

# 家傭保險(住院)索償書

## Maid care insurance (hospitalization) claim form

**Please note the following: 請注意以下事項:**

**It is not necessary to complete this claim form for Outpatient Claims. Please write the policy no. and your contact telephone no. on the original medical receipts and then send them to us by post. 若申請門診索償，並不須要填寫此索償書。請在醫生收據的正本上寫上你的保險單號碼及聯絡電話號碼，然後郵寄給我們。**

If you are claiming under the Employee's Compensation Ordinance (e.g. Your domestic servant sustains bodily injury by accident or disease arising out of and in the course of employment), please contact us immediately. You need not fill in this claim form.  
若你正根據僱傭補償條例索償(例如你的家傭因執行職務發生意外而蒙受身體損傷或患病)，請即聯絡我們。你並不須要填寫此索償書。

Name of insured: 投保人姓名:	.....	Policy no. 保單號碼	.....
Correspondence address: 通訊地址:	.....		
E-mail address: 電郵地址:	.....		
Phone no.: (day) 電話號碼:(日)	(Night) (夜)	Fax no. 傳真號碼	.....
Name of patient: 病者姓名:	Sex 性別	Age 年齡	.....
Patient's id/passport no.: 病者身份證/護照號碼:	.....		

Please attach the original of all medical receipts and reports pertaining to the claim. 請附上所有有關的醫療收據及報告的正本。

### **If hospitalization was due to illness 若因患病而住院**

Please describe the symptoms before hospitalization. 請詳述入院前病徵

When did these symptoms first appear? 該病徵於何時首次出現?

	Date 日期	Name(s) and Address(es) 姓名及地址
The physician first consulted for the illness. 首次診斷該病的醫生	.....	.....
All other physicians consulted for the illness. 所有其他應診該病的醫生	.....	.....
Physician who referred the Patient to hospital. 建議病人入院的醫生	.....	.....

### **If hospitalization was due to an accident 若因意外受傷而住院**

When and where did the accident happen? 意外於何時何處發生?

Please describe how it happened. 請描述意外經過

Please describe the injury. 請描述受傷部位及傷勢

Declaration and authorization

聲明及授權

I/We declare that, to the best of my/our knowledge, this information is true. I/We also agree that if any of the above is intentionally untrue or missed, Zurich Insurance Company Ltd has the right to repudiate my/our claim.

本人/吾等在此聲明本人/吾等已盡力提供所有真實資料，並無虛報或漏報。本人/吾等同意如以上任何資料有蓄意虛報或漏報，蘇黎世保險有限公司有權拒絕本人/吾等之以上索償。

I/We hereby authorize any physician, hospital or other organization or persons, that has any records or knowledge of the patient or his/her health, to disclose to Zurich Insurance Company Ltd or its representative any and all information about the patient with reference to the accident, his/her health and medical history and any hospitalization, advice, treatment, disease or ailment. A photostatic copy of his/her authorization shall be as effective and valid as the original.

本人/吾等謹此授權任何擁有或知悉病者或其健康狀況紀錄之醫生、醫院或其他機構或人士，將任何有關病者今次意外、過往健康狀況、病歷及求診之詳細資料向蘇黎世保險有限公司或其代表透露。本授權書之副本與正本具有同等效力。

I/We understand and agree the following issues about the arrangement of my/our personal information collected or held by Zurich Insurance Company Ltd.

本人/吾等明白並同意以下有關 Zurich Insurance Company Ltd (「本公司」) 處理所收集及保存本人/吾等之個人資料的安排。

1. The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by Zurich Insurance Company Ltd ("Company") may be used by the Company for the following **obligatory purposes** necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information):

由 Zurich Insurance Company Ltd (「本公司」) 收集或持有的客戶 (包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人) 個人資料，均可供本公司使用作以下 **強制性用途**，以便為客戶提供服務(否則本公司將無法為未能提供所需資料的客戶提供服務)：

- (1) to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;  
辦理、調查(及協助他人調查)和決定保險申請、保險索償及提供持續的保險服務；
- (2) to process requests for payment, and for direct debit authorization;  
辦理付款要求及直接付款授權；
- (3) to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;  
處理任何對客戶的索償、訴訟及/或司法程序；以及行使本公司的權利(詳情見適用保單條款所定)，包括但不限於代位權；
- (4) to compile statistics or use for accounting and actuarial purposes;  
編撰統計數字，或作會計及精算用途；
- (5) to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group ("Zurich Insurance Group") and conduct matching procedures where necessary;  
符合對本公司及/或其所屬集團(「蘇黎世保險集團」)具約束力的任何本地或外國法例、規則、守則或指引的披露規定及如需要時進行核對程序；
- (6) to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;  
遵循香港法院及監管機構作出的合法要求或指令，包括但不限於保險業監理處、香港保險業聯會、核數師、政府組織和政府相關機構；
- (7) to collect debts;  
債務追討；
- (8) to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and  
便利本公司的認可服務供應商，就上述目的為本公司及/或客戶提供服務；及
- (9) to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.  
使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。

2. The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:-

本公司可就 **強制性用途**，向以下於香港境內或境外的人士提供任何客戶個人資料：

- (1) companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;  
蘇黎世保險集團成員公司，或任何進行保險或再保險相關業務的其他公司或中介人；
- (2) any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;  
任何向蘇黎世保險集團提供行政、電訊、電腦、付款或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商；
- (3) third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;

## Private & Confidential 私人及保密文件

第三方服務供應商，包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員、及資料處理者；

- (4) credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;  
信貸諮詢機構、而在客戶欠賬時，任何債務追收代理或進行索償或調查服務的公司；
- (5) any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;  
根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例，及就任何由政府、監管或其他機關所頒佈且蘇黎世保險集團或其任何關連機構預期須遵守的任何規例、守則或指引而言，蘇黎世保險集團有責任向其作出披露的任何人士；
- (6) any person pursuant to any order of a court of competent jurisdiction; and  
根據主管司法權區的法院的任何頒令的任何人士；及
- (7) any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners;  
蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。

3. All customers have the right to access to, correct, or change any of their own personal information held by the Company by request in writing to the Company's Personal Data Privacy Officer at the address below.  
所有客戶均有權以書面向本公司之個人資料私隱主任（地址如下）要求查閱、修正及／或更改由本公司所持有有關其本身的任何個人資料。

Personal Data Privacy Officer  
26/F, One Island East  
18 Westlands Road  
Island East  
Hong Kong

個人資料私隱主任  
香港港島東華蘭路 18 號  
港島東中心 26 樓

4. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.  
根據私隱條例，本公司有權收取合理費用，藉以處理任何資料的查閱要求。
5. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.  
本通知的中英文版本如有任何歧異或不一致，概以英文版為準。

Patient's Signature  
病者簽署

\_\_\_\_\_

Date  
日期

\_\_\_\_\_

Name (Block Letter)  
姓名 (正楷)

\_\_\_\_\_

Insured's Signature  
投保人簽署

\_\_\_\_\_

Date  
日期

\_\_\_\_\_

Name (Block Letter)  
姓名 (正楷)

\_\_\_\_\_

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 25 - 26 樓

電話：29039388 圖文傳真：29681660

Zurich Insurance Company Ltd (a company incorporated in Switzerland)

Claims dept.: 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

Tel: 29039388 Fax: 29681660

**Attending physician statement**

**主診醫生報告**

**(Must be completed by the attending physician) 必須由主診醫生填寫**

Name of patient	Age	Sex	Date admitted	Date discharged	Final Diagnosis
1. Date on which the patient first consulted you for the hospitalized illness or injury. _____					
2. Please describe the symptoms and complaints of the patient during the first consultation. _____					
3. If possible, please give the names & addresses of all other physicians consulted by the patient previously. _____					
4. a) According to the patient, how long had he/she been experiencing these symptoms before consulting you? _____					
b) How long do you feel the symptoms will last? _____					
5. What was your clinical diagnosis? _____					
6. Medical treatment given and test(s) performed _____					
Operation performed _____					
Date performed _____ Surgeon _____					
7. Prognosis of the Patient's condition? _____					
8. What is the chance of having a relapse? _____					
9. Was injury / sickness due to pregnancy? _____					
10. Was condition caused by congenital anomaly or infertility? _____					
11. Had the patient previously been treated or hospitalized for this or any other disorder? If so, please give details.					
<u>Dates</u>		<u>Disease / Disorder</u>		<u>Details of treatment / hospitalization</u>	
				<u>Name of Physician / Hospital</u>	
Name of Physician _____			Qualification _____		
Date _____			Name and address of Hospital _____		
			_____		
			_____		
Signature _____			Hospital Stamp _____		