Prudential General Insurance Hong Kong Limited
Part of Prudential plc (United Kingdom)
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保誠財險有限公司
保誠集團成員
香港告士打道郵政局
郵政信箱28162號

電話：(852) 3656 8362

Personal Accident Insurance Claim Form
個人意外保險索償表格

Please complete this claim form in full carefully. Forwarding of this claim form for completion is not an admission of liability upon the part of Prudential General Insurance Hong Kong Limited ("the Company"). For queries, please contact your Financial Consultant or us by email at gi.claims@prudential.com.hk.
請小心填妥本索償表格。發出本索償表格予以填寫，並不能視作保誠財險有限公司（「本公司」）已承認有賠償的責任。如有查詢，請聯絡你的理財顧問或電郵至 gi.claims@prudential.com.hk。

Please complete in BLOCK LETTERS
請以正楷填寫

PART I 第一部份

Name of Insured
受保人姓名 _____

Policy number
保單號碼 _____

Date of birth
出生日期 _____

Sex
性別 _____

Address
地址 _____

Contact number
聯絡電話 _____

Occupation
職業 _____

Employer's name & address
僱主名稱及地址

_____

PART II – Please Complete When necessary 第二部份 — 請按需要填寫

Accident Details
意外詳情

Date of accident (dd/ mm/ yyyy)
意外發生日期(日/ 月/ 年)

_____

Place of accident
意外發生地點

_____

Detail description of accident
意外發生詳情

_____

_____

Nature of injury
受傷情況

_____

Any witness to the accident?
是否有意外目擊證人？ ☐ Yes 是 ☐ No 否

Do you have any other insurance or scheme, which may provide cover for this claim?
你是否有其他保險或計劃可提供承保上述的賠償？ ☐ Yes 是 ☐ No 否

If yes, please state the name of the insurance company and the policy number.
若是，請說明該保險公司的名稱及保單號碼。

_____

G13/FR00127B/P01(06/25)

Detail of Injury
受傷情況

Totally unable to attend normal duties from
完全不能恢復正常工作由

_____ to 至 _____

Partially unable to attend normal duties from
局部不能恢復正常工作由

_____ to 至 _____

Whether have you fully recovered?
你是否已完全康復？ ☐ Yes 是 ☐ No 否

If yes, please state the recovery date. (dd/ mm/ yyyy)
若是，請提供康復日期(日/ 月/ 年)

_____

If no, please give details of further treatment required.
若否，請説明日後所需的治療。

_____

_____

_____

Claim Benefit
索償保障

- ☐ Inpatient Benefit - 住院保障
- ☐ Outpatient Benefit - General Practitioners 門診保障 - 普通科醫生
- ☐ Outpatient Benefit - Specialist Consultation 門診保障 - 專科醫生
- ☐ Chinese Herbalist & Bonesetter & Acupuncture 中醫師、跌打醫師及針炙
- ☐ Physiotherapy & Chiropractor 物理治療及脊醫
- ☐ Dental Treatment by accident - 由意外引致的牙科治療
- ☐ X-ray / MRI / Ultrasound - X光 / 磁力共振 / 超聲波
- ☐ Others, please specify: 其他，請註明：_____

PART III 第三部份

Declaration and Authorisation 聲明及授權

The statements and particulars given in this application are, to the best of my/ our knowledge and belief, true and complete and that this application shall form the basis of the contract with Prudential General Insurance Hong Kong Limited.

就本人/ 吾等知悉範圍內，此申請表填報的一切資料，均屬確實完整，本人/ 吾等並同意以此申請表作本人/ 吾等與保誠財險有限公司之間所訂合約的根據。

I/ We hereby authorize Prudential General Insurance Hong Kong Limited to access, obtain and utilize all of my/ our information from any person, company, authority, enterprise and/ or legal entity for the Company's reference, and/ or processing of this claim and/ or other claims submitted previously and in the future. A photocopy of this authorisation shall be considered as effective and valid as the original.

本人/ 本公司茲授權保誠財險有限公司向任何人/ 公司/ 機構索取有關本人/ 公司的任何資料以作貴公司參考及/ 或辦理此索償及/ 或以前及將來的索償。此授權書的影印本與正本具有同等效力。

Personal Information Collection Statement ("PICS") 收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as "**Company**", "**our**", "**we**", **or** "**us**") take the privacy and protection of your personal information seriously. We collect personal information from you that is necessary or helpful for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements (including the purposes mentioned below), or even for security purpose. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/ medical records, credit information, product history, claims history, biometric data including but not limited to your voice pattern, fingerprint and facial images, your location information based on your device, financial and medical information (**"Personal Information"**) to provide you with the insurance or financial products or services. "Personal information" shall also include, but not be limited to, the personal information relating to your beneficiaries (or any other person designated or entitled to receive any benefits under an insurance policy), dependents, authorised representatives, company staff, and other individuals in relation to which you have provided personal information. If you provide personal information about another person to us, you confirm that you are either their parent or guardian or you have obtained that person's consent to provide such personal information for use and transfer by the Company for the purposes set out in this PICS. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/ reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

保誠財險有限公司（簡稱「**本公司**」或「**我們**」）認真對待閣下個人資料的私隱及保護。為使我們可以向閣下提供閣下要求的產品或服務，或為遵守法定及合約要求，我們會向閣下收集必要或有幫助的個人資料。為向閣下提供保險或金融產品或服務，遵守法定或合同要求（以下概述的其他目的），及保安目的，我們可能會向閣下收集個人資料，包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身分證副本及資料、旅遊證件資料、健康/ 醫療紀錄、信貸資料、過往產品紀錄、過往索償紀錄、生物辨識資料，包括但不限於閣下的聲音模式、指紋及面部圖像、基於閣下的流動或其他電子裝置收集閣下的位置資料、財務及醫療資料（「**個人資料**」）。「個人資料」將包括但不限於與有關以下人士的個人資料：閣下的受益人（或任何其他根據保單被指定或有權獲得任何利益的人）、收養人、授權代表、公司職員和閣下曾提供其個人資料的其他人士。如閣下向我們提供其他人士的個人資料，即表示閣下確認閣下是該人的父母或監護人或閣下已取得該人士的同意以提供個人資料供本公司按此收集個人資料聲明的目的使用和轉移。我們亦可能會從第三方，如其他保險公司、代理、信貸資料服務/ 報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄，收集關於閣下的個人資料。

China Personal Information Protection Law (PIPL) 《中華人民共和國個人信息保護法》

The PIPL Addendum supplements the Personal Information Collection Statement and applies to you if you are located in Mainland China. The PIPL Addendum is available on our website at https://www.prudential.com.hk/en/china-personal-information-protection-law/

中國內地補充內容是對本個人信息收集聲明的補充，如果您在中國內地則適用此補充內容。您可在本網站 https://www.prudential.com.hk/tc/china-personal-information-protection-law/ 查閱中國內地補充內容。

1. Purpose of Collection 收集資料之目的

We may use your Personal Information for the following purposes: (a) the administration of our products and services, including to provide any relevant services as discussed with you prior to any purchase of a product or service; (b) to process your application; (c) to administer and process insurance policies, insurance claims, medical, security and underwriting checks; (d) to process payment instructions; (e) to verify your eligibility for insurance, financial or wealth management products and services; (f) to design and provide you with insurance, financial and related products and services; (g) to communicate with you; (h) to comply with any regulatory or other legal requirements or other internal business requirements (whether imposed on us or any third parties in Section 2 below), including but not limited to anti-money laundering and Know-Your-Client obligations; (i) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application) and/ or other illegal activity, or security or technical issues; (j) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (k) to provide customer services; (l) to perform automated decision-making or profiling; (m) to perform a policy review or needs analysis; (n) to conduct research and statistical analysis (including use of new technologies); (o) to administer lucky draws and other contests; (p) to enable us to perform our obligations to you; (q) to keep your information on record and carry out other internal business administration; (r) with your specific consent where required for direct marketing as explained in Section 3 below, personalise and tailor, customised promotions, messages and suggestions to you; and (s) any other purpose directly relating to any of the above purposes. With your consent, we may also use your personal data to send you marketing communications, as described in Section 3 below.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also use and share your Personal Information for the purposes described above to improve our products and services. Your Personal Information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary.

我們可能會使用閣下的個人資料作下列目的：(a)管理我們的產品和服務，包括在購買產品或服務之前提供已與閣下討論的任何相關服務；(b)處理閣下的申請；(c)管理和處理保單、保險索償、醫療、抵押和承保檢查；(d)處理付款指示；(e)核實閣下申請保險、金融或財富管理產品及服務的資格；(f)設計及為閣下提供保險、金融及相關的產品和服務；(g)與閣下進行通訊；(h)遵守任何監管或其他法律規定或其他內部業務規定（不論是向我們或下述第2部分所列的任何第三方實施），包括但不限於打擊洗錢和認識你的客戶（KYC）義務；(i)就索償進行調查及和解，以及偵查及防止欺詐（不論是否有關就本申請簽發的保單）及/ 或其他非法行為或安全/ 技術問題；(j)使用代理機構（包括信貸資料服務機構）、追蹤公司或公開可得資料以執行核查；(k)提供客戶服務；(l)執行自動決策或資料剖析；(m)進行保單審查或需求分析；(n)進行研究和統計分析（包括使用新科技）；(o)進行管理幸運抽獎和其他比賽；(p)使我們能夠履行對閣下的義務；(q)保持閣下的資料記錄並執行其他內部業務管理；(r)為直接市場推廣需要並在有需要時經閣下的特定同意下，如以下第3部分所述，為閣下量身訂製個性化的促銷、消息和建議；及(s)與上述任何目的直接相關的任何其他目的。經閣下同意，我們亦可能會按照以下述第3部分所列使用閣下的個人資料以向閣下發出促銷通訊。

為履行對閣下的合約責任及至使我們能夠遵守適用法律及法規，上述部分目的屬必要的。我們亦可能會為上述所列的目的使用及分享閣下的個人資料以改善我們的產品及服務。只要閣下（或閣下的聯名保單持有人）仍為我們的客戶，我們將一直保存閣下的個人資料，或如法律有所規定或因其他原因而為必要，我們則將其保存更長時間。

2. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to the group of companies including the Company and those of other entities whose ultimate parent company is Prudential plc including but not limited to Prudential General Insurance Hong Kong Limited (**"companies within the Prudential Group"**) and their respective insurance agents, and to our financial/ medical/ wellness/ health business partners. We may also disclose your Personal Information to the following third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above: (a) insurance agents; (b) insurance brokers; (c) re-insurance companies; (d) claims investigation companies; (e) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph) and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (f) third party service providers who provide administrative, telecommunications, computer, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation other insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees, auditors, IT service and platform providers, insurance intermediaries, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, and selected third party financial and insurance product providers); (g) industry associations and federations; (h) medical bill review companies; (i) your joint policy or investment holder; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions and partnerships; and (n) financial crime prevention agencies, any legal, regulatory, law enforcement or government bodies and the courts. We may also disclose your Personal Information to an actual or proposed assignee or participant in connection with a transaction with another company which affects the control, governance, structure and/ or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements. With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications, as described below.

我們可能會向該公司集團，包括本公司以及其他母公司為保誠集團成員的實體包括但不限於保誠財險有限公司（**「保誠集團內的公司」**）及他們各自的保險代理，及我們的金融/ 醫療/ 保健/ 健康業務夥伴，透露閣下的個人資料。為達到上述第一部分所列明之目的，我們亦可能會向下列第三方（在香港境內或境外）透露閣下的個人資料：(a)保險代理；(b)保險經紀；(c)再保險公司；(d)索償調查公司；(e)為保險業整合索償及承保資料的組織、防欺詐組織、其他保險公司（不論直接或透過防欺詐組織或本段指名的其他人士），及保險業用作分析及核查現有資料與及後提供的資料而使用的數據庫或登記冊（及其營運商）；(f)提供行政、電訊、電腦、信息技術、數據處理及儲存、客戶滿意度分析、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商（包括但不限於其他保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人、審計師、IT服務及平台供應商、保險中介、投資經理、代理、退休金受託人(及其他持份者)、計劃顧問、介紹人及選定的第三方金融和保險產品供應商）；(g)行業協會及聯會；(h)醫療賬單審查公司；(i)閣下的聯名保單或投資持有人；(j)研究人員；(k)信貸資料服務機構；(l)收賬代理；(m)夥伴金融機構及合作夥伴；及(n)預防金融罪案機構、任何法律、監管和執法機構或政府機構及法院。在有關影響到我們全部或重大部分業務的控制權、治理、結構及/ 或管理的與另一公司的交易時，或在必須符合適用的法律或監管要求下，我們亦可能會透露閣下的個人資料予該等的實在或擬議受讓人或參與人。經閣下同意，我們亦會向第三方透露閣下的個人資料以讓該等第三方向閣下發出促銷通訊（如下文所述）。

3. Use and Transfer of Personal Data for Direct Marketing Purposes 使用及轉移個人資料作直接促銷用途

With your consent, we intend to use your name and contact details for promotional and marketing purpose including sending marketing communications and conducting direct marketing to you by electronic and non-electronic means including by post, in relation to the following products, services and subjects, and we require your consent in order to do so: insurance; annuities; retirement schemes; pensions; wealth and financial management; estate management; investment; financial; medical/ wellness/ health related products, reward/loyalty programme services and subjects (**"Classes of Marketing Subjects"**).

We also intend to transfer your name and contact details to our insurance agents, other companies within the Prudential Group and their respective insurance agents, our Business Partners, and our Marketing Partners, to enable them to market any of the Classes of Marketing Subjects to you, and your written consent is required in order for us to do so. We may provide your personal data to such transferees for gain.

If you change your mind, and/ or you would like to opt-out of receiving direct marketing, you can advise our Data Protection Officer at service@prudential.com.hk.

經閣下的同意，我們擬使用閣下的姓名和聯絡資料，用於宣傳和市場推廣用途，包括通過電子和非電子方式（包括郵寄）向閣下發送市場推廣通訊和進行直接促銷，就以下產品、服務和目的，我們需要閣下的同意才可以這樣做:保險；年金；退休計劃；退休金；財富和財務管理；遺產管理；投資；金融；醫療/ 保健/ 健康相關產品；獎賞/ 優惠計劃服務及目的（**「促銷標的類別」**）。

我們亦擬將閣下的姓名和聯絡資料轉移給我們的保險代理人、保誠集團內的其他公司及其保險代理人、我們的業務合作夥伴和營銷合作夥伴，以使他們能夠向閣下推銷任何促銷標的類別，並且需要閣下的書面同意才能這樣做。 我們可能因向此類受讓人提供閣下的個人資料而獲得利益。

如閣下改變主意，及/ 或閣下想選擇不接受直接市場推廣，可以與我們的資料保護主任聯絡（service@prudential.com.hk）。

4. Consequence of failing to provide Personal Information 未能提供個人資料的影響

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. If you do not provide such Personal Information, we may not be able to provide you the product or service that you've requested.

除非我們另有規定，否則閣下必須提供我們要求的個人資料。若閣下未提供有關個人資料，我們可能無法為閣下提供所要求的產品或服務。

5. Access and Correction Rights 查閱和更正的權利

Under the Personal Data (Privacy) Ordinance (the **"Ordinance"**), you have the right to request access to and correction of any Personal Information that you provide to us. If want to exercise your rights, or if you require any other information, you can advise our Data Protection Officer at service@prudential.com.hk or contact us using the details on "Contact Us" section of the Company website (https://www.prudential.com.hk/scws/pages/en/contact-us/contact-us-home/index.html) or our Privacy Notice.

If you move/ moved to a European Union (**"EU")** jurisdiction, we may be required to provide you with further information, and you may have additional rights, under the EU General Data Protection Regulation. This information and these rights are set out in the Privacy Notice on our Company website.

We update our Privacy Notice from time to time. We encourage you to familiarise yourself with the Privacy Notice on our Company website. The Privacy Notice is available on our Company website at https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html. By completing and progressing with this form, you confirm that you have read and understood this PICS.

Business Partners means our service providers who provide administrative, telecommunications, computer, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business, accountants, auditors, IT service and platform providers, insurance intermediaries, reinsurers, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, selected third party financial and insurance product providers, and our legal advisers.

Marketing Partners means our service providers who provide administrative, telecommunications, computer, payment, printing, third-party rewards/ loyalty/ privileges programs, medical/ health/ wellness related products, redemption or other services to us to enable us to operate our business, insurance intermediaries, pension trustees (and other stakeholders), scheme advisors, introducers and selected third party financial and insurance product providers.

根據《個人資料（私隱）條例》（**「條例」**），閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲行使閣下的權利，或如閣下需要任何其他資料，請聯絡我們，閣下可以發送電郵至service@prudential.com.hk或使用本公司網站(https://www.prudential.com.hk/scws/pages/tc/contact-us/contact-us-home/index.html)或我們的私隱通知中「聯絡我們」部分所列的資料與我們的資料保護主任聯絡。

如閣下搬遷/ 已搬遷至歐洲聯盟（**「歐盟」**）司法管轄區，我們可能需要向閣下提供進一步資料，且閣下可能在歐盟《通用數據保障條例》下享有額外權利。此類資料及此等權利均載於本公司網站上的私隱通知中。

我們會不時更新我們的私隱通知，並建議閣下瀏覽本公司網站以了解該私隱通知。該私隱通知可在本公司網站〔https://www.prudential.com.hk/scws/pages/tc/privacy-policy/index.html〕上查閱 。閣下填妥並繼續提交本表格，即表示閣下確認已閱讀並理解本收集個人資料聲明。

業務合作夥伴指我們的服務供應商、提供行政、電信、電腦、信息技術、數據處理及儲存、客戶滿意度分析、支付、印刷、贖回或其他服務予我們，以使我們能夠經營我們業務，會計師、審計師、IT服務和平台供應商、保險中介機構、再保險承保人、投資經理、代理、退休金受託人（和其他持分者）、計劃顧問、介紹人、核准的第三方金融和保險產品供應商以及我們的法律顧問。

營銷合作夥伴指我們的服務供應商提供行政、電信、電腦、支付、印刷、第三方獎賞/ 會員/ 優惠計劃、醫療/ 健康/ 保健相關產品、贖回或其他服務，以使我們能夠經營我們業務、保險中介、退休金受託人（和其他持分者）、計劃顧問、介紹人和核准的第三方金融和保險產品供應商。

Signature of Insured / Signature of parent if Insured is under 18 years old
受保人簽署/ 如受保人未滿18歲，請家長簽署

Name
姓名

Date (DD/MM/YYYY)
日期（日/ 月/ 年）

Important Notes 重要事項

1. Please substantiate your claim application with relevant document(s), you are referred to the list of document(s) that we would require for processing your claim application.
   請提交有關文件以證明閣下的索償申請；請參考下列表單，當中列出我們在處理閣下索償申請時可能需要的文件。
2. All reports, information and evidences that you provide to substantiate your claim application shall be furnished at your own expenses.
   閣下請自費提供用作證明本索償申請的報告、資料及證明。
3. Please submit this claim form to us within 30 days of the occurrence in the case of non-fatal bodily injury, or within 7 days in case of death.
   如屬非死亡事故的身體損傷索償，請於意外發生後30天內遞交本索償表格。如為死亡索償，請於意外發生後7天內遞交本索償表格。
4. To expedite the claim process, kindly submit this claim form together with all original supporting document(s).
   敬請同時遞交所有用以證明本索償的文件正本，以便我們盡快處理有關索償。
5. According to the terms and conditions of your insurance with the Company, the following types of claims and/ or expenses shall not be recoverable:
   按閣下與本公司的保險條款及細則，若有關索償/ 或開支由下述原因所引致，一概屬不保情況：
   - Claims relating to sickness or disease
     與疾病或病患有關的索償
   - Medical expenses incurred for specialist consultations without a referral letter issued by Registered Medical Practitioner
     沒有註冊醫生發出作專科治療的轉介信之專科治療支出
   - Sick leave granted by Registered Chinese Medicine Practitioners
     由註冊中醫發出的病假
6. You are recommended to refer to the policy wordings should you be uncertain on the coverage of this insurance.
   如閣下就本保險中所提供的保障有不清晰地方，請參閱有關保單條文。

Please ensure the following original relevant document(s) will be submitted together with this claim form.
請確保以下所示的有關文件正本，連同本索償表格一併交回。

	In respect of claims of the following 與下述有關的索償：					
	Accidental Death 意外死亡	Permanent Disablement 永久性傷殘	Temporary Total Disablement 暫時喪失全部工作能力	Temporary Partial Disablement 暫時喪失部份工作能力	Medical Expenses 醫療費用	Hospital Cash 住院現金
Death Certificate (If applicable) 死亡證 (如適用)	✓					
Medical report 醫療報告	✓	✓				
Original sick leave certificate 病假證明書			✓	✓		
Medical Certificate as attached in Appendix 1* 醫療報告書 (請參照附頁1)*			✓	✓		✓
Employer's Confirmation of Sick Leave as attached in Appendix 2** 僱主認可病假確認書 (請參照附頁2)**			✓			
Hospital/ medical receipts with diagnosis 附診斷的醫院/ 醫療收據					✓	
Referral letter from Registered Medical Practitioner for specialist consultation 由註冊醫生發出作專科治療的轉介信					✓	

* Medical Certificate has to be completed only if you are claiming Temporary Total or Temporary Partial Disablement Benefit (Appendix 1).
如索償暫時喪失全部工作能力或暫時喪失部份工作能力，請填妥醫療報告書(附頁1)。

** Employer's Confirmation of Sick Leave has to be completed only if you have been granted sick leave for over 10 days (Appendix 2).
如索償傷殘期超過十天的暫時喪失全部工作能力，請填妥僱主認可病假確認書(附頁2)。

Please also note that further information and/ or document(s) may be needed. We shall write to you when necessary.
如有需要，我們將另行發書函索取附加資料及/ 或文件，敬請留意。

End

PLEASE HAVE YOUR ATTENDING MEDICAL PRACTITIONER COMPLETETHE FOLLOWING MEDICAL CERTIFICATE FOR CLAIMS OF TEMPORARY DISABLEMENT.
請安排註冊西醫填寫以下醫療報告，以便就暫時喪失工作能力提出索償。

PRUDENTIAL 保誠保險

MEDICAL CERTIFICATE (to be completed by Registered Medical Practitioner)
醫療報告書 （由註冊西醫填寫）

Notes for the registered medical practitioner
註冊西醫注意事項

Definitions: 定義

1. Total disablement occurs when, through accidental bodily injury, the patient is wholly and continuously incapacitated from attending to his usual business, occupation and pursuits.
   完成喪失能力指病人因意外受傷而完全不能恢復正常工作。
2. Partial disablement occurs when the injury sustained does not wholly prevent patient from attending to business, or when, after total disablement ceases, he can attend to some part of his usual business or occupation but not the whole.
   局部喪失能力指病人意外受傷後仍可局部工作或完全失去工作能力之後病人可恢復局部工作。

The following must be completed by the attending registered medical practitioner at the expenses of the insured person.
以下必須要由註冊西醫填寫，費用由受保人支付。

Patient's Name
病人姓名 _____

HKID No.
香港身份證號碼 _____

Date of Accident (dd/ mm/ yyyy)
意外發生日期（日/ 月/ 年） _____

1. a) When did you first see the patient after the accident?
   意外之後，病人在何時第一次向你求診？

   _____

   b) To your knowledge, what was the cause of the accident?
   據你所知，什麼是意外發生的原因？

   _____

2. a) Regions injured – If a limb, state whether right or left
   受傷部份：如四肢，説明左或右

   _____

   b) Nature and extent of injuries
   傷勢的性質及程度

   _____

3. a) Are the patient's symptoms solely due to this accident?
   病人的病症是否完全因為此次的意外而導致？

   _____

   b) If not, are they traceable to a previous injury or any other cause?
   若否，是否由於過往的受傷經歷或其他原因而導致？

   _____

4. a) Is the patient now, or was he at the time of the accident suffering from any illness, disease or infirmity?
   病人在發生意外時或現在，是否已患上疾病？

   _____

   b.) If so, state the nature and to what extent his recovery has been or may be retarded thereby.
   如有，説明情況及此次受傷的康復可有因上述疾病而受阻延及受阻延的程度。

   _____

5. Bearing in mind the patient's occupation and the two definitions above, please state
   在填寫下列(a) 及(b) 項時，請注意病人職業及上述兩項定義

   a.) the period during which the patient has been totally disabled from attending to his usual business, occupation and pursuits (dd/ mm/ yyyy) :
   病人完全不能恢復正常工作日期是（日/ 月/ 年） :

   From 由 _____ to 至 _____

   b.) the period during which the patient has been partially disabled from attending to his usual business or occupation but not the whole (dd/ mm/ yyyy) :
   病人可局部工作日期是（日/ 月/ 年） :

   From 由 _____ to 至 _____

6. Did the injury require Hospitalization/ X-rays/ Physiotherapy/ Surgery or any other special diagnostic procedure? If yes, please specify.
   傷勢是否需要作住院/ X光/ 物理治療/ 手術或任何特別治療？若是，請列明所需治療。

   _____

7. Is there any other information, professional or otherwise, that you consider should be made known to us?
   有否其他資料或專業意見可供本公司參考？

   _____

Signature
簽署 _____

Qualification
資格 _____

Address
地址 _____

Date
日期 _____

PLEASE HAVE YOUR EMPLOYER COMPLETE THE FOLLOWINGCONFIRMATION FOR CLAIMS WITH GRANTED SICK LEAVE FOR OVER 10 DAYS.
請安排僱主填寫以下確認書，以便就傷殘期超逾十天的情況提出索償。

Employer's Confirmation of Sick Leave (to be completed by the Insureds' employer)
僱主認可病假確認書 （由受保人的僱主填寫）

Important Notes 注意事項

1. This form is applicable if you are claiming Temporary Total Disablement Benefit.
   此表格在暫時喪失全部工作能力的情況下提出索償時適用。
2. Completion of this confirmation is waived if you have not been granted sick leave for over 10 days in total.
   如就傷殘而獲發的病假一共未有超過十天，則可獲豁免填寫本確認書。

This is to certify that (Name of Employee)
茲證明（僱員名字）

_____

is our employee serving the position currently as (Position)
為本公司（職位）

_____

had suffered an injury of
因（意外受傷原因）

_____

occurred on (Date) (dd/ mm/ yyyy)
發生於（日期）（日/ 月/ 年）

_____

and as a result he/ she did not attend to work during the period
而休假

From
日期由 _____ To
至 _____

_____ _____

Signed by employer
僱主簽署

Date
日期

_____ _____

Position
職位

Contact Person
聯絡人

_____ _____

Contact Person
聯絡人

Telephone Number
聯絡電話

_____

Company address
公司地址

Company Chop as confirmation
公司蓋章作實