招商永隆保險有限公司
CMB Wing Lung Insurance Company Limited
招商局集團成員公司
A Member Company of China Merchants Group
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Helper Insurance Claim Form
「家傭保」保險賠償申請表

Please submit this Claim Form with all necessary original supporting documents within 30 days after occurrence of incident.
賠償申請表連同所有相關證明文件之正本必須於事故發生後 30 天內遞交。

CMB Wing Lung Insurance Company Limited (the "Company") is entitled to request from you any additional information / documents as necessary, and assign loss adjusters for investigation.
招商永隆保險有限公司（「本公司」）在有需要的情況下有權要求閣下提供更多資料 / 文件，以及委派公證行進行調查。

Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.
填寫及遞交此賠償申請表並不表示本公司承擔賠償責任。

Insured's Particulars 受保人資料	
Name of Insured / Claimant 保戶 / 索償人姓名	
Policy No. 保單號碼	Tel. No. 電話號碼
E-mail Address 電郵地址	
Correspondence Address 通訊地址	

Insured Helper's Particulars 受保家傭資料
Name of Helper 家傭姓名
HKID Card No. / Passport No. 身份證號碼 / 護照號碼

Type of Claim 索償項目					
Hospitalization and Surgical Expenses 住院及手術費用	☐	Temporary Helper Allowance 臨時家傭津貼	☐	Personal Accident Benefits 個人意外保障	☐
Repatriation Expenses 送回原居地費用	☐	Replacement Helper Expenses 補聘家傭費用	☐	Fidelity Protection 誠信保障	☐

Notes: 1. This Claim Form is not applicable to employees' compensation / clinical expenses / dental expenses claim(s).
2. For employees' compensation claim, please complete and submit a Form 2 (incapacity for a period exceeding 3 days) or Form 2B (incapacity for a period not exceeding 3 days) in duplicate to the Labour Department within 14 days of the accident in the case of injury, with a copy to the Company for claim notification. Form 2B and Form 2 can be obtained from the Labour Department or downloaded from the website of the Labour Department.
3. For claim for clinical / dental expenses, please write the name of Insured, contact number and Policy No. at the back of original medical receipt(s) and submit the original medical receipt(s) to the Company.

註：1. 此賠償申請表不適用於僱員補償 / 門診費用 / 牙科費用索償。
2. 如欲申請僱員補償索償，請於意外引致受傷後十四天內，前往勞工處領取或於勞工處網址下載表格 2（工傷病假超過三天）或 2B（工傷病假不超過三天），填妥一式兩份呈報勞工處，另副本一份送交本公司存檔。
3. 如欲申請門診 / 牙科費用索償，請於醫療費用收據正本背面寫上保戶姓名、聯絡電話和保單號碼，然後把醫療費用收據正本送交本公司。

Claim Information 索償資料		
Date of Accident / Consultation / Loss 意外 / 診治 / 損失日期	Amount Claimed 索償金額	
Diagnosis 診斷	Hospitalization Period 住院時段 From 由 to 至	
Has the Helper ever suffered from this or similar condition or is it a recurrence of a previous injury or illness? NO 否 ☐ YES 是 ☐ 家傭曾否患上相同或類似疾病？此次是否舊患 / 舊病復發？ If yes, please give details. 若是，請詳述。		
Description of Accident / Loss 意外 / 損失詳情		
Place of Accident / Loss 意外 / 損失地點		
Has the accident / loss been reported to the police? 有否向警方報案？ NO 否 ☐ YES 是 ☐		
Police Station District 警署區域	Police Reference No. 警方檔案編號	
Any other insurance covering this incident / accident / loss? 有否其他保險承保是次事故 / 意外 / 損失？ NO 否 ☐ YES 是 ☐		
If yes, please state name of insurance company 如有，請列明保險公司名稱	Policy No. 保單號碼	Type of Benefit 保障類別

Claim Payment Method 賠款發放方式

☐ HKD Cheque 港幣支票： Name of Payee 受款人姓名 _____

☐ Hong Kong Bank Transfer 本地銀行過數 (HKD account only. Not applicable to claim payment over HK$50,000. 只限港幣戶口，不適用於賠款超過港幣五萬元)

Name of Account Holder (Must be same as Insured) 戶口持有人姓名（必須與保戶名稱相符）

_____

Bank Name 銀行名稱 _____

Bank Code 銀行號碼	Branch Code 分行號碼	Account Number 戶口號碼

Document Checklist 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。本公司可能就個別情況需要進一步要求文件證明，以處理索償申請。

Hospitalization and Surgical Expenses 住院及手術費用	☐ Original hospital receipt(s) / bill(s) with diagnosis 列明診斷的醫院費用收據正本 ☐ Discharge slip 出院紙 ☐ Medical report 醫療報告
Temporary Helper Allowance 臨時家傭津貼	☐ Discharge slip 出院紙 ☐ Service charge payment receipt duly signed by temporary helper 臨時家傭簽署的服務費用收據 ☐ Copy of identity card of temporary helper 臨時家傭的身份證副本
Personal Accident Benefits 個人意外保障	☐ Medical report 醫療報告
Repatriation Expenses 送回原居地費用	☐ Medical report certifying the Helper is medically unfit to continue employment 醫療報告證明家傭健康狀況不適宜繼續受僱 ☐ Copy of death certificate 死亡證副本 ☐ Original receipt(s) for repatriation expenses 家傭送回原居地費用收據正本 ☐ Copy of employment contract of the Helper 家傭的僱傭合約副本 ☐ Copy of identity card of the Helper 家傭的身份證副本
Replacement Helper Expenses 補聘家傭費用	☐ Original receipt(s) for replacement expenses 補聘家傭費用收據正本 ☐ Copy of employment contract of replacement helper 補聘家傭的僱傭合約副本 ☐ Copy of identity card of replacement helper 補聘家傭的身份證副本
Fidelity Protection 誠信保障	☐ Copy of police statement 警方口供記錄副本 ☐ Police report 警方報告 ☐ Police prosecution result 警方檢控結果 ☐ Valuation proof for stolen property 被盜財物的價值證明 ☐ Copy of employment contract of the Helper 家傭的僱傭合約副本 ☐ Copy of identity card of the Helper 家傭的身份證副本

Declaration and Authorization 聲明及授權書

1. I / We declare that the above information is in all respects true and complete to the best of my / our knowledge and belief.
本人／我們就此作出聲明，就本人／我們等所深知及確信，上述資料均屬真確無訛。

2. It is agreed that upon request by CMB Wing Lung Insurance Company Limited, I / we shall make a statutory declaration to re-affirm the genuineness of all information contained in this Claim Form; and
若招商永隆保險有限公司提出有關要求，本人／我們將同意作出重申本索償申請表內資料均屬真確的法定聲明；及

3. I, the undersigned Insured / Insured Helper, hereby authorize the parties concerned to disclose to CMB Wing Lung Insurance Company Limited or its representative or its authorized loss adjusters any and all information with respect to my medical history regarding illness or injuries, my claimed loss / damage under the above Section(s) and my full claim history with other insurance companies.
本人（下方簽署的保戶／受保家傭）現授權有關人士向招商永隆保險有限公司或其代表或其授權的公證行提供任何一切有關本人於上述索償項目中申報本人患病、受傷和財物損失／損毀的資料記錄及本人於其他保險公司的所有索償紀錄。

4. I / We believe that the facts stated in this Claim Form are true and correct. I / We acknowledge that the Insurer will rely upon the information supplied by me / the policyholder / the Insured, which I / we verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory / the policyholder / the Insured under the Policy, if so required by the Insurer, will be asked and are bound to sign any court documents on the basis of information provided herein.
本人／我們確認此索償申請書內之事實均為真實及正確。本人／我們確認貴保險公司會依靠本人／保單持有人／受保人所提供的資料（本人／我們誠實地相信該等資料是真實及正確），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人／保單持有人／受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。

5. I / We confirm that I / we have read and understood the CMB Wing Lung Insurance Company Limited *Notice to Customers relating to the Personal Data (Privacy) Ordinance* attached in this Claim Form.
本人／我們確認已閱讀並清楚明白附於本賠償申請表內之招商永隆保險有限公司《關於個人資料（私隱）條例致客戶的通知》。

Date 日期	Insured's signature 保戶簽署	Insured Helper's signature 受保家傭簽署
_____	_____	_____

CL/H006/1125