

「意外賠償申請表甲部」－填寫指引

- ✓ 適用範圍：因意外事故導致而索償醫療費用及肢體傷殘。填表前，請先詳閱申請表內的「索償文件清單」。
- ✓ 請盡量回答所有問題，避免賠償因資料不足而延誤批核。
- ✓ 如此疾病或意外是首次索償，請選擇首次理賠。如此疾病或意外是延續索償而並非首次，請選擇持續理賠。

甲部 - 由權益人/受保人填寫

PART I - TO BE COMPLETED BY THE OWNER/INSURED

<input type="checkbox"/> 醫療費用 Medical Expenses <input type="checkbox"/> 肢體傷殘 Dismemberment		<input type="checkbox"/> 理賠種類 Type of Claim <input type="checkbox"/> 首次理賠 New Claim		<input type="checkbox"/> 持續理賠 Further Claim
保單編號 Policy No. 7xxxxxxx8	受保人姓名 Name of Insured 李xx	身份證號碼 ID No. Gxxxxxx(2)	年齡/性別 Age-Sex 38/M	聯絡電話 Contact Tel No. 98xx xxxx
職業 Occupation 經理		僱主(公司)名稱及地址 Name and Address of Employer XX 公司, XXX 街 XX 號 XX 樓 XX 室		
通訊地址 Mailing Address 與保單地址相同				
1. a) 意外於何時及何地發生? When and where did the accident happen? b) 請詳述意外發生經過、受傷部位及傷勢 Please describe how the accident happened, the part of body injured and nature of injury. c) 您有否報警? Did you report to the Police? if yes, please provide details		意外日期及時間 Date of Accident 2018/04/01 (年/月/日 YY/MM/DD) 意外地點 Location of Accident 旺角 意外詳情 Details of Accident 在街上不慎滑倒, 扭傷腳踝 <input checked="" type="checkbox"/> 有 YES 警署地點 Police Station 旺角警署 <input type="checkbox"/> 否 NO 檔案編號 Case Reference No. W7xxxxxx 註: 請附上警署報告/交通意外報告/口供紙/酒精測試報告影印本 Remarks: Please attach a copy of the Police Report/Traffic Accident report/Alcohol Test Report		
2. 初診此傷的醫院/醫生資料 The hospital/ physician first consulted for this injury		求診日期 Consultation Date 2018/04/01 (年/月/日 YY/MM/DD) 醫院/醫生名稱及地址 Name and address of the hospital/ physician 廣安醫院		
3. 其他曾應診此傷的醫院/醫生資料 Other hospitals/ physicians consulted for this injury		求診日期 Consultation Date 沒有 (年/月/日 YY/MM/DD) 醫院/醫生名稱及地址 Name and address of the hospital/ physician 沒有		
4. 慣常求診醫生名稱及地址 Usual physician name and address		醫生名稱 Name of usual physician 陳太文醫生 醫生地址 Address of usual physician 旺角中心101室		
5. 就此意外有否申請其他保險索償? Apply any other insurance claim for this accident?		<input checked="" type="checkbox"/> 有 YES, 公司名稱 Name of Company AIA <input type="checkbox"/> 否 NO 保單編號 Policy No. Bxxx		

- 客戶應說明意外發生的確實日期、時間、地點及經過，避免將問題漏空。例如在問題 3 及 4，如客戶沒有就相關病症向其他醫院/醫生求診，亦應填上「沒有」。
- 其他保險公司索償：如未能提供確實的保險編號，亦應儘量提供保險公司的名稱。

accident?	保單編號 Policy No. Bxxxx
6. 賠付方式 Claim Payment Options	<input type="checkbox"/> 「轉數快」 Faster Payment System ("FPS") 已登記的手機號碼或電郵地址 Registered mobile phone number or email address * 「轉數快」戶口必須為保單權益人單獨持有 FPS account must be solely owned by the Policy Owner. * 賠償款項會轉至「轉數快」的預設收款賬戶 Claim payment will be credited to FPS default account. <input checked="" type="checkbox"/> 自動轉賬 Autopay 此轉賬戶口將用作發放上述賠償申請及日後所有保單給付金額 (包括但不限於賠償、紅利、保單現金支付保單貸款、各類退款、及可領保單期滿金等，惟身故賠償除外)。 Payment for the above claim application and all future policy proceeds (including but not limited to claim payment, Dividend, Guaranteed Cash Payment, Policy Loan, any kinds of payment refund, policy maturity payment and etc, except death benefit) will be released via this bank account. 戶口持有人姓名 Account Holder Name 李xx 0 1 2 X X X X X X X X X X X X X X X X * 戶口必須為保單權益人單獨持有之中國銀行(香港)/南洋商業銀行/集友銀行戶口。 * The account must be a BOC/HK NCB/ CYB account solely owned by the Policy Owner. <input type="checkbox"/> 支票 Cheque 支票號碼 票下須填明保單編號及/或電郵地址為正確及有效之手機號碼及/或電郵地址。中銀人壽不會就「轉數快」/「銀行戶口」/「支票號碼」/「銀號手續號碼」/「電匯地址」/「自動轉賬銀行戶口」/「支票號碼」之損失承擔任何法律責任。如賠償金額未能成功轉至指定之「轉數快」/「銀行戶口」/「支票號碼」/「銀號手續號碼」/「電匯地址」/「自動轉賬銀行戶口」/「支票號碼」之損失，賠償將會以支票形式支付。 Remarks: It is your responsibility to ensure that the mobile phone number and/ or email address registered with your bank is accurate and valid. BOC Life shall not be liable for any loss suffered by you arising from your provision of incorrect/ invalid FPS registered mobile phone number/ email address/ autopay account. Claim payment will be made by cheque in the event of unsuccessful direct credit to designated FPS/ bank account.

賠付方式:

客戶可選擇以下方式收取賠償款項:

- 「轉數快」**
 - ✓ 可提供已登記的「轉數快」手機號碼或電郵地址
 - ✓ 必須為保單權益人的「轉數快」戶口
 - 如理賠金額未能成功轉至指定之「轉數快」戶口，賠款會以支票發出。
- 自動轉賬**
 - ✓ 只限中國銀行(香港)/南洋商業銀行/集友銀行(所提供的銀行之戶口，將作其後各類保單給付金額之用，包括理賠款項。)
 - ✓ 客戶必須填寫戶口的賬戶名稱及賬戶號碼
 - ✓ 戶口持有人的姓名必須與保單權益人相同
 - X 不接納聯名戶口
 - 如理賠金額未能成功轉至指定之銀行戶口，或提供之戶口並不是中國銀行(香港)/南洋商業銀行/集友銀行，賠款會以支票發出。
- 支票**
 - 如無特別指示，支票將會郵寄予保單權益人

7. 其他指示 Other Instruction: ☐ 退回正本文件 Return Original Documents

其他指示

如遞交的文件為**副本**，此指示並不適用。

I only owner may be requested to provide additional information in certain circumstances to process the claim.

聲明及授權 DECLARATION & AUTHORIZATION

聲明 DECLARATION

本人謹此代表本人/受保人及其他在此賠償申請表提及之人士（“相關人士”）聲明及同意（1）上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所信，均為事實之全部並確實無訛；（2）本人/我們已收妥、閱讀及完全明白載於本文件的個人資料收集聲明，及同意相關人士的任何個人資料可用作該聲明第7段所述之用途及貴公司可把該等個人資料提供給該聲明第8段所述各方作上述用途。本人聲明及同意已獲相關人士授權及同意本人作出上述聲明及同意。

I HEREBY DECLARE AND AGREE on behalf of myself/the insured and other persons referred to in this claim form (“Relevant Persons”) that (1) all statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true; and (2) I/We have received, read and fully understood the Personal Information Collection Statement contained in this document, and agree that any personal data of the Relevant Persons may be used for the purposes set out in paragraph 7 of that Statement and the Company may provide the personal data to the parties set out in paragraph 8 of that Statement for the aforementioned purposes.

I declare and agree that I have the full authority from and consent of the Relevant Persons to make the above declarations and agreements.

授權 AUTHORIZATION

本人謹此代表本人/受保人授權（1）任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他機構、組織或人士、凡知道或持有任何有關本人/受保人之紀錄者，及/或曾診驗或可能將會診驗本人/受保人者，均可將該等資料提供給中銀集團人壽保險有限公司；（2）中銀集團人壽保險有限公司或任何其指定之醫生或化驗所，可就此賠償申請替本人/受保人進行所需之醫療評估及測試，作為審核本人/受保人之健康狀況。此授權對本人之繼承人及受讓人具有約束力；即使死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。本人聲明及同意已獲受保人授權及同意本人作出上述授權。

I HEREBY AUTHORIZE on behalf of myself/the insured (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the insured and who has attended or may hereafter attend myself/the insured to disclose such information to BOC Group Life Assurance Co. Ltd.; (2) BOC Group Life Assurance Co. Ltd. or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/the insured in relation to this claim. This authorization shall bind my successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

I declare and agree that I have the full authority from and consent of the insured to make the above authorizations.

權益人簽署 Signature of Policy Owner

姓名 Name in Block Letter

身份證號碼 ID No

簽署日期 Date

受保人簽署 Signature of Insured

姓名 Name in Block Letter

身份證號碼 ID No

簽署日期 Date

請參閱下頁的個人資料收集聲明
Please read the Personal Information Collection Statement on next page

- 此表格必須由權益人簽署
- 如受保人與保單權益人不同，而**受保人**於申請賠償時**已年滿18歲**，則表格的應由**受保人及權益人簽署**，而相應的姓名及身份證號碼亦應填上**受保人及權益人**的資料。

Guidance Notes of "Accident Claim Form Part I"

Applicable to : Claims arise due to accident and claiming medical reimbursement and dismemberment.

Please read through the "Claims Document Checklist" before filling the form.

Answer **all** questions to avoid unnecessary delay due to insufficient information.

- ✓ If the claiming symptom is first claim, please chose the NEW Claim. If the claiming symptom is recurrence, please chose the Further Claim.

甲部 - 由權益人/受保人填寫

PART I - TO BE COMPLETED BY THE OWNER/INSURED

<input checked="" type="checkbox"/> 醫療費用 Medical Expenses <input type="checkbox"/> 肢體殘廢 Dismemberment		<input checked="" type="checkbox"/> 新發症 New Claim <input type="checkbox"/> 持續殘廢 Further Claim	
保單編號 Policy No. 2xxxxxx8	受保人姓名 Name of Insured Lee xxx xxx	身份證號碼 ID No. Gxxxxxx(2)	年齡/性別 Age/Sex 38/M
職業 Occupation Manager		僱主(公司)名稱及地址 Name and Address of Employer Room xx, xxxxx house, xxxxx street, xxxxxx Company	
通訊地址 Mailing Address Same as policy record			
1. a) 意外於何時及何地發生? When and where did the accident happen? b) 請詳述意外發生經過、受傷部位及傷勢 Please describe how the accident happened, the part of body injured and nature of injury. c) 您有否報警? Did you report to the Police? if yes, please provide details		意外日期及時間 Date of Accident <u>2018/04/01</u> (年/月/日 YY/MM/DD) 意 外地點 Location of Accident <u>Mong Kok</u> 意外詳情 Details of Accident <u>Ankle Strained due to slipped and fell accidentally</u> <input checked="" type="checkbox"/> 有 YES 警署地點 Police Station <u>Mongkok Police</u> <input type="checkbox"/> 否 NO 檔案編號 Case Reference No. <u>WTxxxx</u> <small>註：請附上警署報告/交通意外報告/口供紙/酒精測試報告副本 Remarks: Please attach a copy of the Police Report/Traffic Accident report/Alcohol Test Report</small>	
2. 初診此傷的醫院/醫生資料 The hospital/physician first consulted for this injury		求診日期 Consultation Date <u>2018/04/01</u> (年/月/日 YY/MM/DD) 醫院/醫生名稱及地址 Name and address of the hospital/physician <u>Queen Mary Hospital</u>	
3. 其他有應診此傷的醫院/醫生資料 Other hospital/physicians consulted for this injury		求診日期 Consultation Date <u>Nil</u> (年/月/日 YY/MM/DD) 醫院/醫生名稱及地址 Name and address of the hospital/physician <u>Nil</u>	
4. 慣常求診醫生名稱及地址 Usual physician name and address		醫生名稱 Name of usual physician <u>Dr Chan Tai Man</u> 醫生地址 Address of usual physician <u>Mongkok Center Room 101</u>	
5. 就此意外有否申請其他保險索償? Apply any other insurance claim for this accident?		<input checked="" type="checkbox"/> 有 YES, 公司名稱 Name of Company <u>ALA</u> <input type="checkbox"/> 否 NO 保單編號 Policy No. <u>Bxxxx</u>	

- To facilitate claim processing, please state the exact date and cause of the accident. Do not leave any question blank. For example, in question 3&4, if you did not consult any other hospitals / physicians, please put down "nil".
- For other insurance claims, you should at least provide the name of the insurance company if you could not remember the policy no.

6. 賠付方式 Claim Payment Options	<input type="checkbox"/> 「轉數快」 Faster Payment System ("FPS") 已登記的手機號碼或電郵地址 Registered mobile phone number or email address * 「轉數快」戶口必須為保單權益人單獨持有 FPS account must be solely owned by the Policy Owner. * 賠償款項會轉至「轉數快」的預設收款賬戶 Claim payment will be credited to FPS default account. <input checked="" type="checkbox"/> 自動轉賬 Autopay 此轉賬戶口將用作發放上述賠償申請及日後所有保單給付金額 (包括但不限於賠償、紅利、保單現金支付保單貸款、各類退款、及可領保單現金金額等，惟身故賠償除外)。 Payment for the above claim application and all future policy proceeds (including but not limited to claim payment, Dividend, Guaranteed Cash Payment, Policy Loan, any kinds of payment refund, policy maturity payment and etc, except death benefit) will be released via this bank account. 戶口持有人姓名 Account Holder Name <u>李 xx</u> 0 1 2 X X X X X X X X X X * 戶口必須為保單權益人單獨持有之中國銀行(香港)/南洋商業銀行/東亞銀行戶口。 * The account must be a BOCHK/NCB/CYB account solely owned by the Policy Owner. <input type="checkbox"/> 支票 Cheque <small>注意事項：閣下須向貴保單所屬之銀行之手機號碼及/或電郵地址為正確及有效之手機號碼及/或電郵地址，中銀人壽不會就閣下提供不正確之「轉數快」或「自動轉賬」之銀行戶口而承擔任何法律責任。如閣下未能成功轉至指定之「轉數快」/銀行戶口，賠償將以支票形式支付。 Remark: It is your responsibility to ensure that the mobile phone number and/or email address registered with your bank is accurate and valid. BOC Life shall not be liable for any loss suffered by you arising from your provision of incorrect/invalid FPS registered mobile phone number/ email address/autopay account. Claim payment will be made by cheque in the event of unsuccessful direct credit to designated FPS bank account.</small>
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Claims Payment Options

You can receive the claim payment through:

1. Faster Payment System ("FPS")

- ✓ You can provide either FPS registered mobile phone number or email address
- ✓ Registered FPS account must be under the name of Policy Owner

2. Autopay

- ✓ Limited for BOCHK/ NCB/ CYB only (The account provided will be used for all kinds of policy proceeds thereafter, including claim payment.)
- ✓ The Account Number and the Name of the Account Holder must be stated clearly on the form
- ✓ Account Holder must be the Policy Owner of the claimed policy.
- X Joint Account is not accepted.

The payment will be made by cheque if incomplete bank account information or autopay is unsuccessful or the provided bank account no. is not BOCHK/ NCB/ CYB

3. Cheque

If no instruction of payment options, claim payment cheque will be issued and mailed to Policy Owner

7. 其他指示 Other Instruction: ☐ 退回正本文件 Return Original Documents

Other Instruction

This instruction is not applicable if the submitted document is a **copy**.

Policy owner may be requested to provide additional information in certain circumstances to process the claim.			
聲明及授權 DECLARATION & AUTHORIZATION			
<p>聲明 DECLARATION</p> <p>本人謹此代表本人/受保人及其他在此賠償申請表提及之人士（「相關人士」）聲明及同意（1）上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所信，均為事實之全部並確實無訛；（2）本人/我們已收受、閱讀及完全明白載於本文件的個人資料收集聲明，及同意相關人士的任何個人資料可用作該聲明第 7 段所述之用途及貴公司可把該等個人資料提供給該聲明第 8 段所述各方作上述用途。</p> <p>本人聲明及同意已獲相關人士授權及同意本人作出上述聲明及同意。</p> <p>I HEREBY DECLARE AND AGREE on behalf of myself/the insured and other persons referred to in this claim form ("Relevant Persons") that (1) all statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true; and (2) I/We have received, read and fully understood the Personal Information Collection Statement contained in this document, and agree that any personal data of the Relevant Persons may be used for the purposes set out in paragraph 7 of that Statement and the Company may provide the personal data to the parties set out in paragraph 8 of that Statement for the aforementioned purposes.</p> <p>I declare and agree that I have the full authority from and consent of the Relevant Persons to make the above declarations and agreements.</p> <p>授權 AUTHORIZATION</p> <p>本人謹此代表本人/受保人授權（1）任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他機構、組織或人士、凡知道或持有任何有關本人/受保人之紀錄者，及/或曾診驗或可能將會診驗本人/受保人者，均可將該等資料提供給中銀集團人壽保險有限公司；（2）中銀集團人壽保險有限公司或任何其他指定之醫生或化驗所，可就此賠償申請替本人/受保人進行所需之醫療評估及測試，作為審核本人/受保人之健康狀況。此授權對本人之繼承人及受讓人具有約束力；即使死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。</p> <p>本人聲明及同意已獲受保人授權及同意本人作出上述授權。</p> <p>I HEREBY AUTHORIZE on behalf of myself/the insured (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the insured and who has attended or may hereafter attend myself/the insured to disclose such information to BOC Group Life Assurance Co. Ltd.; (2) BOC Group Life Assurance Co. Ltd. or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/the insured in relation to this claim. This authorization shall bind my successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.</p> <p>I declare and agree that I have the full authority from and consent of the insured to make the above authorizations.</p>			
權益人簽署 Signature of Policy Owner	姓名 Name in Block Letter	身份證號碼 ID No	簽署日期 Date
受保人簽署 Signature of Insured	姓名 Name in Block Letter	身份證號碼 ID No	簽署日期 Date
<p>請參閱下頁的個人資料收集聲明 Please read the Personal Information Collection Statement on next page</p>			

- The form must signed by Policy Owner
- In case the Owner and the Insured are different person, the authorization should be **signed and completed by the Policy Owner and Insured** if the Insured already reached age **18** or above at the time of claims application.