格，及在要求本人 / 我等聲明及授權，是不會構成其放棄保險單內條款和條件及一般法例權益。

Signature of the insured

保戶簽署：

H.K.I.D. no.

香港身份證號碼：

Date (DD/MM/YYYY)

日期 (日/月/年)：

/

/

Signature of the patient (if not the insured)

傷者簽署（如非投保人）：

H.K.I.D. no.

香港身份證號碼：

Date (DD/MM/YYYY)

日期 (日/月/年)：

/

/

H. ATTENDING PHYSICIAN'S STATEMENT 主診醫生證明書

This section is to be completed by the claimant's attending physician at the claimant's own expense.

此欄須由索償申請人之主診醫生填寫，所需費用由索償申請人自行承擔。

Diagnosis (In respect of the disability described on the claim form)

診斷（有關索償申請表描述之殘疾）：

<p>Are you the patient's regular physician? 閣下是否病人慣常求診之醫生？</p>	<p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p>	<p>Date of first consultation (DD/MM/YYYY) 首次求診日期 (日/月/年)：</p> <p style="text-align: center;">/ /</p>
<p>Date unfit for work (DD/MM/YYYY) 須休假期 (日/月/年)：</p> <p style="text-align: center;">/ /</p>		<p>Date fit for work (DD/MM/YYYY) (if uncertain, please estimate) 可復工日期 (日/月/年) (如不確定，請作估算)：</p> <p style="text-align: center;">/ /</p>
<p>If there is a prior history of the same or similar condition, please provide details. 如曾患有相同或類似病症，請詳細說明。</p>		
<p>In my opinion, the patient is / was totally disabled from engaging in his / her usual occupation as (please briefly state the nature of duties required) 本人認為病人完全無法擔任以下慣常職位 (請簡述要求的職責性質)：</p> <p>Date (DD/MM/YYYY) From To 日期 (日/月/年)： 由 至</p>		
<p>I certify that to the best of my knowledge, the foregoing statements are correct. 茲證明就本人所知，以上陳述均屬正確。</p> <p>Doctor's name 醫生姓.名：</p> <p>Qualification(s) 資歷：</p> <p>Address 地址：</p> <p>Tel. no. 電話：</p>		
<p>Chop and signature 印章及簽署：</p> <p>Date (DD/MM/YYYY) 日期 (日/月/年)： / /</p>		

注意：中英文版本如有歧異，概以英文版本為準。



QBE General Insurance (Hong Kong) Limited
昆士蘭保險（香港）有限公司

A part of the worldwide QBE Insurance Group 屬澳洲昆士蘭保險集團一份子

QBE General Insurance (Hong Kong) Limited - Personal Information Collection Statement

In relation to the personal data collected by [QBE General Insurance (Hong Kong) Limited] ("QBE HK"), I/we agree and acknowledge that:

- a) the personal data requested is necessary for QBE HK to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed.
- b) the personal data collected in this form may be used by QBE HK for the purposes stated in its Privacy Policy found at <https://www.qbe.com/hk/en/privacy-policy>. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes)
- c) QBE 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:
 - i. third parties providing services related to the administration of my/our policy (including reinsurance);
 - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
 - iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
 - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein
- d) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:

QBE General Insurance (Hong Kong) Limited –

Address: 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong

Email: info.gihk@qbe.com.hk

- e) That where I/we are providing personal data on behalf of another person to QBE HK, I/we have obtained consent from the other person who have agreed that their personal data will be released to QBE HK in accordance with paragraphs (a), (b) and (c) above.
- f) That in the event of differences between the English and Chinese, the English version shall prevail.

Jan 2022



QBE General Insurance (Hong Kong) Limited
昆士蘭保險（香港）有限公司

A part of the worldwide QBE Insurance Group 屬澳洲昆士蘭保險集團一份子

昆士蘭保險（香港）有限公司 - 收集個人資料聲明

關於[昆士蘭保險（香港）有限公司]（“昆士蘭保險香港”）收集之個人資料，本人 / 我等同意並承認：

- a) 索取之個人資料對於昆士蘭保險香港處理本人 / 我等之保險或索償申請乃屬於必需。若未提供此類資料，可能導致無法處理此項申請或索償。
- b) 昆士蘭保險香港可以將此表格所收集的個人資料用於其網頁 <https://www.qbe.com/hk/zh-hk/privacy-policy> 所載私隱政策當中表明之目的，其中包括承保和管理本人 / 我等正在申請之保險（包括獲得再保險、承保續期、理賠、調查、付款、代位索償以及各種相關目的）。
- c) 昆士蘭保險香港可為以上 (b) 項指明之目的，將個人資料轉交以下無論是在香港還是在海外之各類人士：
 - i. 提供與本人 / 我等的保險（包括再保險）之管理有關的服務的第三方；
 - ii. 為處理此項申請並獲得保單付款，將個人資料轉交金融機構；
 - iii. 在發生索償時，將個人資料轉交有關的損失理算師、評估師、第三方管理人員、緊急服務提供者、法律服務提供者、零售商、醫療服務提供者和旅行社；
 - iv. 昆士蘭保險集團不論位於任何國家或地區的另一成員（為以上 (b) 項所述各種目的而提供該個人資料）；
 - v. 為昆士蘭保險私隱政策所指的各種目的，將個人資料提供予該私隱政策提及的其他人士。
- d) 本人 / 我等可以查閱或要求更正自己的個人資料（在這兩種情況下均需支付一筆合理費用）。提出有關要求，可經電郵或郵遞方式向以下地址發信：

昆士蘭保險（香港）有限公司 -

地址：香港鰂魚涌英皇道 979 號太古坊濠豐大廈 33 樓

電郵：info.gihk@qbe.com.hk

- e) 若本人 / 我等乃代表另一人士向昆士蘭保險香港提供個人資料，本人 / 我等已徵得該人士表示同意根據以上 (a)、(b)、(c) 款將其個人資料發放給昆士蘭保險香港。
- f) 若本文件之中、英文版之間意義有分歧，應以英文版本為準。

2022 年 1 月