

# 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 3133  
852 2537 1384  
claims.gihk@qbe.com

**Other Customers  
其他客戶**  
852 2877 8608  
852 3607 0530  
qbehksiclaims@qbe.com

www.qbe.com/hk

### A. 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。

### B. DETAILS OF THE INSURED 保戶資料

How did you purchase the insurance policy?  
閣下從何處購買此份保單？

- Hang Seng Bank 恒生銀行       Insurance agents / brokers 保險代理 / 經紀       Manulife 宏利       Others 其他

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：

- Hand 手  
 Head 頭  
 Others 其他：

- Leg 腳  
 Eye 眼

Nature of injury  
受傷性質：

- Sprain 扭傷  
 Contusion 撞傷  
 Others 其他：  
 Fracture 骨折  
 Laceration 割傷

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？ If "Yes", please provide details (including insurance claims). 如「是」，請詳細列明（包括保險索償）。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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：	
<ul style="list-style-type: none"> <li>Hospitalization period certificate 住院證明書</li> <li>Sick leave certificate 病假證明書</li> <li>Receipt(s) issued by registered doctor(s) 由註冊醫生發出之收據</li> <li>Receipts issued by non-registered doctor(s) 由非註冊醫生發出之收據</li> </ul>	From 由： To 至： From 由： To 至： HK\$ 港元 HK\$ 港元
Are you fully recovered? 閣下是否已完全康復？ (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。)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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）：

/ /

**E. OTHER INSURANCE DETAILS 其他保險資料**

Do you also report this case to your employer for employees' compensation insurance claim?  Yes 是  
閣下是否同時向僱主報告事件以申報僱員補償保險索償？  No 否

Was there any other insurance (including employees' compensation insurance) covering this accident at the time of occurrence?  Yes 是  
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）？  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。

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  Hang Seng Bank 恒生銀行

銀行名稱  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

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 or 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 / 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）：

<b>Are you the patient's regular physician?</b> 閣下是否病人慣常求診之醫生？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<b>Date of first consultation (DD/MM/YYYY)</b> 首次求診日期 (日/月/年)：
		/                      /
<b>Date unfit for work (DD/MM/YYYY)</b> 須休假日日期 (日/月/年)：		
/                      /	<b>Date fit for work (DD/MM/YYYY) (if uncertain, please estimate)</b> 可復工日期 (日/月/年) (如不確定，請作估算)：	
		/                      /
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。		
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）：		
Date (DD/MM/YYYY) 日期 (日/月/年)：	From 由	To 至
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。		
<b>Doctor's name</b> 醫生姓.名：		
<b>Qualification(s)</b> 資歷：		
<b>Address</b> 地址：		
<b>Tel. no.</b> 電話：		
Chop and signature 印章及簽署：		
Date (DD/MM/YYYY) 日期 (日/月/年)：		
		/                      /

注意：中英文版本如有歧異，概以英文版本為準。

## PERSONAL INFORMATION COLLECTION STATEMENT

**QBE Hongkong & Shanghai Insurance Limited** or **QBE General Insurance (Hong Kong) Limited** ("the Company") may use the personal data the Company collects about you, which may include your name, address and other contact details, date of birth, bank account or credit card details, Hong Kong identity card number, information about your dependents and health records, and which we may collect when, for example, you apply for, renew or make a claim under a policy and/or you correspond with us, 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, analysing, 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, law enforcement agencies and court orders;
8. to conduct research, insurance survey and analysis for the purpose of product design and development and improvement of our services to you;
9. for statistical or actuarial research undertaken by the Company, other members of the QBE Group, any agents, third parties or business partners of the Company or its regulators;
10. for the operation and administration of the Company's internal business including without limitation any corporate reorganization;
11. contacting you for any of the above purposes; and
12. other ancillary purposes which are directly related to the above purposes.

The personal data you provide to the Company may be provided or transferred to the following persons in Hong Kong or overseas for the purposes set out in the above paragraph or directly related purposes or as otherwise permitted by applicable law:

- a. any agent, advisor, contractor or third party service provider (whether within or outside the QBE Group) who provides administrative, telecommunications, computer, payment, debt collection, security, research, ratings, consulting services, product design, marketing (where you have consented to direct marketing as described below), data processing or storage or related services or any other person 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;
- 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 purposes referred to in (b) above or directly related purposes;
- d. government bodies, regulators or any other body to whom the Company or any company within the QBE Group is required to or has agreed to make disclosure under any applicable laws or regulations;
- e. lawyers;
- f. auditors; and
- g. other insurance companies within the QBE Group which have undertaken to keep such information confidential.

Some of these persons may be located in countries overseas, namely Australia, Philippines, where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the data protection laws of Hong Kong. That means your personal data may not be protected to the same or similar level as in Hong Kong. However, the Company will only transfer your personal data to a service provider or overseas where the Company is satisfied that adequate levels of protection are in place to protect the integrity and security of any information being processed and compliance with applicable privacy and data protection laws.

In the unlikely event that the Company, any companies within the QBE Group, or its or their brands or substantially all of any of its or their assets are acquired by an unrelated third party, your personal data may be one of the transferred assets. By providing your personal data to the Company, you agree that the Company may disclose your personal data, on a confidential basis, to any prospective transferee and its professional advisors for the purposes of their due diligence investigations, the completion of any such transaction and the continued operation of the acquired business.

You do not have to provide your personal data to the Company, but if you do not provide certain personal data (for example, the information indicated as mandatory on the relevant application, registration or renewal forms, or your contact details if you send us an enquiry), it would not be possible for the Company to process your application and render the services or to otherwise correspond with you.

The Company is committed to ensuring your personal data is kept secure and confidential and not kept for longer than is necessary.

### Direct Marketing of Products and Services

To provide a more comprehensive range of financial and insurance services, the Company would like to use your name and the contact details you provide to us (for example, your mobile phone number, residential phone number, office phone number, residential address, correspondence address and email address), alongside information that you provide (including but not limited to) about your age, gender, occupation, personal interests, marital status, family and education (the "Marketing Personal Data"), to provide you with direct marketing communications about the Company's products and services including but not limited to the Company's insurance, banking, financial services, provident schemes and general insurance products but the Company cannot do so without your consent.

The Company intends to share, from time to time, your Marketing Personal Data with any agents, third parties or business partners of the Company for the purpose of marketing to you their insurance, investment fund, provident schemes, and other financial products and services including general insurance products and services, but we will not do so without your written consent.

If you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by contacting the Company's Data Protection Officer below.

### Your Rights

You have the right to ascertain the Company's policies and practices in relation to personal data, and to obtain access to and to request correction of your personal data held by the Company. Your right to access your personal data may be subject to payment of an administrative fee. Requests for such access or correction, to withdraw consent for direct marketing, or for further information about our data privacy policies and practices, can be made in writing to the Data Protection Officer, QBE Hongkong & Shanghai Insurance Limited / QBE General Insurance (Hong Kong) Limited, 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

In case of discrepancies between the English and Chinese versions, the English version shall prevail.

November 2018

## 收集個人資料聲明

昆士蘭聯保保險有限公司及昆士蘭保險（香港）有限公司（本公司）所收集閣下的個人資料，包括姓名、地址及其他聯繫方式、出生日期、銀行帳戶或信用卡資料、香港身份證號碼、有關閣下的家屬資料和醫療記錄、以及本公司日後可能會在閣下投保、續保、索償或與我們通信時收集的資料，本公司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. 行使有關保險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、行業守則、指引，監管機構、相關行業認可機構、政府機構、執法機構及法庭頒令的要求；
8. 從事研究、保險調查及開發產品和設計之分析並改善本公司為閣下提供的服務；
9. 由本公司、本集團成員、代理人、商業夥伴、第三方或其監管機構進行的統計或精算研究；
10. 本公司內部業務的運作和管理，包括但不限於公司重組；
11. 就上述任何用途與閣下聯絡；及
12. 與上述用途直接有關之其他附帶目的。

閣下向本公司提供的個人資料可能會提供或轉發予下列在香港或海外的各方人士作前段所述的用途或直接相關的用途或其他適用法律許可的用途：

- 甲. 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、研究、評級、諮詢服務、產品設計、市場營銷（如閣下已如下所述同意直銷）、數據處理或儲存或有關服務的第三者服務供應商（不論是否本集團的一部分）或任何其他從事與保險或再保險業務有關的人士，或中介人，或提供索償或調查或其他與保險業務有關的服務供應商；
- 乙. 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；
- 丙. 透過聯會提供予任何聯會的會員，以達到任何上述（乙）中提到的或直接相關的用途；
- 丁. 政府機構、監管機構或任何其他本公司或本集團內的公司根據任何適用的法律或法規必須或已經同意向其披露有關資料的機構；
- 戊. 執業律師；
- 己. 認可核數師；及
- 庚. 本集團內已承諾將資料保密的其他保險公司。

上列各方可能位於海外，包括澳洲及菲律賓。這些海外國家保障個人資料的法律不一定與香港的有關法律相同，亦不一定能達到相同目的。即閣下的個人資料可能得不到相等於或相近於香港法律下的保障水平。然而，本公司將閣下的個人資料轉發給服務供應商或轉發到海外前，本公司會確保接收資料的一方對有關資料有足夠的保護以保障資料的完整性和安全性，並遵守相關的私隱和個人資料保護法律。

一旦本公司、本集團內的任何公司、或本集團的品牌或實質上的全部資產被無關聯的第三方收購，閣下的個人資料可能會成為被轉讓的資產之一。當閣下向本公司提供個人資料的同時，亦表示閣下同意本公司可能會在保密的基礎上，向有關人士及其專業顧問提供閣下的個人資料，以作他們盡職調查的用途、或以完成有關交易及使被收購的企業可持續經營。

閣下有權拒絕向本公司提供個人資料，但如閣下不向本公司提供某些個人資料（如申請表格、註冊表格或續保表格上必須填寫的資料，或閣下查詢時沒有留下聯絡方法），本公司便不能夠處理閣下的申請，為閣下提供服務或與閣下聯絡。

本公司致力確保閣下個人資料安全和保密，資料的保留時間亦不會超過實際所需。

### 直接市場推廣產品及服務

為提供更全面的金融和保險服務，本公司可能會使用閣下的姓名及閣下提供的聯繫方式（如手提電話號碼、家居電話號碼、辦公室電話號碼、居住地址、郵寄地址及電子郵件地址）以及其他資料，包括但不限於年齡、性別、職業、個人興趣、婚姻狀況、家庭及教育程度（「市場推廣用途的個人資料」），作為本公司產品及服務的直接促銷，包括但不限於本公司的保險、銀行及金融服務、公積金計劃及一般保險產品。本公司在未得到閣下的同意之前不能使用閣下的個人資料作上述用途。

本公司擬不時與本公司之代理人、商業夥伴及第三方分享閣下作為市場推廣用途的個人資料，以用作向閣下推銷相關的保險、投資基金、公積金計劃及其他金融產品及服務，包括一般保險產品及服務。本公司在未得到閣下的書面同意之前不能使用閣下的個人資料作上述用途。

閣下如不欲收取任何直接市場推廣或銷售，閣下可以在任何時候聯絡本公司的資料保護主任免費撤回閣下的同意。

### 閣下的權利

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。查閱閣下的個人資料需支付行政費用。有關查閱或更正的要求，或有關撤回個人資料用於直接市場推廣的同意，或如欲索取更多有關本公司的個人資料政策和實務，可致函香港鯉魚涌英皇道 979 號太古坊濠豐大廈 33 樓昆士蘭聯保保險有限公司／昆士蘭保險（香港）有限公司，向資料保護主任提出。

中英文版本如有歧異，概以英文版本為準。

2018 年 11 月