

Assicurazioni Generali S.p.A.
Hong Kong Branch
5/F, Generali Tower
8 Queen's Road East, Hong Kong
T +852 2521 0707
F +852 2521 8018
info@generali.com.hk
generali.com.hk

忠意保險有限公司
香港分行
香港皇后大道東8號
忠意保險大廈5樓
電話 +852 2521 0707
傳真 +852 2521 8018
info@generali.com.hk
generali.com.hk



Post Address:

Ablemex Financial & Insurance Services Limited

Rm. 1503, Shun Kwong Comm. Bldg.,
8 Des Voeux Road West,
Sheung Wan, Hong Kong.

人身意外索償申請表

PERSONAL ACCIDENT CLAIM FORM

第一部份 - 請由受保人填寫, 如受保人未滿 18 歲, 則由父母或監護人填寫。(請連同索償所須之文件及正本醫療單據一併寄回。)

Part I - To be completed by the Insured Person, or parent or guardian if the Insured Person is below 18 years old. (Please attach supporting documents and original medical receipts with this Form.)

受保人資料 Details of Insured Person

受保人姓名 Name of Insured Person	保單編號 Policy No.	
受保人職業 Occupation of Insured Person	受保人香港身份證號碼 HK Identity Card No. of Insured Person	
出生日期 Date of Birth	性別 Sex	
日 dd / 月 mm / 年 yy	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	
聯絡地址 Correspondence Address		
住宅 / 手提電話 Home / Mobile Telephone	公司電話 Office Telephone	電郵 Email
僱主名稱 (保單持有人) Name of Employer (Policy Holder)		
僱主地址 Address of Employer		

意外詳情 Details of Accident

1. 請述以下有關資料: 意外日期 時間 地點
Please state the following particulars of Accident: Date Time Place
日 dd / 月 mm / 年 yy

意外經過?
How was it happened?

2. 請述受傷部位及傷勢, 如: 骨折、刀傷、瘀腫等。
Please describe the injuries sustained, indicating the part of body injured and the type of injury, e.g. fracture, cut, bruise and etc.

3. 上述意外有否交由警方調查? 如有, 請列明所辦理之警署地點及報案編號。
Was the accident reported to the Police? If so, please state name of Police Station to which the accident was reported and case reference number:
 沒有 No 有 Yes

4. 請列出就上述意外而求診之所有醫生或醫院名稱及求診日期。
Please list all doctor(s) or hospital(s) consulted for the injury and date of consultation
醫生 / 醫院名稱 初診日期 (日 / 月 / 年)
Name of Doctor / Hospital Date of First Consultation (dd / mm / yy)

5. 索償 Claim for: 意外死亡 Accidental Death 永久性傷殘 Permanent Disability 意外醫療費用 Accidental Medical Expenses 暫時性完全傷殘 Temporary Total Disability

其他保險資料 Other Insurance

請問除本公司外, 有否投保於其他保險公司? 如有, 請述: 沒有 有
Do you have other insurance coverage? If so, please state: No Yes

保險公司名稱 Name of Insurer	投保種類 Type of Coverage	保單編號 Policy No.	保單生效日期 (日 / 月 / 年) Policy Effective Date (dd / mm / yy)
---------------------------	--------------------------	--------------------	--

聲明及授權書 Declaration & Authorization

(請由受保人簽署, 如受保人未滿 18 歲, 則由父母或監護人簽署。To be signed by Insured Person or parent or guardian if Insured Person is below 18 years old.)

1. 本人謹此聲明上述一切陳述, 不論是否本人親手所寫, 均屬正確無誤, 並為吾所知所信之全部, 本人同意任何蓄意欺騙或隱瞞將構成法律責任並導致保單失效。
I hereby declare that all the statements to all questions above, whether or not written by my own hand are to the best of my knowledge and belief complete and true. I agree that any concealment or misstatement as regards to amount or otherwise, in connection with this claims may result in prosecution and the Policy will become void.

2. 本人同意任何持有關於本人或上述受保人記錄或資料之醫生、醫院、藥劑師、保險公司、警署、僱主、或其他機構發放有關本人或上述受保人之病歷、病情之預斷、治療、傷假、或在職、離職詳情、或在其他保障下可獲之保障額、索償金等資料予忠意保險有限公司或其授權之代表, 而在香港私隱專員條例容許之情況下, 本人並同意將個人資料給予其他在港或以外之機構。而此授權書之副本亦如正本一樣具同等效力。
I hereby authorize any doctor, hospital, pharmacy, insurance company, police station, employer, or other organization, who has records or knowledge of myself or the Insured, to release all information regarding medical history, prognosis, treatment (including drug and alcohol abuse information), sick leave history, employment history, reasons of employment termination, earnings or benefit payable under other insurance coverage to Assicurazioni Generali S.p.A. (hereafter referred to as "the Company") or its authorized representative. In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong, by signing below, I consent that the personal information collected or held by the Company, whether contained in this application or otherwise obtained is provided and may be disclosed to individuals or organizations within or outside Hong Kong. A photometric copy of this Destination & Authorization will be valid as the original.

3. 本人同意所有文件及收據予忠意保險有限公司將不獲退還。
I hereby agree that all documents and receipts submitted to the Company will not be returned.

4. 本人 / 吾等確認, 本人 / 吾等已獲提供一份由忠意保險有限公司 (「忠意保險」) 發出的收集個人資料聲明 (「該聲明」), 本人 / 吾等確認已經閱讀並且明白該聲明, 本人 / 吾等同意忠意保險可依照該聲明的條款收集、使用、儲存、披露、轉移及其他方式處理本人 / 吾等的個人資料, 本人 / 吾等進一步確認, 本人 / 吾等已獲得受保人和任何有關人士 (如適用的話) 的明示同意, 可以按照該聲明所述的用途將他們的個人資料提供給忠意保險, 並允許忠意保險可依照該聲明的條款收集、使用、儲存、披露、轉移及其他方式處理該等個人資料。
I/We acknowledge that I/we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Assicurazioni Generali S.p.A. ("Generali"). I/We confirm that I/we have read and understand the Statement. I/We agree that Generali may collect, use, store, disclose, transfer and otherwise process my/our personal data in accordance with the terms of the Statement. I/We further confirm that I/we have obtained the express consent of the life insureds and my other relevant individuals (where applicable) for providing their personal data to Generali for the purpose stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of statement

僱主 / 保單持有人蓋印及簽署
Signature of policyholder _____

受保人 / 父母或監護人簽署 (如受保人未滿 18 歲)
Signature of Insured Person / Parent or Guardian (if Insured person is below 18 years old) _____

簽署日期
Date of Signed _____

簽署日期
Date of Signed _____

病人姓名 Full Name of Patient	香港身份證號碼 HK Identity Card No.	年齡 Age	性別 Sex
------------------------------	---------------------------------	-----------	-----------

意外及診斷詳情 Details of Injury and Diagnosis

1. 意外日期 (日 / 月 / 年)
Date of Injury (dd / mm / yy)

2. 據病者自述，意外是如何發生？
According to the patient, under what circumstances was the patient injured?

3. 傷勢診斷 (請述受傷部位及其傷勢。)
Diagnosis (Please locate and describe the injured area.)

4. 請問受傷部位有沒有可見之表面傷痕，如傷口或瘀痕？如有，請述：
Did you notice of any visible signs of injury such as bruising or external wound at your examinations? If yes, please indicate:
 沒有 No 有 Yes

5. 因意外而接受之檢查，治療及手術項目：
Investigations, treatment, therapy and surgical procedures done:

治療項目 Type of Treatment Given	日期 (日 / 月 / 年) Date (dd / mm / yy)
_____	_____
_____	_____

6. 請問受傷部位有否引致任何併發症？如有，請述：
Did injured area accompany with any complications? If yes, please indicate:
 沒有 No 有 Yes

7. 請問傷勢是否與過去病者之病歷有任何關連？如有，請述：
Is the condition related to any previous injury or medical conditions? If yes, please indicate:
 沒有 No 有 Yes

8. 台端有否就上述意外建議病假予傷者？如有，請述所建議之期段：
Did you recommend any sick leave to the patient? If yes, please state the period:
 沒有 No 有 Yes

9. 請指出上述病況是否與以下情況有關：
Please indicate if the medical condition and its subsequent treatment is associated with the followings:

先天性不正常情況、不育或絕育情況 Congenital anomalies, infertility or sterilization	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes
受酒精或藥物影響 Under the influence of drugs or alcohol	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes
不論在神志清醒與否下自我損傷或自殺行為 Self-inflicted injuries or suicidal attempt while sane or insane	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes
懷孕或由此引發之病況 Pregnancy conditions or any related complications	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes
牙科治療 Dental care	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes
休養、復康或延拓護理 Rest cure, rehabilitation, convalescence or extended care	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes
精神病科 Psychiatric problems	<input type="checkbox"/> 沒有 No	<input type="checkbox"/> 有 Yes

醫生簽署 Signature of Doctor	醫院 / 醫務所 / 醫生蓋印 Hospital / Clinic / Doctor Stamp
-----------------------------	---

醫生姓名 Doctor Name in Block Letter	簽署日期 (日 / 月 / 年) Date Signed (dd / mm / yy)
-------------------------------------	--

醫院 / 醫務所名稱
Name of Hospital / Clinic

診址
Hospital / Clinic Address

收集個人資料聲明

- a) 閣下須要不時向忠意保險有限公司香港分行（「本公司」）提供關於閣下自己、保單持有人、受保人、受益人、索償人及／或其他有關人士的資料（「個人資料」），以讓本公司為閣下提供保險及／或相關產品與服務，處理經由本公司發出及／或安排的保單之下的索償事宜，及／或處理閣下提出的任何或所有其他要求、查詢和投訴。
- b) 閣下是自願向本公司提供個人資料的。然而，若閣下未能提供個人資料，可能導致本公司不能夠為閣下提供保險及／或相關產品與服務，處理經由本公司發出及／或安排的保單之下的索償事宜，及／或處理閣下提出的任何或所有其他要求、查詢和投訴。
- c) 個人資料可被用於以下用途：
- i) 處理（包括但不限於承保）及／或審批保險及／或相關產品與服務的申請，以及該等產品與服務的任何附加、更改、變更、取消、續期及／或復效；ii) 管理經由本公司發出及／或安排的保單；iii) 處理（包括但不限於調查、分析、評估和裁定）及／或理賠經由本公司發出及／或安排的保單之下的索償事宜；iv) 如適用的話，行使代位權；v) 向客戶追收尚欠金額（如有）；vi) 經由本公司發出及／或安排的保單之下籌劃共同保險及／或再保險；vii) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；viii) 客戶服務（包括但不限於處理查詢和投訴）、推銷，以及其他相關活動；ix) 進行資料核對程序；x) 設計保險及／或相關產品與服務供客戶使用；xi) 推銷本公司及／或本公司的關聯公司（包括但不限於本集團的公司、母公司、本母公司的信託公司（該等關聯公司在下文合稱為「關聯公司」））的保險及／或其他相關產品與服務；xii) 就閣下事前訂明的同意（如有）約束之下，直接促銷保險及／或其他相關產品與服務，而閣下可在任何時間知會本公司以行使撤回同意的權利；xiii) 本公司、關聯公司、相關的保險業協會或聯會、監管當局、政府部門及／或其他法定監管機構的統計或精算研究；xiv) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及本公司及／或關聯公司應要遵守的任何其他有關規定，包括但不限於披露有關資料；及 xv) 實現與上述（i）至（xiv）直接有關的任何其他用途。
- d) 由本公司持有的個人資料將受到保密，但本公司可依據以上（c）段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供個人資料，事前無須知會閣下及／或該等個人資料所涉及的任何其他有關人士：
- i) 就本公司的業務營運向本公司提供行政、電訊、電腦、付款、推銷、調查、諮詢及／或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及／或任何其他有關各方，以適用者為準；ii) 相關的保險業協會或聯會，及／或該等協會或聯會的成員；iii) 本公司及／或關聯公司的海外辦事處或分行，以適用者為準；iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及應要遵守的任何其他有關規定之下，本公司及／或關聯公司負有義務須向其作出披露的人士；v) 根據對本公司及／或關聯公司有約束力的任何法律之下，本公司及／或關聯公司須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構（包括但不限於稅務局）；vi) 本公司的合法繼承人或受讓人；及 vii) 對本公司及／或關聯公司負有保密責任的人士。
- e) 本公司可使用由相關的保險業協會或聯會及／或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有個人資料。
- f) 根據《個人資料（私隱）條例》：
- i) 任何人士均有權：A) 查詢本公司有沒有持有其資料，如有的話，可取得一份該等資料；B) 要求本公司改正其任何不正確的個人資料；及 C) 查明關於本公司的個人資料政策和處事常規，並可獲通知有關本公司所持個人資料的種類；及 ii) 本公司有權就處理任何查閱個人資料的要求之下收取合理的費用。
- g) 如欲查閱及／或改正個人資料及／或查詢關於本公司的政策和處事常規及所持個人資料的種類，請向以下人員提出要求：

個人資料保護主任

忠意保險有限公司香港分行

香港皇后大道東 8 號忠意保險大廈 5 樓

附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。

Personal Information Collection Statement

- a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the "**Company**") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/ or other relevant individuals (the "**Personal Data**") in connection with the provision of insurance and/ or related products and services to you, the processing of claims under insurance policies issued and/ or arranged by the **Company**, and/ or the processing of any or all other requests, enquiries and complaints from you.
- b) Provision of the **Personal Data** to the **Company** by you is voluntary. However, failure to supply the **Personal Data** may result in the **Company** being unable to provide insurance and/ or related products and services to you, process claims under insurance policies issued and/ or arranged by the **Company**, and/ or process any or all other requests, enquiries, or complaints from you.
- c) The purposes for which the **Personal Data** may be used are as follows: i) processing (including, without limitation, underwriting) and/ or approving applications for insurance and/ or related products and services, and any addition, alteration, variation, cancellation, renewal and/ or reinstatement of such products and services; ii) administering insurance policies issued and/ or arranged by the **Company**; iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/ or settlement of claims under insurance policies issued and/ or arranged by the **Company**; iv) exercising rights of subrogation, if applicable; v) collection of amounts outstanding (if any) from customers; vi) arranging coinsurance and/ or reinsurance in respect of the insurance policies issued and/ or arranged by the **Company**; vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; viii) customer services (including, but not limited to, processing enquiries and complaints), marketing, and other related activities; ix) conducting data matching procedures; x) designing insurance and/ or related products and services for customers' use; xi) marketing insurance and/ or other related products and services of the **Company** and/ or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the **Company**'s parent company (hereinafter such affiliated companies are collectively referred to as the "**Affiliated Companies**")); xii) direct marketing of insurance and/ or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the **Company** at any time; xiii) statistical or actuarial research of the **Company**, its **Affiliated Companies**, relevant insurance industry associations or federations, supervisory authority, government department and/ or other competent authority; xiv) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/ or its **Affiliated Companies** are expected to comply with, including, without limitation, making disclosures of the relevant information; and xv) fulfilling any other purposes directly relating to (i) to (xiv) above.
- d) The **Personal Data** held by the **Company** shall be kept confidential, but the **Company** may provide the **Personal Data** to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/ or any other relevant individuals to whom the **Personal Data** is related: i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/ or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the **Company** in connection with the operation of its business; ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations; iii) overseas locations or branches, as appropriate, of the **Company** and/ or its **Affiliated Companies**; iv) persons to whom the **Company** and/ or its **Affiliated Companies** are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/ or its **Affiliated Companies** are expected to comply with; v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the **Company** and/ or its **Affiliated Companies**; vi) lawful successors or assigns of the **Company**; and vii) persons who owe a duty of confidentiality to the **Company** and/ or its **Affiliated Companies**.
- e) The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and/ or members of such industry associations or federations.
- f) In accordance with the Personal Data (Privacy) Ordinance: i) any individual has the right to: A) check whether the **Company** holds data about him/ her and, if so, obtain a copy of such data; B) require the **Company** to correct any data relating to him/ her that is inaccurate; and C) ascertain the **Company**'s policies and practices in relation to data and to be informed of the kind of data held by the **Company**; and ii) the **Company** has the right to charge a reasonable fee for the processing of any data access request.
- g) The person to whom requests for access to data and/ or correction of data and/ or for information regarding policies and practices and kinds of data held are to be addressed as follows: Personal Data Protection Officer,
Assicurazioni Generali S.p.A., Hong Kong Branch,
5/F, Generali Tower, 8 Queen's Road East, Hong Kong.

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.