



THE PACIFIC GROUP

太平洋保險有限公司 THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

賠償部: 香港灣仔皇后大道東43-59號東美中心10字樓

Claims Department: 10/F., Dominion Centre, 43-59 Queen's Road East, Wanchai, H.K.

電話: 2876 0288

Tel : 2876 0288

傳真: 2876 0222

Fax : 2876 0222

Official Use: Claim No.

PERSONAL ACCIDENT INSURANCE CLAIM FORM 個人意外保險索償表格

Particulars of the Insured

保戶資料

| | | |
|-----------------------|----------------------------|--------------------|
| Name 名稱 | Identity Card No. 身份證號碼 | Age 年齡 |
| Telephone No. 電話號碼 | Occupation 職業 | Policy No. 保單號碼 |
| Address 地址 | | |

Particulars of the Claimant (if not the Insured)

索償人資料 (如非保戶)

| | | |
|-----------------------|----------------------------|---|
| Name 名稱 | Identity Card No. 身份證號碼 | Age 年齡 |
| Telephone No. 電話號碼 | Occupation 職業 | Relationship with the Insured 與保戶之關係 |
| Address 地址 | | |

Particulars of the Accident

意外資料

| | | | | |
|--|---|---|--|---|
| Date 日期 | Time 時間 | (AM / PM) (上午 / 下午) | <input type="checkbox"/> Injury 受傷 | <input type="checkbox"/> Death 死亡 |
| Detailed address of the place of accident 意外地點之詳細地址 | | | | |
| Details of the Accident 意外詳情 | | | | |
| Part of Body Injured (please state right or left, if applicable): 受傷部位 (如適用, 請述明右邊或左邊): | | | | |
| Nature of Injury 受傷性質 | <input type="checkbox"/> Amputation 切斷 | <input type="checkbox"/> Fracture 骨折 | <input type="checkbox"/> Contusion 撞傷 | <input type="checkbox"/> Laceration 割傷 |
| | <input type="checkbox"/> Burn 燒傷 | <input type="checkbox"/> Sprain 扭傷 | <input type="checkbox"/> Others (please specify) 其他 (請述明) | _____ |
| Has the sick leave ended yet? 病假是否完結? | | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 | |
| If "Yes", please give the last day of the sick leave: 如"是", 請述明最後之病假日期: _____ | | | | |
| Whether police was notified? 有否通知警方? | | <input type="checkbox"/> Yes 有 | <input type="checkbox"/> No 否 | |
| If "Yes", please give the details: 如"有", 請述明: | | Police Station 警署 | Report No. 報案號碼 | _____ |

Particulars of the Accident (Cont'd)

意外資料 (續)

| | | | |
|--|---------------------------------|--|----------------------------------|
| Have you taken out any other Insurance policies against the accident? 閣下於是次意外中, 有否受保於其他保險合約? | | <input type="checkbox"/> Yes 有 | <input type="checkbox"/> No 否 |
| If "Yes", please give the details: 如“有”, 請述明: | Name of Insurer 保險公司名稱 _____ | Policy No. 保單號碼 _____ | |
| | Type of Insurance 保險種類 _____ | Claim No. 索償號碼 _____ | |
| Please supply us with the following document(s): 請提供以下文件: | | | |
| 1) Original Sick Leave Certificate 病假證明書正本 | | 2) Original Medical Expenses Receipt 醫療費用收據正本 | |
| 4) Medical Report (if any) 醫療報告 (如有) | | 3) Letter of Consent 同意書 | |
| 5) Police Report / Statement (if any) 警方報告 / 口供 (如有) | | 6) Death Certificate (if any) 死亡証 (如有) | |
| 7) Copy of Identity Card (<i>The Insured / Claimant may present the Identity Card in person or provide a copy for verification</i>) 身份証副本 (保戶/索償人可親身出示身份証正本或提供副本以供查核) | | | |

Declaration

聲明

I/We hereby declare the foregoing particulars to be true in every respect and I/we undertake to give the Company all assistance in my/our power in dealing with the matter. I/We also have read and fully understood the contents printed below and hereby give my/our consent thereto.

吾/吾等謹此聲明以上所列乃屬真實, 並願協助辦理一切有關事宜。此外, 吾/吾等亦已閱讀及完全明白並同意下面所列印之內容。

Signature of Insured
保戶簽署 _____

Signature of Claimant
索償人簽署 _____

Date
日期 _____

Date
日期 _____

Personal Information Collection Statement

The information you provided in this Claim Form is collected to enable us to carry on insurance business and may be used for the purpose of:

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim;
- exercising any right of subrogation; and

may be transferred to:

- 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;
- any association, federation or similar organisation 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
- any members of the Federation by the Federation for any of the above or related purposes.

Moreover, The Pacific Insurance Company, Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by The Pacific Insurance Company, Limited. Requests for such access can be made to The General Manager at 10th Floor, Dominion Centre, 43-59 Queen's Road East, Wanchai, Hong Kong.

收集個人資料聲明

閣下在此索償表格內所提供的資料, 為本公司提供保險業務所需, 並可能使用於下列目的:

- 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;
- 任何索償, 或該等索償的調查或分析;
- 行使任何代位權; 及

可能移轉予:

- 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;
- 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
- 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。

此外, 在此授權太平洋保險有限公司由聯會從保險業內收集的資料中查閱及/或核對閣下任何資料。

閣下有權查閱及要求更正由太平洋保險有限公司持有有關閣下的個人資料。如有此項要求, 可向香港灣仔皇后大道東43-59號東美中心十字樓本公司總經理提出。