

# ACCIDENT CLAIM FORM 意外賠償申請書

PART I (TO BE COMPLETED BY INSURED / CLAIMANT) 第一部份(F	<b>由受保人或申請人填寫</b> )
Policy Number Name of Insured 保單號碼 受保人姓名	ID Card Number / Passport Number 身份證號碼 / 護照號碼
	XXXX
Area Code Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼
Agency Code Agent / TR's Name 營業員組別編號 營業員 / 業務代表姓名	Agent / TR's Tel. No. 營業員 / 業務代表聯絡電話
TR Membership Number 業務代表會員號碼 IA	ANG
Accident / Weekly Indemnity 意外 / 每週賠償 Hospital Income	rsement 醫療費用賠償 / Benefit 住院入息 / 惠益 · Assurance 自選團體保障 ligible benefits.
Date and time of accident 意外日期及時間 MM月 DD日 YYYY年 HR時 Period of hospital confinement if hospitalized 如有住院,請提供住院時段: From 由 MM月 DD日	A.M. 上午 P.M. 下午 MIN分 To 至 MM月 DD日 YYYY年
Have you received claim payment from AIA group insurance or other insurance for tl 您就是次治療/醫療收據是否已獲取友邦團體 保險或其他保險賠償? If yes, please provide the below information and submit relevant insurance comp如是,請提供下列資料及遞交有關保險公司 / 機構的賠償金額通知書。 Name of insurance company / organization: 保險公司 / 機構名稱:	INO 及有 L Tes 有
If the insured or the policyholder is holding both AIA International Limited and AIA registration of FPS / e-BankIn services) will be processed together. In addition, the Collection and Use" in the claim form will be also applicable to AIA International 若受保人或保單持有人同時持有友邦保險(國際)有限公司及友邦雋峰人壽有限公司海將會一併處理。此外,賠償表格內之「聲明及授權」及「個人資料收集及使用」亦  If you do not agree on the above arrangement, please mark a "X" in the box	he "Declaration and Authorization" and "Personal Information Limited and AIA Everest Life Company Limited. 之保單,相關賠償(包括登記「轉數快」或「電子入賬服務」) 同時適用於友邦保險(國際)有限公司及友邦雋峰人壽有限公司。
For proper follow up on your claims progress, your AIA financial planner / bro information if no specific agent / broker / IFA / TR information is provided at a 營業員 / 保險或理財顧問 / 業務代表資料,您最新生效保單的友邦財務策劃顧問 / lf you do not agree on the above arrangement, please mark a "X" in the box	oker / IFA of your latest inforce policy can view this claim's above. 為了妥善地跟進您的賠償進度,若於以上沒有提供指定保險或理財顧問將能夠查閱是次申請資料。
EMPLOYMENT PARTICULARS 就業詳情	
Present occupation (if more than one, state all) and exact nature of occupation	nal duties 現職(若有兼職請列明)職位及職責
2. Name and address of business or employer 公司或僱主名稱及地址	
3. Did you file a medical leave certificate to your employer? 有否向僱主遞交病假	證明書?
4. Did you submit a claim for workmen's compensation for this accident? 有否就	此意外申請勞工賠償? No 沒有  Yes 有
ACCIDENT PARTICULARS 意外詳情	
5. Where and how did the accident happen? 意外地點及經過 6. Part of	of body injured and type of injury 受傷部位及傷勢

		Policy Number 保單號碼
ТІ	REATMENT PARTICULARS 治療詳情	
	Details of hospitals confined or physicians consulted for the injury (N 因此次意外受傷就診之醫生或醫院(名稱,地址及診治日期) Name and address of doctor / hospital / service provider 醫生/醫院/服務提供者名稱及地址	lame, address and consultation date) Date 求診日期 MM月 DD日 YYYY年
8.		Services Provider and Insured / Claimant / AIA Financial Planner / Broker? 與受保人 / 索償人 / 友邦財務策劃顧問 / 保險經紀有任何關係,請列明之:
С	LAIMS PAYMENT OPTION 支付賠償方法:	
Fom Tom A Re Tom page Or 持 W	on completion of the registration. 保單持有人的所有保單須登記「轉數快」頭 門將於完成登記當日發送短訊通知您。 wner's Mobile Number 有人流動電話號碼:	入賬至指定銀行戶口 er FPS / e-BankIn by completing the following: 「電子入賬服務」: d to same owner must be registered for FPS / e-BankIn. We will notify you by SMS 或「電子入賬服務」以允許我們以「轉數快」或「電子入賬服務」支付賠償款項。  gly if it is different from the Company record. We will notify you by SMS
ld	•	have not submitted a <u>valid Identity Card / Passport</u> before.如未曾提
Co	mplete this section if application for Hong Kong Policy(ies) 請填妥以下部	分如申請涉及香港保單 :
	Apply to the following Hong Kong policy / policies. 是次申請只應用於下列之名 wase take the appropriate box; otherwise we will apply to all of your Hong Kong	香港保單: policies held with our Company. 請選擇適用者,否則我們將會把是次申請應用於
Us ma 定	e "FPS / e-BankIn" to transfer policy benefits paid under the above policy to t iximum limit set by the Company. 使用「轉數快」或「電子入賬服務」將以上份 的上限。	the below designated bank account. The transferred amount will not exceed the R單號碼所支付的保單利益轉入下列指定之銀行戶口,轉入之金額將不超過公司所「轉數快」或「電子入賬服務」其中一項以轉入以上保單號碼所支付之保單利益。
	a. FPS* 轉數快* (Applicable to HKD payment only 只適用於港幣付款)	b. e-Bankin 電子入賬服務
an ap	asse select <u>either ONE</u> of the "Proxy ID" <sup>#</sup> below by marking a "X" on appropriate box d provide relevant information. <u>More than one selection</u> will be treated as <u>invalid</u> blication. Your FPS account must also be registered under the policy owner. 請以 人 號選擇下列 <b>其中一種</b> 「識別代號」"及提供以下相關資料。若 <b>多過一個選項</b> 將被 為申請 <u>無效</u> 。「轉數快」的用戶註冊名稱必須同樣為保單持有人。	Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件:  1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何列有戶口持有人及銀行賬戶號碼最近期的銀行存摺 / 信件 / 月結單 (包括電子結單) / 有效銀行卡副本。  2) Joint account is not allowed. 不接受聯名戶口。
	FPS Identifier 「轉數快」識別號碼:	3) e-BankIn account must also be registered under the policy owner. 電子入賬服務的戶口必須同樣為保單持有人。  Bank Name and Branch in Hong Kong 香港銀行及分行之名稱
	Mobile Number 手機號碼: (	
#	Country Code 國際電話區號  "FPS Service" means the services provided by us to you from time to time to facilitate payments and funds transfer using the Faster Payment System and related systems and services from time to time provided by Hong Kong Interbank Clearing Limited, together with its successors and assigns.  「快速支付系統服務(轉數快)」指我們不時向您提供的服務,以讓我們使用由香港銀行同業結算有限公司及其繼承人及受讓人不時提供的快速支付系統及相關系統及服務。  "Proxy ID" means an identifier which may be accepted by HKICL for the registration of an account in the HKICL Addressing Service, including your mobile phone number, email address or FPS Identifier.  「識別代號」指結算公司接納用作結算公司賬戶綁定服務賬戶登記的識別	Bank No. 銀行編號 分行編號 本人之賬戶號碼  Name as recorded on Bank Passbook / Correspondence / Statement / Bank card (must be same as the Owner of the above Policy) 銀行存摺 / 信件 / 月結單 / 銀行卡上所記錄之戶口持有人姓名(必須與上述保單持有人相同)
	資料,包括您的手機號碼,電郵地址或「轉數快」識別號碼。	

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purpose 有關由	purpose of assessing my claim (as opposed to my own attending doctor), I hereby agree and confirm that: 有關由貴公司的醫生(以下簡稱「上述醫生」)負責為本人進行驗傷,以便評估本人之索償申請的事宜(而非本人之主診醫生),本人謹此同意及確認:						<b>7</b> :																										
(a) The	(a) The medical findings by the said doctor shall be relied upon by the Company when processing my said claim, and 由上述醫生作出之檢驗結果將成為貴公司處理本人上述索償申請的根據。																																
(b) I ur	derstand t	hat thi	s exa	minat	ion do	oes	not	preve	ent	or re	estric	t m	ne fr	om co								ter	ndin	ıg d	oct	tor a	ıt a	any f	tim	ne in	the	e futi	ure
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Policy Number 保單號碼					

### IMPORTANT NOTE 注意事項

- (a) In order to speed up your claim application, please attach the required claims documents together with this application form. You may check the required documents on our website (http://www.aia.com.hk > Help & Support > Health Care & Claims> File a Claim). If you want to get back the original medical receipt(s) / sick leave certificate(s) submitted, please also complete the "Request for Return of Original Document(s)" Form. We will notify you or our AIA financial planner / your broker / IFA if we need to obtain extra information from you or from outside parties to assess your claim. As the time required for obtaining the information is variable, the processing time of your claim will likely be longer. 為使能儘速辦理您的索償申請,請將此表格連同有關索償文件一併遞交。有關申請索償所需遞交之文件,請參閱友邦的網頁(http://www.aia.com.hk > 客戶支援 > 健康及索償 > 索償)。如欲退回任何呈交之正本醫療收據 / 病假證明書,請一併遞交「退回正本文件」申請表格。若我們有需要就審核閣下之賠償申請向您或其他人士索取額外資料,我們會通知您或友邦財務策劃顧問 / 您的保險顧問 / 投資顧問。因索取有關資料需時,賠償申請的審核時間會較長。
- (b) In case you want to claim for other benefits, you have to complete an appropriate claim form of that respective claim type and file it in together with the necessary supporting evidence. 如您還需申請其他賠償類別,您須另行填寫及遞交相關的索償申請表格和所需證明。
- (c) Please submit your claim application to our AIA financial planner / your broker / IFA or send it to us at the following address: 請將您的素償申請交予友邦財務策劃顧問 / 您的保險顧問 / 投資顧問,或郵寄至以下地址:
  - HK: AIA Wealth Select Centre, 12/F AIA Tower, 183 Electric Road, North Point, Hong Kong 香港: 友邦財駿中心,香港北角電氣道183 號友邦廣場12樓
  - Macau: AIA Customer Service Centre, Unit 201, 2F, AIA Tower, Nos. 251A-301, Avenida Comercial de Macau, Macau 澳門: 友邦客戶服務中心, 澳門商業大馬路251A-301號友邦廣場2樓201室

#### AIA e-Advice 「友邦電子通知書 |

(Please mark a "X" in the box to apply for thi	s service. 閣下如欲申請此服務請於空格內劃上「X」號。)	
Apply for Internet Service "AIA e-Advice" to s	uppress physical copies of the selected correspondences and view / download the softcop	oies
via AIA Customer Corner for the above police	cy and any other policy numbers if specified as below, subject to the #Terms and Conditi	ons
of "AIA e-Advice". 申請「友邦電子通知書」	網上服務,提交以上保單及其他下列保單號碼(如有)之停止收取個別通知書並透過友邦特別	字戶
專頁閲覽或下載個別通知書,並根據「友邦電	子通知書」的 <i>"</i> 條款及條件使用。	
* Email address	Signature of Owner	
電郵地址:	持有人簽署:	
Other policy number(s)		=
` ' ' '		
其他保單號碼:		
(Not applicable to Personal Lines policies wi	h policy profix C	

(Not applicable to Personal Lines policies with policy prefix C.

不適用於保單號碼字首為C之個人財物保險保單。)

- # For details of the Terms and Conditions of the "AIA e-Advice", please visit AIA Customer Corner www.aia.com.hk. 有關條款及條件之詳情,請登入www.aia.com.hk 之友邦客戶專頁參閱。
- \* Email notification for this claim will only be sent to the email address provided in this form. 是次賠償之個別通知書只會電郵至此表格內所列出之電郵地址。

## DECLARATION AND AUTHORIZATION 聲明及授權

I / We DECLARE that the answers given above are true and complete and I / we have already paid in full to the attending physicians for the medical expenses specified on the receipts which I / We am / are now submitting to AIA International Limited (hereinafter called "Company"). 本人 / 我們現聲明以上每一項答案為完全和真確及確認是次向友邦保險(國際)有限公司(以下簡稱「公司」)遞交之單據乃由本人 / 我們之醫生發出,單據所載之醫療費用經已全數繳付。

I / We hereby irrevocably authorize:

## 本人/我們茲授權:

- (a) any organization, institution, or individual that has any record or knowledge of my / our / the Insured's employment, sick leave records, accident or loss details (of any sorts), health, medical history or any treatment or advice, that when requested by an authorized representative of the Company may disclose any such information. This authorization shall bind my / our / the Insured's successors and assigns and remain valid notwithstanding my / our / the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original. 任何知悉或擁有本人 / 我們 / 被保人之工作、病假紀錄、意外或損失(任何類別)之詳情、
  - 健康狀況、病歷或任何治療或諮詢紀錄及曾為或將為本人 / 我們 / 被保人診治之機構、組織或人士、向貴公司透露有關資料,不得撤回,即使本人 / 我們 / 被保人死亡或喪失能力,此授權書仍然存有法律效力,而本人 / 我們 / 被保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。
- (b) The company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my / our / the Insured's health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites. 貴公司或任何其認可之驗身醫生或化驗所,替本人 / 我們 / 被保人進行所需之醫療評估及測試,並對本人 / 我們 / 被保人之健康狀況進行審核及評估,作為處理本申請及其後與之有關的賠償事宜,不得撤回。此等化驗會包括,但並不限於,膽固醇及有關之血脂肪、糖尿病、腎或肝功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代產品之含量等化驗。

	Policy Number 保單號碼	
PERSONAL DATA COLLECTION AND USE 個人資料	ł收集及使用	
I / We confirm that I / we have read and understood the	AIA Personal Information Collection S	tatement ("AIA PIC").
I / We declare and agree that any personal data and other inf	ormation relating to me / us or my / our po	icy(ies) or investments
contained in this application or collected obtained, compiled of	or held by the Company by any means fro	m time to time may be
collected and utilized in accordance with the AIA PIC. I / We a	cknowledge and consent to the transfer of	my / our personal data
outside of Hong Kong (for policies issued in Hong Kong) or M	acau (for policies issued in Macau), as th	e case may be, for the
purposes and to the types of transferee as set out in the AIA P	C. The updated version of AIA PIC is avail	able for download from
its website: www.aia.com.hk, and is made available upon requ	uest.	
本人 / 我們確認本人 / 我們已閱讀及明白AIA個人資料	↓ 收集聲明(「AIA個人資料收集聲Ⅰ	明」)。本人/我們
聲明及同意在本申請所載或貴公司不時以任何方法收!	<b>集所得、編製或持有的任何個人資料</b>	及關於本人 / 我們或
本人 / 我們的保單或投資的其他資料,可根據AIA個人	資料收集聲明收集及使用。本人/我	們知悉及同意就AIA
個人資料收集聲明所述目的視乎情況轉讓本人/我們的		
澳門繕發)境外予AIA個人資料收集聲明所載的資料。	。 【讓人。AIA個人資料收集聲明的最新	新版本可於以下網址
下載:www.aia.com.hk,及可向貴公司索取。		
Signature of Owner / Trustee 持有人 / 信託人簽署	Signature of Insured, if other than Owner / T 持有人 / 信託人(Please do not sign on blank f	
(Please do not sign on blank form and use the signature on our file. 請勿在空白表格上簽署,並確保簽名與保單申請書一致)	signature on our file. 請勿在空白表格上簽署,	並確保簽名與保單申請書
Name	一致)(Whose age is 18 or above 年齡十八歲或以 Name	、上必須簽署) 
姓名	Manie 姓名	
ID Card / Passport Number 身份證 / 護照號碼 Date 日期	ID Card / Passport Number	Date
	身份證 / 護照號碼	日期

Relationship with the Insured

與受保人關係

Signature of Witness

見證人簽署

Name 姓名 Date 日期

Policy Number 保單號碼
PART II TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES
第二部份申請人自費由主診醫生 / 手術醫生填寫
1. (a) Name of patient 病人姓名 (b) ID Card / Passport Number 身份證 / 護照號碼
(c) Age 年齡 性別 (d) Sex 性別 (e) Accident date
(f) Period of hospital confinement if hospitalized: from 由 To 至 To 至
MM月 DD日 YYYY年 MM月 DD日 YYYY年 (g) Name of Hospital 醫院名稱
2. (a) Was there any external and visible evidence of injury at your 1st consultation? No 沒有 Yes 有 於首次診治時有沒有外部及表面之受傷痕跡?
(b) Type of injury 受傷類別
(c) Part of body injured 受傷部位
(d) Cause and extent of injury 受傷程度及原因
3. Present condition of injury 現時受傷情況
4. (a) Was there any treatment administered? 有沒有進行任何治療? (b) If yes, please give details (such as suturing, physiotherapy, type of dressing, etc. with treatment dates).  若有,請提供詳情(如縫針,物理治療,包紮等)及治療日期。
5. (a) Were there any other physicians who treated Insured for the same injury?  有沒有就此受傷接受其他醫生之診治? (b) If yes, please give details (Name, address of doctors and date of treatment). 若有,請提供詳情(醫生姓名,地址及診治日期)。
6. (a) Did injury require hospitalization, x-rays, special diagnostic procedures and / or surgery? 此次受傷有沒有需要住院、X光檢查、特別診斷程序及 / 或進行手術? (b) If yes, please give details. 若有,請提供詳情。
7. (a) Was the injury induced from or affected by any of the following? 受傷是不是因下列情況導致或受下列情況影響? Yes 是 No 不是 Physical defects / congenital anomaly 身體缺陷 / 先天性毛病
Unfavourable past medical history 過往病史
Degenerative changes 退化轉變
Alcohol or drugs 酒精或藥物  (b) Please give details if any of the above is "yes". 如以上任何一項為「是」,請提供詳情。
8. (a) Was healing complicated? 有沒有其他因素影響痊癒進度? (b) If so, please state why and any special treatment given. 若有,請提供原因及曾施行之任何特別治理。
9. (a) Patient's occupation and exact nature of occupational duties. (b) Bearing in mind the patient's occupation, in what way do you feel the
病人之職業及職責 injuries would / would not totally prevent the patient from working?以病人之職業而論,閣下認為此傷勢會不會令病人完全不能工作?請列明原因。
10. If an absence from work for more than two weeks is necessary, please describe in detail why you think the patient could not return to work earlier.
若不能工作兩星期以上,請詳述閣下認為病人不可提早復工之原因。
│
Name of Attending Physician / Specialist (with qualifications) 主診 / 專科醫生的姓名(資歷)  Signature (with chop) 簽名(蓋印)
Address and Talankara No. Mall II (1994)
Address and Telephone No. 地址及電話 Date 日期



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