



教育局綜合保險計劃-團體人身意外保險索償表格
EDUCATION BUREAU BLOCK INSURANCE POLICY – GROUP PERSONAL ACCIDENT CLAIM FORM

保險公司專用 Office Use
賠案編號
Claim No.

校方只需提交第一部份 - 事件報告。待正式索償時，方需填寫及遞交第二部份。

The School shall submit Section 1 - Incident Report. When there is a formal claim, Section 2 shall be submitted as well.

請注意：

1. 保險公司收取索償申請表並不表示已承認賠償責任。
2. 關於理賠事項，請參閱「團體人身意外保險報備索償程序」。
3. 請選擇以下列其中一種方法將索償文件發送至保險公司。若選擇以電郵或傳真發送，校方無需將正本郵寄至保險公司。在一般情況下，建議保留正本約7年，保險公司會抽驗正本或收回正本作處理賠案之用。

電郵 Email : claimsedb_ins@bocgroup.com

傳真 Fax : 3906 9942

郵寄 Post

Please note:

1. Receipt of this Claim Form does not render the Insurance Company in admission of policy liability.

2. For details of the claim procedure, please refer to the "Group Personal Accident Insurance Claim Procedure".

3. Please send the claims documents to the insurance company by any one of the following methods. If the documents are sent by email or fax, you are not required to mail the original to the insurance company. Under normal circumstances, it is suggested to keep the original for about 7 years as the Insurance Company may randomly check the original or collect the original for further handling of the claim.

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第一部份 – 事件報告

SECTION 1 – Incident Report

請填報以下項目的資料，並在適當的空格填上☐，如有變更必須通知本公司。

Please provide information for the items listed below and tick the boxes where appropriate and inform our Company if any of them has been altered.

A. 學校詳情 PARTICULARS OF SCHOOL							
保單編號： Policy No.: CPA/23-0381876400							
學校名稱： Name of School:							
學校財政類別： Finance Type of School		<input type="checkbox"/> 官立 Government	<input type="checkbox"/> 資助 Aided	<input type="checkbox"/> 按位津貼 Caput	<input type="checkbox"/> 直資 DSS		
學校類別： Type of School:		<input type="checkbox"/> 小學 Primary	<input type="checkbox"/> 中學 Secondary	<input type="checkbox"/> 特殊學校 Special			
地址： Address:							
聯絡人姓名： Name of Contact Person:				職位： Position:			
電話號碼： Contact Tel. No. :				電郵地址： E-mail Address: (此電郵地址將用作發送確認信及賠案處理用途)			
B. 學生詳情 PARTICULARS OF STUDENT							
學生姓名： Name of Student: (Surname First):							
地址： Address:							
電話號碼： Tel. No. :				電郵地址： E-mail Address:			
C. 意外詳情 DESCRIPTION OF ACCIDENT							
意外如何發生及詳情： Cause and the details of Accident:							
意外是否於正常上課期間發生： Did the accident happen during normal school time?:				<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No		
意外發生日期及時間： Date and Time of Accident:		年 Year	月 Month	日 Day	<input type="checkbox"/> 上午 a.m.	<input type="checkbox"/> 下午 p.m.	時 Hour 分 Minute
意外導致： Result of Accident:				<input type="checkbox"/> 受傷 Injury	<input type="checkbox"/> 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:							

D. 死亡個案(只適用於意外引致死亡時填寫) FATAL ACCIDENT(TO BE COMPLETED WHERE ACCIDENT RESULT IN DEATH)

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及關係：
 Name of next-of-kin of the deceased student and relation:

已故學生的最近親地址：
 Address of next-of-kin of the deceased student:

聯絡電話號碼：
 Tel. No.:

E. 意外地點 PLACE OF ACCIDENT

意外發生於：
 The accident occurred in:

課室 其他學校範圍內 學校範圍以外(但於香港境內) 其他地方(請註明) _____
 Classroom Other place within school premises outside of school premises (but within H.K.) Others (Please specify):

請敘述在意外時現場進行的活動：
 Describe the activity carried out on the site at the time of Accident:

授課及學習 小息 體育課、戶外/課外活動 輔導 其他(請註明) _____
 Class teaching and Learning Recess PE, Outdoor/Extra-curricular activities Counseling Others(Please specify):

F. 意外類別 TYPE OF ACCIDENT

被學生或第三者襲擊 環境因素 操作引致 其他(請註明) _____
 Assault by student or third party Environmental factors Procedures of work 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:

頭顱 / 頭皮 眼 手指 手/手掌 背
 Skull / Scalp Eye Finger Hand / Palm Back
 手腕 腳 軀幹 死亡
 Wrist Foot Trunk Fatal
 多處部位(請指明)
 Multiple locations (please specify)

聲明 DECLARATION

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

*如校方以電郵遞交此索償表格，校方無需於此索償表格簽署及蓋章，惟請以校方的電郵網域呈交此索償表格予保險公司。

If the claim form is sent by email, you are not required to sign and stamp on the claim form. You are required to email the claim form by using the school's email domain.