



Group Disability Preliminary Claim Report 團體傷殘保險初期索償報告表

Part I - To be completed by the Claimant

甲部 - 由索償者填寫

Name of Employer 僱主名稱		Policy Number: 保單號碼	
Name of Employee 僱員姓名		Certificate Number 保險證號碼	
Your Duties & Occupation 職業及工作範圍		Monthly Earnings 每月收入 HK\$	Date of Birth 出生日期
1)	Name of sickness or injury 疾病或損傷的名稱	If claim filed with worker's compensation? 閣下是否索取勞工保險的賠償 <input type="checkbox"/> No <input type="checkbox"/> Yes Benefit Amount HK\$ 否 是 賠償款額	
2)	When did the first symptoms of sickness of the accident happen? 疾病開始或意外發生的日期	Date of first treatment by a Doctor 第一次接受診治日期	
3)	If due to an accident, please state how it happened 如是意外，請註明如何發生		
4)	Please give the Name and Address of the Attending Physician 診斷醫生姓名及地址		
5)	Have you had this or similar trouble before? 在以前是否有同樣疾病或損傷	If so, When? 如是，日期	Name and Address of the Doctor on that occasion 當時診斷醫生姓名及地址
6)	Please give dates of all treatments by the doctor 所有診治日期	At Home 家中	At the Clinic 診所
7)	Were you in hospital? 曾否住院	From 由	To 至
8)	Was an operation performed? 是否需施手術	If so, Nature of Operation: 如是，手術名稱	Date Performed 施手術日期
9)	Do you have any chronic sickness or disease or physical defect or deformity? If so, describe fully: 閣下曾否有慢性疾病，身體缺陷殘疾？如是，請詳述		
10)	What other disability or health insurance do you have? State company names and give amounts: 閣下曾是否擁有其他傷殘或醫療保險？請註明公司名稱及賠償款額		
11)	When did you cease ALL work? 閣下何時停止工作？	<input type="checkbox"/> am 上午 <input type="checkbox"/> pm 下午	Year 年
12)	When did you first return to work? 閣下恢復工作日期？	<input type="checkbox"/> Full time 全職 <input type="checkbox"/> Part time 兼職	Month 月
13)	Or, when do you expect to return to work? 閣下預料能恢復工作的日期？	<input type="checkbox"/> Full time 全職 <input type="checkbox"/> Part time 兼職	Day 日

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料的聲明

AXA China Region Insurance Company Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

安盛金融有限公司（下稱“本公司”）明白其就《個人資料（私隱）條例》（香港法例第 486 章）（“條例”）收集、持有、處理、使用和／或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.
敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的（“有關目的”）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

- processing and evaluating any applications or requests made by you for products/services offered by the Company and, other companies of the AXA Group ("our affiliates");
處理和評估閣下就本公司及安盛集團的其他公司（“安盛關聯方”）所提供之產品／服務提出的任何申請或要求；
- providing subsequent services to you, including but not limited to administering the policies issued;
向閣下提供後續服務，包括但不限於執行／管理已發出的保單；
- any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
與就本公司和／或安盛關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
- evaluating your financial needs;
評估閣下的財務需求；
- designing products/services for customers;
為客戶設計產品／服務；
- conducting market research for statistical or other purposes;
為統計或其他目的進行市場研究；

7. matching any data held which relates to you from time to time for any of the purposes listed herein;
不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
8. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
9. conducting identity and/or credit checks and/or debt collection;
進行身份和／或信用核查和／或債務追收；
10. complying with the laws of any applicable jurisdiction;
遵守任何適用的司法管轄區的法律；
11. carrying out other services in connection with the operation of the Company's business; and
開展與本公司業務經營有關的其他服務；及
12. other purposes directly relating to any of the above.
與上述任何目的直接有關的其他目的。

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
與就本公司和／或安盛關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士（包括私家偵探）；
3. any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
在香港或香港以外其他地方向本公司和／或安盛關聯方提供行政、技術或其他服務並對個人資料負有保密義務的任何代理、承包商或第三方；
4. credit reference agencies or, in the event of default, debt collection agencies;
信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；及
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.
在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

Transfer of your personal data will only be made for one or more of the Purposes specified above.

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

個人資料的查閱和更正：根據條例，閣下有權查閱本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

Data Privacy Officer 個人資料保護主任

AXA China Region Insurance Company Limited 安盛金融有限公司

Employee Benefits – Unit 2201 - 2206, 22/F., Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong

僱員福利 – 香港九龍九龍灣宏泰道 23 號 22 樓 2201 - 2206 室

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

DECLARATION AND AUTHORISATION 聲明及授權

I HEREBY DECLARE AND AGREE on behalf of myself and any other persons referred to in this claim report ("**Relevant Persons**") that all statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true.

本人謹此代表本人及其他在此索償報告表提及之人士（"**相關人士**"）聲明及同意上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所信，均為事實之全部並確實無訛。

I HEREBY AUTHORISE on behalf of myself (1) any employer, medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of myself and/or who has attended or may hereafter attend to me to disclose such information to AXA China Region Insurance Company Limited ("**the Company**"); (2) the Company or any of its appointed medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate the health status of myself in relation to this claim. This authorisation shall bind my successors and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.

本人謹此代表本人授權（1）任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士、凡知道或持有任何有關本人之紀錄者，及／或診驗或可能將會診驗本人，均可將該等資料提供給安盛金融有限公司（"**貴公司**"）。（2）貴公司或任何其指定之醫生或化驗所，可就就索償申請替本人進行所需之醫療評估及測試，作為審核本人之健康狀況，此授權對本人之繼承人具有約束力，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。

If the Relevant Persons fail to provide any information requested in this claim report, it may result in the Company's inability to process and deal with this claim.

若相關人士不能提供任何此索償報告表所需的資料，貴公司可能因此不能審核及處理此賠償申請。

I/We ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("**PICS**"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS.

本人／我們確認本人／我們已閱讀並明白收集個人資料的聲明（"**該聲明**"）。本人／我們確認本人／我們已被通知本人／我們須詳細閱讀該聲明，而本人／我們已詳細閱讀該聲明對貴公司所收集或持有之本人／我們的個人資料的影響（不論是否此表格所載或從其他途徑所取得）。根據以上所述，本人／我們特此確認並同意貴公司根據該聲明使用及轉移本人／我們的個人資料。

I HEREBY DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the declarations, agreements, and authorisations in this claim report.

本人聲明及同意已獲相關人士授權及同意本人在此索償報告表作出上述聲明、協議及授權。

Signature of Claimant 索償人簽署

Important: Please attach the original copies of the Sick Leave Certificate.

重要：請附上所有醫療病假證明書

Date 日期

In case of discrepancies between the English and Chinese versions, the English version shall prevail. 本表格之中英文本如有歧異，概以英文本為準。

AXA China Region Insurance Company Limited 安盛金融有限公司

Employee Benefits Unit 2201 - 2206, 22/F., Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong

僱員福利 香港九龍九龍灣宏泰道23號 22樓 2201 - 2206室 Tel/電話 (852) 2519 1166 Fax 圖文傳真 (852) 2598 6502

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Part II - To be completed by the Attending Physician/Surgeon at the Claimant's own expense.

乙部 - 由主診醫生填寫，所需費用由索償人自行承擔。

Attending Physician's Statement

1) Patient's Name:

2) Diagnosis (Describe Complications, if any)

3) Was the disability caused by an accident and during the course of Employment?

4) Is the condition due to pregnancy?

5) Describe any other disease or infirmity affecting the Patient's present condition:

6) When did the Patient first consult you for this condition:

Year

Month

Day

7) To the best of your knowledge:

a) When did the symptoms first appear or the accident happen?

Year

Month

Day

b) Has the Patient ever had the same or a similar condition. (If "Yes", please state when and describe)

8) Was the Patient hospitalised, please give the Name of the Hospital. Was surgery performed, what procedure was performed?

9) Please give the dates you attended the Patient

At Home

At the Surgery

In Hospital

10) What is the patient's prognosis?

(a) Is the patient now totally and permanently disabled?

(b) If not, what duties of the patient's job is he/she incapable of performing.

(c) When will the patient recover sufficiently to return to his/her usual occupation?

(d) When will the patient recover sufficiently to return to ANY SUITABLE occupation?

11) Was the Patient referred to you, please give the name of the Referring Physician:

12) Please provide any additional information which you feel will help with the assessment of this claim,

I DECLARE AND AGREE to make the declarations on Part II of this claim Report

Name of Doctor (Please print)

Date.....

Address.....

.....

.....

Doctor's Signature with seal

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