

Domestic Helper Claim Form 家傭保險索償申請表

Important Notice:

1. By Furnishing this form the China Ping An Insurance (HK) Co., Ltd makes no admission of liability
2. **Please note that if this is a claim for Section B.1 “Outpatient Benefits” & B.3 “Dental Expenses” the completion of this Claim Form is not required.** Please submit the original medical receipt(s) detailing the diagnosis directly to the Company within 31 days from the issue date of the receipt(s) by making a note on the back of the receipt(s) the Insurance Certificate Note under which you are claiming.
3. **Please note that if this is a claim for Section A1 “Employer Liability” please contact the Claims Department by email (claims@cpaihk.com) with subject “Insurance Certificate No.” and – Employer Liability Claim.**
4. Please complete and submit the Claim form to us within 30 days after the occurrence that give rise to the claim.
5. All medical reports, information and supporting documentations as required by us shall be furnished at the Claimant’s own expenses.
6. Further information may be needed by us for Claims processing.
7. You may email this form to claims@cpaihk.com together with the required supporting documentations to Claims Department, China Ping An Insurance (HK) Co., Ltd, 1901A, 19/F, NEO, 123 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

Part. A – Claimant’s Particulars (Required) 申請賠償者資料 (必須填寫)

Insurance Certificate No. 保單號碼	Claims No. (Office use) 賠償記錄號碼 (本公司填寫)
Name of Claimant (English) 索償人姓名 (英文)	(Chinese) (中文)
H.K.I.D No. / Passport No. 香港身份證號碼/ 護照號碼	
Correspondence Address 聯絡地址	Telephone No. (Day Time) 電話/ 手機號碼 (日間)
	(+852)

Part. B – Insured Domestic Helper Particulars (Required) 受保家傭資料 (必須填寫)

Name of Domestic Helper 受保家傭姓名	Date of Contract Commencement 受僱日期: Day 日/ Month 月/ Year 年
HKID Card/ Passport No. 香港身份證號碼/ 護照號碼	

To facilitate consideration of your claim, please ensure you have submitted the required supporting documentations as indicated at the end of each benefit claims section, as insufficient information or supporting documentations may delay your claim at China Ping An Insurance (Hong Kong) Limited.

請閣下於呈交索償申請表時，一併提交索償所需的基本證明文件，以便中國平安保險(香港)有限公司處理閣下的索償事宜。不足的資料或證明文件有可能會延遲閣下的索償事宜。

Part. C – Benefits to be Claimed (Please Tick) (Required) 索償保障項目 (請選擇) (必須填寫)

Please complete Part. C.2.1 for the following coverage
如需索償下列保障請完成 C2 第一部份

FIDELITY PROTECTION
忠誠保障

SURGICAL & HOSPITALIZATION EXPENSES
外科手術及住院費用保障

TEMPORARY HELPER SUBSIDY
臨時傭工津貼保障

Please complete Part. C. 2.2 for the following coverage
如需索償下列保障請完成 C2 第二部份

HELP REPLACEMENT EXPENSES
補聘新家傭費用保障

PERSONAL ACCIDENT BENEFITS
個人意外保障

DOMESTIC HELPER'S PERSONAL EFFECTS
家傭財物保障

PERSONAL ACCIDENT BENEFITS TO THE DOMESTIC HELPER
WHEN TRAVELLING ABROAD WITH THE EMPLOYER
家傭外遊個人意外保障

EMERGENCY MEDICAL ASSISTANCE SERVICE
送返費用

Part. C.2.1 – Surgical & Hospitalization Expenses C2 第一部份 - 外科手術及住院費用

Date of Injury/ Sickness
發生意外或疾病的日期

Day 日/ Month 月/ Year 年

Description of Accident/ Sickness
意外或疾病詳情

Nature of injury/diagnosis of sickness
傷害類別/疾病名稱

Name of the Hospital
醫院名稱

Date of Admission
入院日期

Day 日/ Month 月/ Year 年

Date of Discharge
出院日期

Day 日/ Month 月/ Year 年

Has the insured helper ever suffered from this or similar condition or is it a recurrence of a previous injury or illness?

If "YES", please give details.
若是，請提供詳情

Yes 是 / No 否

Attending Doctor's Name
醫生姓名

Address
地址

Date

Injury/Disease
傷害名稱/疾病

Day 日/ Month 月/ Year 年

Any other insurance covering this Accident/Loss?
有否其他保險承保是次事件 / 損失?

If "YES", please give details.
若是，請提供詳情

Yes 是 / No 否

Name of insurance company
保險公司名稱

Policy No.
保單編號

General Supporting documents for C. 2.2 (if applicable): C.2 第二部份一般所需的證明文件: (如適用)

Medical expense receipt, medical report/ laboratory report (if any)
醫療費用收據正本, 醫療報告 / 檢驗報告 (如有)

Part. C.2.2 – Claims other than Surgical & Hospitalization Expenses C2 第二部份 - 非外科手術及住院費用索償

Date of the Accident/ Loss
意外或損失日期

_____ Day 日/ _____ Month 月/ _____ Year 年

Place of Accident /Loss
意外或損失發生地點

Description
詳情

Has it been reported to the Police?
上述意外或損失有否向警方報案?

Yes 是 / No 否

Police Report No.
警方事件報告編號

Item(s) Claimed
索償項目

Date of Purchase
購買日期

Original Price
原價

Repair/Replacement Cost
維修/重置費用

Any other insurance covering this incident/loss?
有否其他保險承保是次事件 / 損失?

Yes 是 / No 否

If "YES", please give details.

Name of insurance company
保險公司名稱

Policy No.
保單編號

General Supporting documents for C. 2.2 (if applicable): C.2 第二部份一般所需的證明文件: (如適用)

FIDELITY PROTECTION 忠誠保險/ HELPER'S PERSONAL EFFECTS 家傭財物保障

- Incident report from Police 由警方等所發出的事件報告
- Statement 警方口供記錄
- Proof of value for the lost property 損失物品的價值證明

REPLACEMENT HELPER EXPENSES 補聘新家傭費用

- Medical Report 醫療報告
- Letter of termination of employment contract 終止僱傭合約證明
- Employment contract of the new Helper 新聘家傭的僱傭合約
- All relevant expenses for the replacement of the Helper (e.g. *receipt for employment agency processing fee/ Economy Class air fare receipt*) 所有補聘新家傭的相關費用(如僱傭代理手續費收據/經濟客位機票收據)

PERSONAL ACCIDENT BENEFITS 個人意外保障 / PERSONAL ACCIDENT BENEFITS TO THE DOMESTIC HELPER WHEN TRAVELLING ABROAD WITH THE EMPLOYER 家傭外遊個人意外保障

- Incident report from Police 由警方等所發出的事件報告
- Death Certificate 死亡證書 (if applicable) 如適用
- Medical report on extent of permanent disability

TEMPORARY HELPER SUBSIDY 臨時家傭現金津貼

- Hospital discharge report 醫院出院證明

EMERGENCY MEDICAL ASSISTANCE SERVICE 送返費用

- Medical Report 醫療報告
- Death Certificate 死亡證書 (if applicable) 如適用

Part. D - Declaration and Authorization (Required) 聲明及授權 (必須填寫)

1. We declare to the best of my knowledge and belief that the above statements and particulars to be true and correct. We further understand that any misdeclaration of the facts could affect my claim and the company's willingness to provide insurance in future.
我們根據全部所知聲明，以上所述各項資料均為真實無誤，並明白任何錯誤將影響貴公司對此次索償之決定及繼續接受本人之投保申請。
2. I, the undersigned domestic helper hereby authorize any Hospital, Physician, or other person, and / or Authority who has attended or examined me, to furnish to China Ping An Insurance (HK) Co., Ltd. or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A Photostat copy of this authorization shall be considered as effective and valid as original.
本人(下述簽署的家傭)授權任何曾照料及診察本人之醫院，醫生或其他人士及或有關當局，向中國平安保險(香港)有限公司或其授權之代表提供所有有關任何疾病，意外受傷，健康背景，醫療紀錄之資料及醫院或醫療紀錄之副本，此授權之副本與原本俱同等效力。
3. We hereby authorize to other person and / or Authority to furnish to China Ping An Insurance (HK) Co., Ltd. or its authorized representative any and all information with respect to any loss and copies of police reports, accident reports and statements. A Photostat copy of authorization shall be considered as effective and valid as original.
我們授權任何人或有關當局向中國平安保險(香港)有限公司或授權之代表提供所有有關任何損失以及警方報告、意外報告或警方口供記錄，此授權之副本與原本俱同等效力。
4. China Ping An Insurance (HK) Co., Ltd reserve the rights to request further information from any party for claims processing incomplete information will prolong the claims processing period.
中國平安保險(香港)有限公司保留向申請人及其他有關人士或團體索取有關賠償資料之權利。(請提供足夠資料以免延誤處理賠償進度)
5. We confirm having read and understood the China Ping An Insurance (HK) Co., Ltd's Personal Information Collection Statement in the below section.
我們確認已閱讀及明白以下有關於中國平安保險(香港)有限公司的收集個人資料聲明的部份。

Claimant's Signature: 申請賠償者簽署: _____	Claimant's Name: 申請賠償者姓名: _____
Domestic Helper's Signature 家傭簽署: _____	Name of the Insured Domestic Helper 受保家傭姓名 _____
Date: 日期: ____ Day 日/ ____ Month 月/ ____ Year 年	

Personal Information Collection Statement 收集個人資料聲明

Personal Information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance service and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any document in relation to the Product or any claim made under the Product.

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品(下稱「保單」)相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

Your personal data may be used for below obligatory purposes. Failure to supply such data for obligatory purpose may result in China Ping An Insurance (Hong Kong) Company Limited unable to provide the Product.

您的個人資料可被用於強制性用途，如您不能向平安保險提供有關個人資料，我們將不能向您提供有關保單。

The obligatory purposes for which your personal data may be used are as follows:-

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us.

您的個人資料可被用於以下強制性用途：

- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；或
- 由本公司行使代位權利之用途。

In connection with any of the above purposes, the personal data the we have collected might be transferred to:

- any other company carrying out insurance or reinsurance related business in or out of Hong Kong;
- any association or federation or confederation of insurance industry that exists or is formed from time to time; or
- any agent (including private investigator, debt collector and recovery agent), contractor or third party who provides administrative, claims handling or other services relating to the Product to China Ping An Insurance (Hong Kong) Company Limited

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 任何其他在本港或海外經營有關保險或再保險業務之公司；
- 任何現存或不時成立的協會或保險業聯會；或
- 任何提供行政服務、索償處理或其他與相關保單服務之代理、承辦商或第三者。

In order to confirm the accuracy of your personal data, you agree to provide us with authorization to access to and to verify any of your personal data with the information collected by any federation or confederation of insurance industry.

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會或公會所收集有關您的個人資料。

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Personal Data Privacy Officer at 1901A, 19/F, NEO, 123 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄，以及要求選擇拒收任何本公司均直銷通訊。給您欲行使以上權利，可以書面形式投寄至香港九龍觀塘海濱道 123 號綠景 NEO 19 樓 1901A 室中國平安保險（香港）有限公司，通知本公司的個人資料私隱主任。

If you have enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 2827 1883.

如您對此個人資料收集聲明有任何疑問或須協助，請致電 (852) 2827 1883 與我們聯絡。