

受傷索償表格

Injury claim form



所有問題均須由受保人完全作答

All questions must be answered by insured person

保單號碼

Policy No. _____

1. 保戶姓名英文／中文
Name of Insured in full (English/Chinese) _____ 年齡
Age _____
地址
Address _____ 聯絡電話(日間)
Tel no. (Daytime) _____
職業
Occupation (describe fully) _____ 身份證號碼
Identity Card No. _____

2. 意外在何時何地發生
When and where did the accident occur?
(a) Date 日期 _____ (b) Time 時間 _____

(c) Place 地點 _____

3. 請詳述意外如何發生
How did the accident occur? (Please state fully) _____

4. 受傷部位
Part of body injured
手 hand 腳 leg
頭 head 眼 eye
其他 others _____

受傷性質
Nature of injury
扭傷 sprain 折骨 fracture 燒傷 burn
撞傷 contusion 割傷 laceration
其他 others _____

(請說明 please specify)

(請說明 please specify)

5. 病假完畢後會否繼續應診?
After the sick leaves, do you need to attend follow up treatment/consultation: 會／否
Yes/No
若然，何時
If yes, when _____

6. 估計何時完全康復，並可繼續工作?
When do you anticipate being able to recover completely and resume your duties or attend to your business? _____

7. 意外後首位診症醫生之姓名及地址
Give name and address of the Doctor who attended you immediately after the accident _____

8. 對是次意外有否向其他保單索償(包括勞工，醫療及團體／公司醫療保險)?如有，請述保險公司名稱
Are you claiming under any other Policy or Policies (including employees compensation, medical and group/employers medical scheme) in respect of this Accident? If so, state name of Insurance Company or Companies

聲明:

本人特此聲明本人以上所述之受傷事件是表面可見並因劇烈意外引起。而本人現依以上保單索償。本人在此重申以上所述事實之真確及本人對有關此項要求賠償事件並無對保險公司作重要資料之保留。

DECLARATION:

I hereby declare that I have sustained the injuries described above by violent, accidental, external and visible means, and I claim compensation under the above policy in respect thereof. I hereby warrant that the above statements and facts are true, and that I have not withheld from the Company any material information connected with this claim.

本人／吾等再在此聲明及同意由蘇黎世保險有限公司(本公司)所收集或持有的個人資料，不論包含在這意外報告表或以其他方式獲取，均可供本公司使用或向在香港境內或境外之任何人或機構披露作以下用途：(1)評核此項申請，(2)提供保險及客戶服務，(3)處理保險的索償或有關之分析。

I/We further hereby declare and agree that the personal information collected or held by Zurich Insurance Company Limited (the "Company"), whether contained in this accident report form or otherwise obtained, may be used by the Company or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis.

Signature of Policy Holder 保單持有人簽署

Signature of Insured Person 受保人簽署

Date 日期

Claim documentation

Please complete and return this Claim Form together with the following document (original copy), if appropriate, for our handling:

1. Death benefit

- Death certificate
- Presumed death proclaimed by court (disappearance case)

2. Permanent disablement benefit

- Certificate issued by registered medical practitioner certifying the severity of injury and percentage of disablement

3. Medical expenses

- Doctors' receipt with diagnosis, name of patient, date of treatment and consultation fees etc.
- Hospital bill with itemized list
- Sick-leaves certificates issued by registered medical practitioner

4. Income benefit*

- Sick-leaves certificates issued by registered medical practitioner
- Income proof i.e. Pay-slip, bank statement, ir tax return or employment letter/contract etc.
- In case of self-employed, proof of in-patient treatment
- Employer's confirmation of sick leave for insured (claimants)

5. Claims service guarantee

- Upon receipt of full claim document, settlement will be made **within 7 working days**

Remark* You may submit your claim at any time before the insured is fully recovered from the injury in case the Income Benefit claim exceeds two weeks

索償文件

請填妥賠償申報表並提交以下所需證明文件(正本)寄回本公司以便處理閣下之賠償

意外死亡：

- 死亡證
- 法庭假定死亡證(失蹤事件)

永久傷殘：

- 註冊醫生發出之有關傷殘程度證明

醫療費用：

- 註冊醫生／跌打或針灸師診斷證明，包括投保人姓名、症狀、診治日期及診金
- 詳列各項費用之醫院賬單
- 註冊醫生發出之病假證明

入息保障*：

- 註冊醫生發出之病假證明
- 糧單、稅單、銀行存款單或僱主所發之僱用狀
- 凡自僱投保人士，須提交住院期間證明
- 僱主認可病假證明書

賠償承諾：

- 一切有關文件齊備，保證 7 個工作天辦妥賠償

*註：索償入息保障超過兩星期者，毋須等候受保人完全康復及出院後才申請賠償

蘇黎世保險有限公司(於瑞士註冊成立之公司)

理賠部：香港港島東華蘭路 18 號港島東中心 24 - 27 樓

電話：29039388 圖文傳真：29681660

Zurich Insurance Company Limited (a company incorporated in Switzerland)

Claims dept.: 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong

Tel : 29039388 Fax : 29681660

Claim no: _____

Employer's confirmation of sick leave for insured (claimants) 僱主認可的病假證明書

To be completed by Claimant's employer
由申請賠償者的僱主填寫

This is to certify that the claimant Mr/Ms/Mrs _____ is

茲證明申請賠償者：姓名 _____

Our employee serving the position currently as _____

為本公司(職位) _____

Who suffered an injury of _____ occurred on

因意外受傷(原因) _____ 發生於(日期)

_____ and as result he/she did not attend to work during the

_____ 因這意外他/她休假

Period from _____ to _____

由 _____ 起至 _____

We further confirm that his/her monthly basic salary at the time of accident was HK\$ _____

(excluding bonus, commission, overtime and other allowance.)

本人/公司證明該申請賠償者，每月基本薪金為港幣 _____ (不包括花紅, 佣金, 超時補薪及其他津貼)

Date
日期

Signed by employer
僱主簽署

Position
職位

Company Chop
公司蓋章

Date
日期

Signed by claimant
申請賠償者簽署
(Signed to confirm the above statements are true and correct)
(茲確認上述資料正確無訛)