

寵物意外報告書 PET INSURANCE CLAIM FORM

1. 請詳細填報本表格每一項目及於意外後三十天內交回本公司
Please return this completed form within 21 days from the date of accident.
2. 發出此通知書不能作為本公司已經承認賠償之責任
The forwarding of this form for completion is not an admission of liability on the part of the Company.
3. 在未得到本公司書面認許之前，不得作出或承擔任何有關人身傷亡或財物損毀賠償之責任
No admission, offer, payment or indemnity should be made in respect of liability for bodily injury, death or property damage without the written consent of the Company.
4. 若空位不足，可添加白紙以作補充說明
Paper can be added behind for supplementary description if the space is not enough

索償文件 Claims documents

<p>Section 1a 意外獸醫門診及檢查保障 Accidental Veterinary Consultation and examinations benefit</p> <p>Section 1b 意外手術和術後住院保障 Accidental Surgery and postoperative hospitalization benefit</p>	<p>列明診斷結果及載有費用分項的醫療賬單，收據正本及獸醫證明 Original itemised invoice and receipt with diagnosis stated for medical expenses and veterinarian certificate</p> <p>收據必須包含以下資料 Please ensure that the following information is contained in the receipt:</p> <ul style="list-style-type: none"> - 受保寵物姓名及晶片號碼 Name and Microchip number of the insured pet - 受保寵物的診斷結果 Diagnosis of the insured pet - 獸醫診金及每項處方藥物費用 Veterinary Consultation and Itemised Prescribed Medication Fee - 獸醫簽署及所屬獸醫診所的公司蓋印 Signature of the Vet with Company Chop of the Veterinary Facility
<p>Section 2 第三者責任保障 Third Party Liability benefit</p>	<p>第三者之索償文件 Letter of claim from third parties 警方報告或警方口供記錄副本（如有） Police report or copy of statement to police (if any)</p>

1. 保單持有人資料 Policyholder's Information

保單號碼 Policy No.: 投保人姓名 Name of Insured:.....

手提電話 Mobile: 住宅電話 Home Tel No.: 傳真號碼 Fax No.:

電郵地址 Email Address: 通訊地址 Address :

2. 受保寵物資料 Particulars of insured pet

<p>受保寵物名稱 Name of the insured pet:.....</p>	<p>年齡 Age:</p>
<p>性別 Sex:.....</p>	<p>晶片號碼 Microchip No: AVID -- * _ _ _ * _ _ _ _ _</p>

3. 其他保險或賠償 Other Insurance or Compensation

索償項目是否受保於其他保險合約? (獸醫門診及檢查保障, 手術和術後住院保障, 第三者責任保障)

Is/Are any other insurance policy(ies) covering the expenses involved? (Accidental Veterinary Consultation and examinations benefit, Accidental Surgery and postoperative hospitalization benefit, Third Party Liability benefit)

有 Yes / 沒有 No

如是, 請提供以下資料 If YES, please provide the following information:

保險公司名稱 Name of Insurance Company: 保險種類 Class of Insurance:

保單號碼 Policy No.: 索償金額 Amount claimed (HK\$):

4. 發生意外經過詳情 Particular of Incident

意外發生時,由誰人照顧受保寵物 Who took care of the pet when the incident happened:

與保單持有人之關係 Relationship with policyholders: 發生意外之地點 Place of Incident:

發生意外之日期, 時間 Date and Time of Incident: ____/____/____ (dd/mm/yyyy) Time:

意外發生詳細經過 Description of incident:

.....
.....
.....
.....

5. 投保人銀行戶口 (選填) Policyholder's bank account information (optional)

銀行名稱 Name of Bank: 戶口持有人之姓名 Name of Bank Holder:

賬戶號碼 Bank Account No. :

6. 索償項目 Claimed Items(請剔選適合項目 Please tick the appropriate box(es))

意外獸醫門診及檢查保障 (請填寫項目 8)

Accidental Veterinary Consultation and examinations benefit (Please fill in section 8)

意外手術和術後住院保障 (請填寫項目 8 和獸醫證明)

Accidental Surgery and postoperative hospitalization benefit (Please fill in section 8 and Veterinarian Certificate)

第三者責任保障 (請填寫項目 7 和項目 8)

Third Party Liability benefit (Please fill in section 7 and section 8)

7. 第三者責任保障 Third Party Liability benefit

(此頁僅適用牽涉第三者責任之索償 This page is only applicable for the claim of Third Party Liability)

*在未得到本公司書面認許之前，不得作出或承擔任何有關人身傷亡或財物損毀賠償之責任

*No admission, offer, payment or indemnity should be made in respect of liability for bodily injury, death or property damage without the written consent of the Company

1. 保單持有人/任何人有否向第三者承認責任 Has the Policyholder/anyone admitted liability to the third party?

有 Yes / 沒有 No

如有，誰人承認 If Yes, who admitted?

什麼方式 How?

2. 第三者有否要求賠償 Has any third party claimed? (HK\$)

有 Yes / 沒有 No

如有，第三者之受傷賠償費用 If yes, Injury cost for Third Party

財物損毀維修費用 Estimated Cost of Repairs of Property Damage

3. 有否向警方報案 Has it been reported to Police?

有 Yes / 沒有 No

如有，報案編號 If yes, Police Report No.:

4. 目擊証人資料 Particulars of Eye Witness

姓名 Name:

電話號碼 Tel. No.:

地址 Address:

請剔選適合項目 Please tick the appropriate box(es)

身體受傷 Bodily Injury

受傷者資料 Person Injured (請注明寵物/傷者 Please state whether pet or injured)

受傷寵物/ 傷者 姓名 Name of Injured Pet/ Person	受傷性質程度 Nature and Extent of Injury	年齡 Age	電話號碼 Tel No.
寵物/ 傷者 Pet/ Person 1.....
寵物/ 傷者 Pet/ Person 2
寵物/ 傷者 Pet/ Person 3

財物損毀 Property Damage

物主姓名 Name of Owner: 年齡 Age: 性別 Sex:

財物種類 Kind of property: 損害性質及程度 Nature and Extent of damage:

電話 Tel No.: : 地址 Address: :

8. 聲明及授權 DECLARATION & AUTHORIZATION

I/We hereby authorise any veterinary facility, veterinarian, authority, or any third party to disclose to China Ping An Insurance (Hong Kong) Company Limited "PingAn Insurance" or its authorized representative, any and all information with respect to the medical history of the insured pet, my/our loss or police statement made relevant to the insured pet and the like for the purpose of assessing my/our claim request(s). A photocopy of this authorisation shall have the same effect as the original. 本人 / 我們謹此授權任何獸醫診所、獸醫、有關機構或任何第三方，向中國平安保險（香港）有限公司「平安保險」或其授權代表提供任何或所有有關受保寵物的病歷、本人就有關受保寵物引起之損失、口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong (the "Ordinance"), by signing below, I/we consent that the personal information collected or held by PingAn Insurance (whether contained in this Application or otherwise obtained) is provided and may be disclosed to individuals or organizations within or outside of Hong Kong in accordance with the terms set out in the Personal Information Collection Statement below and the provisions of the Ordinance. Moreover, I/we hereby authorize PingAn Insurance to obtain access to and/or to verify any of my/our data with the information collected by any association, federation or similar organization of insurance companies that exists or is formed from time to time (the "Federation") from the insurance industry. 根據香港個人資料(私隱)條例，本人 / 我們等簽署如下，同意平安保險得到或持有之本人個人資料(該等資料可能在此表格提供或從其他途徑得到)可透露予本港或海外之個人或組織機構以作為處理索償任何分析之用途。此外，本人 / 我們現授權平安保險由現存或不時成立之任何保險公司的協會或聯會或類同組織(以下簡稱「聯會」)從保險業內收集的資料中查閱及/或核對本人 / 我們之任何資料。

I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform PingAn Insurance of all material information may render PingAn Insurance unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of PingAn Insurance. 本人 / 我們謹此聲明，上述所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人 / 我們所知及所信而作答的。本人 / 我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知平安保險任何有關此賠償申請之重要資料，將可能導致平安保險不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人 / 我們明白此索償表格之發出及填妥並不代表平安保險確認責任或保證賠償。

I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form. 本人 / 我們確認已閱讀及明白隨本表格附上有關富衛的收集個人資料聲明。

保單持有人簽名及蓋印 Insured's Signature and Chop:

日期 Date: ____/____/____ (dd/mm/yyyy)

獸醫證明 Veterinarian Certificate

(由獸醫填寫，所需費用由保單持有人承擔 To be completed by Veterinarian at the expense of the Policyholder)

Only fillable if the claim/injury involved Section 1b Accidental Surgery and postoperative hospitalization.

Paper can be added behind for supplementary description if the space is not enough

Particulars of the Insured Pet

Name of the Pet: Microchip No.: Name of Pet Owner:

Information about accidental injury

Date of Consultation ____/____/____ (dd/mm/yyyy) Diagnosis: Treatment:

Confinement (Brief discharge summary, including treatments, examinations and results)

.....
.....
.....

Period of Confinement: From ____/____/____ to ____/____/____ (dd/mm/yyyy) total ____ days

Nature and extent of injury, in details

.....
.....
.....

Background Information

With respect to the insured pet, how long has this pet owner been a client of your clinic?

Less than 6 months More than 6 months

Have any conditions or symptoms occurred previously which are related to the above injury of the insured pet?

No Yes, please give dates ____/____/____ (dd/mm/yy)

According to your record of the insured pet, how long were the symptoms present before the first consultation?

.....

Is the treatment received by the insured pet likely to be ongoing?

No Yes

Was the treatment / operation rendered to the insured pet regarded as an emergency life saving measure?

No Yes

Declaration of the Veterinarian

I hereby declare that the information and particulars stated as above are true, correct, accurate and to the best of my Knowledge and belief.

Signature of Veterinarian (with Company Chop of the Veterinary Facility)

____/____/____ (dd/mm/yyyy)

Name of Veterinarian:.....

PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明

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.

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.

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.

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

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.

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 17/F., Allied Kajima Building, 138 Gloucester Road, Wan Chai, Hong Kong.

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

中國平安保險（香港）有限公司（下稱「平安保險」、「我們」或「本公司」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

個人資料收集聲明

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。

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。

- 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。

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。

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內保險公司聯會或公會所收集有關您的個人資料。

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灣仔告士打道 138 號聯合鹿島大廈 17 字樓中國平安保險（香港）有限公司，通知本公司的個人資料私隱主任。

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。