



ACCIDENT CLAIM FORM 意外賠償申請書

PART I (TO BE COMPLETED BY INSURED / CLAIMANT) 第一部份 (由受保人或申請人填寫)

Policy Number 保單號碼	Name of Insured 受保人姓名	ID Card Number / Passport Number 身份證號碼 / 護照號碼
<input type="text"/>	<input type="text"/>	<input type="text" value="XXXX"/>
Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼
<input type="text"/>	<input type="text"/>	<input type="text"/>
Agency Code 營業員組別編號	Agent / TR's Name 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
TR Membership Number 業務代表會員號碼	<input type="checkbox"/> IA <input type="text"/>	<input type="checkbox"/> ANG <input type="text"/>



O0652126

Benefits to Claim 索償類別

- Accident Medical Reimbursement 意外醫療費用賠償 Medical Reimbursement 醫療費用賠償
 Accident / Weekly Indemnity 意外 / 每週賠償 Hospital Income / Benefit 住院入息 / 惠益
 Broken Bone 骨折惠益 Voluntary Group Assurance 自選團體保障

Remarks: Please take the appropriate box; otherwise we will apply this claim to all of your eligible benefits.
 註: 請選擇適用者, 否則我們將把是次索償申請應用於您的所有同類保障。

Date and time of accident
意外日期及時間

MM月 DD日 YYYY年 HR時 MIN分 A.M. 上午 P.M. 下午

Period of hospital confinement if hospitalized
如有住院, 請提供住院時段:

From 由 MM月 DD日 YYYY年 To 至 MM月 DD日 YYYY年

Have you received claim payment from AIA group insurance or other insurance for this treatments / receipts submitted? No 沒有 Yes 有
 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 company / organization's settlement advice.
 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: Policy No. / Membership No.: 保單 / 會員編號:

If the insured or the policyholder is holding both AIA International Limited and AIA Everest Life Company Limited policies, the claims (including registration of FPS / e-BankIn services) will be processed together. In addition, the "Declaration and Authorization" and "Personal Information Collection and Use" in the claim form will be also applicable to AIA International Limited and AIA Everest Life Company Limited.

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之保單, 相關賠償 (包括登記「轉數快」或「電子入賬服務」) 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。

If you do not agree on the above arrangement, please mark a "X" in the box. 如果您不同意上述安排, 請於空格內劃上「X」號。

For proper follow up on your claims progress, your AIA financial planner / broker / IFA of your latest inforce policy can view this claim's information if no specific agent / broker / IFA / TR information is provided at above. 為了妥善地跟進您的賠償進度, 若於以上沒有提供指定營業員 / 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 / 保險或理財顧問將能夠查閱是次申請資料。

If you do not agree on the above arrangement, please mark a "X" in the box. 如果您不同意上述安排, 請於空格內劃上「X」號。

EMPLOYMENT PARTICULARS 就業詳情

1. Present occupation (if more than one, state all) and exact nature of occupational 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? No 沒有 Yes 有

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 body injured and type of injury 受傷部位及傷勢

TREATMENT PARTICULARS 治療詳情

7. Details of hospitals confined or physicians consulted for the injury (Name, address and consultation date)

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

Date

求診日期

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MM月

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DD日

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YYYY年

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8. Any relationship between the Registered Medical Practitioner / Medical Services Provider and Insured / Claimant / AIA Financial Planner / Broker? If so, please state the relationship. 若就診之註冊醫生 / 醫療服務提供者與受保人 / 索償人 / 友邦財務策劃顧問 / 保險經紀有任何關係, 請列明之:

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CLAIMS PAYMENT OPTION 支付賠償方法:**IMPORTANT NOTE 重要事項:**

For customers who have registered FPS / e-BankIn, the payment will be remitted to the designated bank account.

如客戶已登記使用「轉數快」或「電子入賬服務」, 賠償款項將會自動入賬至指定銀行戶口

To receive claims payment easily and conveniently, please register FPS / e-BankIn by completing the following:

為更方便快捷收到賠償款項, 請填妥以下資料以即時登記「轉數快」或「電子入賬服務」:

Remarks 註:

To allow successful claims payment through FPS / e-BankIn, all policies belonged to same owner must be registered for FPS / e-BankIn. We will notify you by SMS upon completion of the registration. 保單持有人的所有保單須登記「轉數快」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。我們將於完成登記當日發送短訊通知您。

Owner's Mobile Number

持有人流動電話號碼: _____

We will update the telephone number to the above policy(ies) accordingly if it is different from the Company record. We will notify you by SMS upon completion of the registration. 如此號碼跟公司紀錄不同, 我們會更新有關號碼至以上保單。我們將於完成登記當日發送短訊通知您。

Identity proof must be provided for registration of FPS / e-BankIn if you have not submitted a **valid Identity Card / Passport** before. 如未曾提供**有效的身份證 / 護照**, 需遞交身份證明文件作登記「轉數快」或「電子入賬服務」之用。

Complete 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 all your Hong Kong policies held with our Company. 是次申請應用於您於公司所持有之所有香港保單。 Apply to the following Hong Kong policy / policies. 是次申請只應用於下列之香港保單:

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Please take the appropriate box; otherwise we will apply to all of your Hong Kong 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您於公司所持有之所有香港保單。

Use "FPS / e-BankIn" to transfer policy benefits paid under the above policy to the below designated bank account. The transferred amount will not exceed the maximum limit set by the Company. 使用「轉數快」或「電子入賬服務」將以上保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定的上限。

Please select transferring policy benefits paid to **either FPS OR e-BankIn**. 請選擇「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)Please select **either ONE** of the "Proxy ID" below by marking a "X" on appropriate box and provide relevant information. **More than one selection** will be treated as **invalid** application. Your FPS account must also be registered under the policy owner. 請以「X」號選擇下列**其中一種**「識別代號」*及提供以下相關資料。若**多過一個選項**將被視為申請**無效**。「轉數快」的用戶註冊名稱必須同樣為保單持有人。 Email 電郵地址: _____ FPS Identifier 「轉數快」識別號碼: _____ Mobile Number 手機號碼: _____

() _____

Country Code

國際電話區號

Telephone No

手機號碼

* "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資料, 包括您的手機號碼, 電郵地址或「轉數快」識別號碼。

 b. e-BankIn 電子入賬服務

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。
- 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

Bank No.

銀行編號

Branch No.

分行編號

My Account No.

本人之賬戶號碼

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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)

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PERSONAL DATA COLLECTION AND USE 個人資料收集及使用

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

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集所得、編製或持有的任何個人資料及關於本人 / 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 / 我們的個人資料至香港（如保單在香港繕發）或澳門（如保單在澳門繕發）境外予AIA個人資料收集聲明所載的資料承讓人。AIA個人資料收集聲明的最新版本可於以下網址下載：www.aia.com.hk，及可向貴公司索取。

<div style="border: 1px solid black; height: 80px; width: 100%;"></div>		<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	
Signature of Owner / Trustee 持有人 / 信託人簽署 (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 of Insured, if other than Owner / Trustee 受保人簽署，倘非 持有人 / 信託人 (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) (Whose age is 18 or above 年齡十八歲或以上必須簽署)	
Name 姓名 <input style="width: 80%;" type="text"/>		Name 姓名 <input style="width: 80%;" type="text"/>	
ID Card / Passport Number 身份證 / 護照號碼 <input style="width: 100%;" type="text"/>	Date 日期 <input style="width: 100%;" type="text"/>	ID Card / Passport Number 身份證 / 護照號碼 <input style="width: 100%;" type="text"/>	Date 日期 <input style="width: 100%;" type="text"/>
Relationship with the Insured 與受保人關係 <input style="width: 100%; height: 60px;" type="text"/>		Signature of Witness 見證人簽署 <input style="width: 100%; height: 30px;" type="text"/>	
		Name 姓名 <input style="width: 80%;" type="text"/>	Date 日期 <input style="width: 100%;" type="text"/>

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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 (d) Sex 性別 (e) Accident date 意外日期

MM月 DD日 YYYY年

(f) Period of hospital confinement if hospitalized: 如有住院，請提供住院時段: From 由 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? 於首次診治時有沒有外部及表面之受傷痕跡? No 沒有 Yes 有

(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? No 沒有 Yes 有

(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? No 沒有 Yes 有

(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? No 沒有 Yes 有

(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	<input type="checkbox"/>	<input type="checkbox"/>
Unfavourable past medical history 過往病史	<input type="checkbox"/>	<input type="checkbox"/>
Degenerative changes 退化轉變	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or drugs 酒精或藥物	<input type="checkbox"/>	<input type="checkbox"/>

(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. 病人之職業及職責

(b) Bearing in mind the patient's occupation, in what way do you feel the 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。

I / We hereby declare that the information given on this form is true to the best of my / our knowledge and belief.
 本人 / 我們現聲明此申請書上所填資料皆為本人 / 我們所知及所信之事實。

<input type="text"/>	<input type="text"/>
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)
<input type="text"/>	<input type="text"/>
Address and Telephone No. 地址及電話	Date 日期



Download our mobile app AIA Connect to manage your policy anytime, anywhere!
 下載AIA「友聯繫」手機應用程式以便輕鬆管理您的保單!

"AIA" shall refer to AIA International Limited (Incorporated in Bermuda with limited liability), AIA Company Limited (Incorporated in Hong Kong with limited liability), as the case may be, depending on the issuing company of the relevant insurance policies this form is subject to. 「AIA」或「友邦」指友邦保險(國際)有限公司(於百慕達註冊成立之有限公司)，友邦保險有限公司(於香港註冊成立之有限公司)(視情況而定)，具體取決於此信件相關表格的簽發公司。