

# 授權書

## LETTER OF AUTHORIZATION

關於：保險索償查詢

Re: Insurance Claim Investigation

傷者 \_\_\_\_\_ 於 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日之意外事故  
(姓名) (日期)  
Accident to \_\_\_\_\_ on \_\_\_\_\_  
(Name of Claimant) (Date of Accident)

根據《個人資料(私隱)條例》(香港法例第 486 章)，本人，為下方簽署人，現授權醫院管理局、醫院、醫生、診所、化驗所、政府部門、保險公司、勞工處、香港警務署、本人僱主或曾為本人或將會為本人作出診療之人士或目擊意外經過之組織、機構或個人，均可就上述事故，提供所有有關之資料(包括但不限於醫療報告、過往及近期之醫療記錄、口供及調查報告)予本人之僱主、中銀集團保險有限公司或其委託之律師行、復康機構、公証行、測量行以便評估本人的保險索償。

In compliance with the Personal Data (Privacy) Ordinance (Cap. 486), I, the undersigned, hereby authorize the Hospital Authority, hospital, medical practitioners, clinic, laboratory, Government Department, Insurance Company, Labour Department, Hong Kong Police, my employer or any person who has been or may hereafter be consulted and/or any organization, institute or person who witnessed the accident to release all information including but not limited to medical reports, past and recent medical records, statement and investigation reports in relation to the captioned accident to my employer, Bank of China Group Insurance Company Limited and/or their authorized solicitors, healthcare organization, loss adjusters, surveyors for the purpose of assessment of an insurance claim.

本人同意提供身份證副本以作核對之用。

I agree to provide a copy of my Identity Card for verification.

如法律上可行，本人同意此授權書在本人身故後仍然有效。本授權書的副本與正本同樣有效。

I agree that such authorization to survive me in so far as legally possible. A photocopy of this Letter of Authorization shall be as valid as the original.

### Purpose of Collection of Personal Data

#### 收集個人資料目的

1. Personal data provided in this form will be used by Bank of China Group Insurance Company Limited to assess, manage and process your claim.
2. Except where required by the law, the provision of personal data is voluntary. However, if the personal data concerned is not provided, Bank of China Group Insurance Company Limited may not be able to process the claim.

1. 於表格內所提供之個人資料將會被中銀集團保險有限公司用作評估，處理及進行相關索償。
2. 除法律要求外，所提供的個人資料是自願的。若個人資料不給予提供，中銀集團保險有限公司或不能繼續處理該賠案。

姓名：

香港身份證號碼：

**Name :**

**HKID Card No. :**

簽署：

日期：

**Signature :**

**Date :**

須與警方口供相同(如適用)

(日/月/年 dd/mm/yyyy)

For Education Bureau Customer	教育局客戶專用
Please submit the signed <u>original</u> copy to us. Bank of China Group Insurance Company Limited Claims Department HEAD OFFICE: 9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.	請把已簽署的正本呈交本公司。 中銀集團保險有限公司 理賠部 總公司：香港德輔道中 71 號永安集團大廈九樓