

Domestic Helper Insurance Claim Form

家傭保險索償表

Before sending in this form, please read below Important Information

請於交回此賠償申請表前先細閱下面之索償注意事項：

1. Prepare the relevant documents listed on Part VI.
提供證明文件（請參閱第六部分）
2. Additional documents may be required and to be forwarded upon request of Chubb Insurance Hong Kong Limited.
如有需要，安達保險香港有限公司將要求提供額外文件。

Part I - Policyholder Information 第一部份：保單持有人資料

Name of Policyholder 保單持有人名稱：

(Eng)

(中文)

Policy No. 保單號碼：

Correspondence Address 通訊地址：

E-mail Address 電郵地址：

Mobile Phone No. 手提電話號碼：

Local Bank Account Details 本地銀行賬戶資料

Account Holder's Name 賬戶持有人姓名：
(must be the policy holder 必須為保單持有人)

Bank Name 銀行名稱：

Bank Code 銀行號碼：

Account Number 賬戶號碼：

Part II - Domestic Helper 第二部份：受保家傭

Name of Domestic Helper 受保家傭姓名：

HKID/ Passport no. of the Domestic Helper
受保家傭香港身分證 / 護照號碼：

Part III - Type(s) of Claims 第三部份：索償項目

1. Please download Form 2 from the website of Labour Department or claim under Coverage A as per the policy
保單 A 部份之索償請於勞工處網頁下載表格 2 以填報 → <http://www.labour.gov.hk/eng/form/ecd/pdf/f2.pdf?formref=LAB-F008>
2. Medical Claim under Coverage B, D, E as per the policy
保單 B, D, E 部份之醫療費用索償

Date of Consultation/ Hospitalization/Dental 診斷 / 住院日期 (DD 日 / MM 月 / YY 年)	Diagnosis 診斷結果	Amount Claimed(HKD) 索償金額 (港元)

Part IV - Details of Claims (For Other Claims only) 第四部份：索償資料 (只供其他索償)**Other Claim 其他索償：**

- | | |
|--|---|
| <input type="checkbox"/> Personal Accident 人身意外賠償 | <input type="checkbox"/> Infidelity Cover 誠信保障 |
| <input type="checkbox"/> Respiration Expenses 送返原居地費用 | <input type="checkbox"/> Personal Liability 個人責任 |
| <input type="checkbox"/> Replacement of Helper Expenses 補聘家傭費用 | <input type="checkbox"/> Unauthorized Telephone Calls 未經許可之電話費用 |
| <input type="checkbox"/> Temporary Helper Allowance 臨時家傭津貼 | |

Date, time and place of accident/loss 意外 / 損失發生的日期，時間和地點：

Description of accident/loss 意外 / 損失發生的詳情：

Has the accident been reported to the Police? 有否向警察報案? If yes, police station district 警署區域

 Yes 是 / No 否

If yes, police reference no. 如有，請提供警署檔案編號：

Amount Claimed 索償金額 (港元 HKD)：

Part V - Declaration & Authorization 第五部份：聲明及授權

I/ We declare that to the best of my knowledge and belief the above statements and particulars contained are in all respects true and complete and are made without reservation of any kind. I/We hereby authorize any Police Force to disclose to Chubb Insurance Hong Kong Limited and / or their authorized adjudicator / surveyor, any and all information including a copy of my statement concerning this occurrence for the purpose of assessment of an insurance claim. A photocopy of this authorization shall be considered as effective and valid as the original.

I/ We further hereby declare and agree, that the personal information collected or held by Chubb Insurance Hong Kong Limited, whether contained in this claim form or otherwise obtained, may be used by Chubb Insurance Hong Kong Limited or disclosed to any individual or organization such as legal firms, accountants, actuaries, loss adjudicators and claims investigators, doctors and other medical service provider within or outside Hong Kong and as more particularly set out in the Chubb Privacy Information Collection Statement 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. I/ We understand that if I/We do not provide such consent, or revoke my / our consent, Chubb Insurance Hong Kong Limited may not be able to process or assess my/our claim. A copy of the Chubb Privacy Information Collection Statement can be found at www.chubb.com/hk.

Any persons from whom Chubb Insurance Hong Kong Limited has collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by Chubb Insurance Hong Kong Limited. A request for such access may be made to the Personal Data Privacy Officer of Chubb Insurance Hong Kong Limited at 39/F, One Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

本人 / 吾等謹此聲明本人確信以上所填報之資料及所列各項之事件乃屬完全真確並無作任何資料之保留。本人茲授權任何警務處披露任何及所有有關此事件的資料，包括本人 / 吾等的口供副本予安達保險香港有限公司，及其委託之公證行，以便評估本人的保險索償。此授權書之副本亦屬有效。

本人 / 吾等亦在此聲明及同意由安達保險香港有限公司所收集或持有的個人資料，不論包含在這索償表格或以其他方式獲取，均可供安達保險香港有限公司使用或各在香港境內或境外之任何人士或機構例如律師事務所、會計人員、精算師、公證人、索償調查員、醫生及其他醫護服務提供者及其他已載於安達收集個人資料聲明之人士及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。本人 / 吾等明白如本人 / 吾等不同意或撤回此聲明，安達保險香港有限公司或未能處理及評核本人 / 吾等之索償。安達收集個人資料聲明之副本已載於 www.chubb.com/hk。

就提供上述資料的任何人士有權查閱及要求更改安達保險香港有限公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求，可向安達保險香港有限公司之個人資料私隱主任提出，地址為香港鰂魚涌英皇道 979 號太古坊一座 39 樓。

Signature of Policyholder 保單持有人簽署：

Name of Policyholder 保單持有人姓名：
(In BLOCK CAPITALS 請以正楷書寫)Date Signed 簽署日期：
(DD 日 / MM 月 / YY 年)

HKID Card No. of Policyholder: 保單持有人香港身份證號碼：

Part VI - Document Checklist 第六部份：所需文件指引

Below is a list of documents required to proceed with your claim. In certain circumstances, more information may be required to substantiate the claim. 請提供下列文件。本公司有可能就個別情況要求進一步文件證明，以處理索償申請。

Type of Claim 索償類別	Documents Required 所需文件 (Please ✓ against the documents you have submitted 請✓您所提交的文件)
Medical Claim 醫療費用索償	<input type="checkbox"/> Medical/dental/hospital bill(s)/receipt(s) with clearly marked diagnosis and certified by a legally qualified and registered medical practitioner/dentist 合資格的註冊醫生、牙醫之醫療費用賬單、收據 (需清楚列明醫生診斷) <input type="checkbox"/> Discharge slip (for hospitalization expenses) 出院證明 (住院費)
Permanent disability or Death 永久傷殘或死亡	<input type="checkbox"/> Medical/hospital bills/Receipts with clearly marked diagnosis and certified by a legally qualified and registered medical practitioner for Accidental medical expenses claim. 由合資格及註冊醫生簽發並註明診斷結果的醫療費用收據 (以索償意外醫療費用) <input type="checkbox"/> The Medical report showing the extent of injury and the percentage of permanent disability for Permanent total & Total temporary disablement claim. 由註冊醫生簽發的醫療報告，並註明身體受傷程度及 / 或永久性傷殘程度 (以索償傷殘及永久傷殘賠償) <input type="checkbox"/> Death Certificate (for death claim under Personal Accident only) 死亡證書 (只適用於個人意外死亡索償) <input type="checkbox"/> Police report (if applicable) 警方報告 (如適用)
Personal Liability 個人責任	<input type="checkbox"/> Incident report prepared by the domestic helper 由家傭提供的意外報告 <input type="checkbox"/> Correspondence received from the third party, if any. (Please do not make any promise, offer or admission of liability to third party without Chubb prior consent) 與第三方通信的文字證明 (在未得到本公司同意前，請勿對第三方作出任何承諾) <input type="checkbox"/> Photos showing the extent of the third-party property damage and/or body injuries and the scene of the accident 顯示第三者財物受損及 / 或身體受傷程度與意外現場的相片 <input type="checkbox"/> Witness statement, if available 目擊者陳述，如適用
Repatriation/ Expenses 送返原居地 / 補聘家傭費用	<input type="checkbox"/> Both employment contract of the repatriated Insured Helper and the new domestic helper 被送返的家傭及新家傭的僱傭合約 <input type="checkbox"/> Doctor's report certified by a registered medical practitioner or certification confirming that the employment contract of the Insured Helper cannot be completed 家傭無法繼續履行合約的合資格的註冊醫生之醫生證明 <input type="checkbox"/> Death certificate of the repatriated Insured Helper, if applicable 家傭死亡證明；如適用 <input type="checkbox"/> Acknowledgement from Immigration Department of the termination of employment of the repatriated Insured Helper 由入境處發出的終止家傭僱傭合約確認通知 <input type="checkbox"/> Payment receipt of air-ticket charges for the repatriated Insured Helper 被送返家傭的機票收據 <input type="checkbox"/> Payment receipt of the agent's fee for the new domestic helper 新家傭代理費的收據
Temporary Helper Allowance 臨時家傭津貼	<input type="checkbox"/> Hospital bill(s)/receipt(s) with clearly marked diagnosis and period of in-patient and certified by a legally qualified and registered medical practitioner 賬單、收據 (需清楚列明醫生診斷及住院時間) <input type="checkbox"/> Payment receipt for the temporary domestic helper 僱傭臨時家傭收據 <input type="checkbox"/> Certificate by a Registered Medical Practitioner as helper is medically unfit to work leading to early termination of their employment contract 由註冊醫生簽發證明家傭在醫學上不適宜繼續工作並需要提早結束僱傭合約的證明文件
Infidelity Cover 誠信保障	<input type="checkbox"/> Evidence and proof of the cause of damage/Loss 財物損毀 / 損失起因的證明 / 證據 <input type="checkbox"/> Supporting documents showing the value of the lost/damaged item(s)/cash claimed 顯示損毀 / 損失財物或現金價值的證明文件 <input type="checkbox"/> Police report (if applicable) 警方報告 (如適用)
Unauthorized telephone calls 未經許可之電話費用	<input type="checkbox"/> Copy of the telephone bill 電話賬單副本