

授權書
LETTER OF AUTHORIZATION

關於：保險索償查詢

Re: Insurance Claim Investigation

傷者(姓名)

於 年 月

日之受傷

Accident to

(Name of Claimant) on

(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、註冊醫生、診所、化驗所、勞工處、香港警務署、本人僱主及任何熟悉本人健康狀況或意外經過之組織、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、口供及調查結果)予中國太平保險(香港)有限公司或其委託人。

In compliance with the Personal Data (Privacy) Ordinance (Cap. 486), I, the undersigned, hereby authorize the Hospital Authority, hospital, registered medical practitioners, clinic, laboratory, the Labour Department, the Hong Kong Police, my employer or any other organizations, institutions or persons who have any record or knowledge of the captioned accident or my health conditions to release all information including but not limited to medical reports, statements and investigation results in relation to the captioned accident to China Taiping Insurance (HK) Company Limited or its representative.

本人同意此授權書之副本亦屬有效。

I agree that the photocopy of this Letter of Authorization shall be valid as the original.

姓名：

Name :

簽署：

Signature :

香港身份證號碼：

HKID Card No. :

日期：

Date :

(日/月/年 dd/mm/yyyy)