

**中國太平保險(香港)有限公司**

China Taiping Insurance (HK) Company Limited

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**教育局綜合保險計劃 - 團體人身意外保險申請理賠表格**  
**EDUCATION BUREAU BLOCK INSURANCE POLICY - GROUP PERSONAL ACCIDENT CLAIM FORM**

\* 校方只需提交第一部分 - 事件報告。待正式索償時，方需填寫及遞交第二部分。  
 The School has to submit Section 1 - Incident Report. When there is a formal claim, Section 2 should be submitted as well.

謹此聲明：

1. 本公司提供申請理賠表，並不表示本公司承認賠償責任。
2. 有關申請理賠之程序，請參閱「團體人身意外保險報備理賠手續」。
3. 請將申請理賠表格電郵至edbclaims@hk.cntaiping.com。

Please Note that:

1. By furnishing this form, China Taiping Insurance (HK) Company Limited (the Company) makes no admission of liability.
2. For details of the claim procedures, please refer to the "Group Personal Accident Insurance Claim Procedure".
3. Please submit this Claim Form by E-mail (E-mail address : edbclaims@hk.cntaiping.com).

**第一部分 - 事件報告**  
**SECTION 1 - Incident Report**

 請填報以下項目資料，並在適當的空格填上，如有變更必須通知保險公司

 Please fill in the items below and tick the boxes where appropriate  and inform the Company if any of them has been altered

A. 學校詳情 PARTICULARS OF SCHOOL				
保單號碼： Policy No.: 0601 1114 2021 000280				
學校名稱： Name of School:				
地址： Address:				
學校財政類別： Finance Type of School:	官立 Government	資助 Aided	按位津貼 Caput	直資 DSS
學校代表姓名： Name of School Representative:			職位： Job Title:	
電話號碼： Tel. No.:			傳真號碼 / 電郵地址： Fax No. / E-mail Address:	
B. 學生詳情 PARTICULARS OF STUDENT				
學生姓名：(請先填寫姓氏) Name of Student: (Surname first)				
學校類別： Type of School:	小學 Primary	中學 Secondary	特殊學校 Special	
地址： Address:				
電話號碼： Tel. No.:			傳真號碼 / 電郵地址： Fax No. / E-mail Address:	
C. 意外詳情 DESCRIPTION OF ACCIDENT				
請敘述意外如何發生： Describe how the accident happened:				
意外是否於正常上課期間發生？ Was the accident happened during normal school time?				
	是 Yes	否 No		
意外發生日期： Date of Accident:		年 Year	月 Month	日 Day
意外發生時間： Time of Accident:	上午 a.m.	下午 p.m.	時 Hours	分 Minutes
意外結果： Result of Accident:	受傷 Injury	死亡 Death		
意外發生的地址： Address of Accident Happened:				
學生接受治療的醫院 / 診所名稱： Name of Hospital / Clinic where the student received treatment:				

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D. 死亡個案(只適用於意外引致死亡時填寫) DEATH CASE (ONLY APPLICABLE TO DEATH CAUSED BY ACCIDENT)			
是否已報警?	是	(警署名稱)	否
Whether police was notified?	Yes	(name of police station)	No
已故學生的最近親姓名: Name of next-of-kin of the deceased student:			
已故學生的最近親地址: Address of next-of-kin of the deceased student:			
申請人與已故學生的關係: Relationship of applicant:			
電話號碼: Tel. No.:			

E. 意外地點 PLACE OF ACCIDENT			
這意外發生於: The accident occurred in:			
01 課室(就讀學校) Classroom	02 其他學校範圍內 Other place within school premises	03 學校範圍以外(但於香港範圍內) Outside school premises (but within Hong Kong)	
04 其他地方, 請指明: Others (please specify):			
請敘述在意外發生時現場進行的活動: Describe the activity carried out on the site at the time of Accident:			
01 授課及學習 Class teaching and Learning	02 小息 Recess	03 體育課、戶外 / 課外活動 PE, Outdoor / Extra-curricular activities	04 輔導 Counseling
05 其他(請指明): Others (please specify):			

F. 意外類別 TYPE OF ACCIDENT			
01 被學生或第三者襲擊 Assault by student or third party	02 環境因素 Environmental factors	03 操作引致 Procedures of work	
04 其他(請指明): Others (please specify):			

G. 損傷性質 NATURE OF INJURY				
敘述損傷性質: Describe the nature of injury:				
身體的損傷部位: Part of body injured:				
01 頭顱 / 頭皮 Skull / Scalp	02 眼 Eye	03 手指 Finger	04 手 / 手掌 Hand / Palm	05 背 Back
06 手腕 Wrist	07 腳 Foot	08 軀幹 Trunk	09 致命 Fatal	
10 多處部位(請指明): Multiple locations (please specify):				

聲明 DECLARATION
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本人/我們謹茲聲明上述所填報之資料皆為確實詳情, 並沒有隱瞞任何與此索償有關之重要資料。

I/We hereby warrant the truth of the above statements and declare that I have not withheld any material information connected with this claim.

日期:  
Date:

(日/月/年 dd/mm/yyyy)

學校代表簽署及學校蓋章:  
Signature of School Representative  
with School Chop: