

## 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

**請注意：**

此部分之 A 項需由受傷學生 / 家長或監護人填寫及簽署；

此部分之 B 及 C 項需由主診醫生填寫，有關費用由索償人負責支付。

**Please Note:**

Part A of this Section is to be completed by the injured student / parent or legal guardian and signed;

Parts B & C are to be completed by the attending physician at the claimant's expense.

\* 此部分只適用於因意外事故引致死亡或身體永久受損。

**This section is applicable to death or permanent total disablement due to accident.**

### 第二部分 SECTION 2

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

<b>A 項. 學生詳情</b> <b>PART A. PARTICULARS OF STUDENT</b>	
保單編號： Policy No. : 0601 1114 2021 000280	
學生姓名：(請先填寫姓氏) Name of Student: (surname first)	香港身分證號碼： HKID Card No.:
學校名稱： Name of School:	
學生通訊地址： Student's Address:	
電話號碼： Tel. No.:	傳真號碼 / 電郵地址： Fax No. / E-mail Address:
<b>聲明及授權書 DECLARATION AND AUTHORISATION</b>	

本人/我們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.

本人/我們謹此代表本人/我們/所有被保險人授權任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構或其他機構、組織或人士，凡知道或持有任何有關本人/我們/所有被保險人記錄者，及/或會診驗或可能將會診驗本人/我們/所有被保險人者，均可將該等資料提供給中國太平保險(香港)有限公司，貴公司，此授權對本人/我們之繼承人及被保險人具有約束力；即使死亡或無行為能力時，此授權仍具效力，本授權書的影印本與正本均有同等效力。

I/We hereby authorize on behalf of myself/ourselves/the Insured Person any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/us/the Insured Person and who has attended or may hereafter to myself/ourselves/the Insured Person to disclose such information to **China Taiping Insurance (HK) Company Limited, the Company**. This authorization shall bind my successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

本人/我們聲明及同意已獲被保險人授權及同意本人/我們作出上述授權。

I/We declare and agree that I/we have the full authority from and consent of the Insured Person to make the above authorizations.

本人/我們確認已閱讀及明白隨表格附上有關貴公司的收集個人資料聲明。

I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.

日期：

Date:

(日/月/年 dd/mm/yyyy)

學生 / 家長或監護人簽署：

Signature of Student / Parent or

Legal Guardian :

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

<b>PART B. PATIENT'S CONDITION</b>	
<b>Name of Patient:</b>	<b>HKID Card No.:</b>
<p>1. CONSULTATION FOR PRESENT ILLNESS / INJURY(IES)</p> <p>(a) Are you the patient's usual physician? If "Yes", since what date?</p> <p style="margin-left: 40px;">Yes      No      _____</p> <p>(b) When did the patient first consult you for this illness or injury(ies)?</p> <p>_____</p> <p>(c) If consultation was for illness, please provide the following information:</p> <p style="margin-left: 20px;">i. Symptoms presented: _____</p> <p style="margin-left: 20px;">ii. Duration of these symptoms: _____</p> <p style="margin-left: 20px;">iii. Diagnosis: _____</p> <p style="margin-left: 20px;">iv. Was the diagnosis made known to the patient? If "Yes", when? If "No", why?</p> <p style="margin-left: 40px;">Yes      No      _____</p> <p>_____</p> <p>(d) If consultation was for injury(ies), please describe the injuries.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>2. Please describe the nature and severity of the patient's disability.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>3. Please describe treatment, including any operations performed.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

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4. If the patient was referred from a clinic or hospital, please state:

(a) Name of physician: \_\_\_\_\_

(b) Name of clinic / hospital: \_\_\_\_\_

(c) Date referred: \_\_\_\_\_

5. Has the patient been admitted to hospital before for the same illness / injury(ies)? If "Yes", please state:

(a) Date admitted: \_\_\_\_\_

(b) Date discharged: \_\_\_\_\_

(c) Name of hospital: \_\_\_\_\_

(d) Admission No.: \_\_\_\_\_

6. (a) Has the patient suffered or is suffering from any other disease or ailment? If so, please give details:

\_\_\_\_\_

(b) Date he / she first suffered from the disease or ailment: \_\_\_\_\_

(c) Name and address of physician consulted: \_\_\_\_\_

\_\_\_\_\_

In your opinion, does the patient suffer from any kind of permanent disablement? If yes, please state the percentage of permanent disablement caused by the accident.

\_\_\_\_\_

7. In your opinion, would the patient's condition lead to death within the next 12 months from the date of diagnosis?

\_\_\_\_\_

8. Please provide us with any other additional information that will enable the company to assess this claim.

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<b>PART C. ACTIVITIES OF DAILY LIVING</b>		
<b>Please comment on whether the patient is able to perform the following activities of daily living:</b>		
1. WASHING, BATHING - Ability to wash in bath or shower or by other means to maintain personal cleanliness.	Yes	No
2. DRESSING - Ability to dress and undress.	Yes	No
3. TOILETING - Ability to do all the following: to get to and from the lavatory, to get on and off the lavatory, to maintain an adequate level of personal hygiene.	Yes	No
4. CONTINENCE - Ability to voluntary control bowel and bladder functions.	Yes	No
5. FEEDING - Ability to consume food and drink unaided.	Yes	No
6. MOBILITY - Ability to move in and out of a chair or bed.	Yes	No

Name of Physician :

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Signature of Physician :

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Date : (dd/mm/yyyy)

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Clinic Address :

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Stamp :

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**中國太平保險(香港)有限公司**  
China Taiping Insurance (HK) Company Limited

**收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT**

中國太平保險(香港)有限公司(下稱“本公司”)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。閣下提供本索償表格要求的個人資料(包括信用資料和以往申索記錄)是為了本公司提供保險業務所需。本公司並可能使用閣下的個人資料作以下用途：

- (i) 任何與保險有關的產品或服務(包括處理及審批閣下索償、結清申索、保單相關行政、財務工作、索償調查或分析、偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)及其它相關的服務)或該等產品或服務的任何更改、變更、取消或續期；
- (ii) 本公司行使任何代位權；
- (iii) 就以上用途聯絡閣下；
- (iv) 其它與上述用途有直接關係的附帶用途；及
- (v) 遵循適用法律、條例及業內守則及指引。

本公司亦可因應上述用途披露/轉移閣下的個人資料予下列各方，而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料：

- (a) 向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問，或任何從事與保險或再保險業務有關的公司，或閣下的保險中介人(若有)、保險理算人或索償調查員/公司，或其他保險業務有關的服務提供者；
- (b) 僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司(無論是直接地，或是通過防欺詐組織或本段中指定的其他人士)；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)；
- (c) 本公司的關連公司(以《公司條例》內的定義為準)；
- (d) 政府及市場認可的保險業監管機構；保險投訴局及同類的保險業機構、香港保險業聯會(或同類的保險公司聯會)及其會員；
- (e) 法例要求或許可的政府機關包括運輸署。

閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外)，而就此而言，閣下同意將閣下的資料移轉至香港境外。

閣下可有權隨時查閱及/或更正由本公司持有有關閣下的個人資料。如有需要，請以書面形式向本公司的總經理辦公室提出，地址為香港北角京華道18號15樓或電郵 info@hk.cntaiping.com。另本公司私隱政策的全文已上載於www.hk.cntaiping.com，歡迎查閱。

本公司為預防保險詐騙偵測系統成員，詳情請參閱www.hkfi.org.hk/ifpcd/en/index.html。

本聲明的中英文版本如有任何歧異或不一致，概以英文版為準。

China Taiping Insurance (HK) Company Limited (the “Company”) understands its responsibilities to the collection, retention processing or use personal data under the Personal Data (Privacy) Ordinance. The personal data you provided in this form (including credit information and claims history) is collected to enable the Company to carry on insurance business. The Company may also use your personal data for the following purposes:

- (i) any insurance related product or service (include processing and evaluating your insurance claim, settling claims, providing administration, financing, claim investigation or analysis work, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;
- (ii) exercising any right of subrogation;
- (iii) contacting you for any of the above purposes;
- (iv) other ancillary purposes which are directly related to the above purposes; and
- (v) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose / transfer your personal data to the following persons who may collect and use this data only as reasonably necessary to carry out the purposes described above:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjusters/companies, or other service provider providing services relevant to insurance business;
- (b) employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
- (c) the Company's related companies (as that term is defined in the Companies Ordinance);
- (d) Government and industry recognized insurance regulatory bodies: the Insurance Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members ; and
- (e) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

You have the right to access and/or request correction of any personal data concerning yourself held by the Company. Requests for such access can be made in writing to Office of the General Manager at 15/F, 18 King Wah Road, North Point, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company's Data Privacy Policy can be found at www.hk.cntaiping.com.

The Company is a member of the Insurance Fraud Prevention Claims Database, please go to website www.hkfi.org.hk/ifpcd/en/index.html for details.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.