

Prudential General Insurance Hong Kong Limited
(A member of Prudential plc group)
3/F, Berkshire House, 25 Westlands Road
Quarry Bay, Hong Kong

Tel : (852) 2977 3888
Fax : (852) 2164 8445



保誠財險有限公司
(英國保誠集團成員)
香港鰂魚涌華蘭路25號
栢克大廈3樓

電話 : (852) 2977 3888
傳真 : (852) 2164 8445

Domestic Helper Insurance Claim Form 家庭傭工保險索償表格

Please complete this claim form in full carefully. The 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.

If it is a claim for Section VII, Clinical Benefits, completion of this claim form is waived. Please submit the original medical receipt(s) with diagnosis directly to us within 31 days counting from the issue date of the receipt(s). Please also indicate on the back of the receipt(s) the policy number under which you are claiming.

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。

如屬項目VII.門診費用保障的索償，則可免填寫本索償表格；請將列明診斷的醫療收據正本，在有關發出日起計31天內遞交。請於收據背面註明閣下正索償的保單編號。

Please complete in BLOCK LETTERS

請以正楷填寫

PART I 第一部份

Name of Insured / Claimant

受保人 / 申索人姓名 _____

Policy number

保單號碼 _____

Address

地址 _____

Contact number

聯絡電話 _____

Time and date of incident

事件的發生日期及時間 _____

Place where incident occurred

事件的發生地點 _____

Please give detail description of incident.

請詳述事件的發生經過。

PART II - Please complete when necessary 第二部份 - 請按需要填寫

Claim of Employees' Compensation 有關僱員補償的索償

Name of injured domestic helper 受傷家庭傭工姓名	
Injured domestic helper's Hong Kong ID Number 受傷家庭傭工的香港身份證號碼	
When did the injured domestic helper enter your service? 受傷家庭傭工何時開始受你聘用?	/ / (dd/mm/yyyy) (日 / 月 / 年)
Job nature of the injured domestic helper? 受傷家庭傭工的工作性質?	Household work / Chauffeur / Garden Work (Please circle) 一般家居工作 / 司機 / 園藝 (請圈出)

Has the injured domestic helper returned to work?

受傷家庭傭工是否已恢復工作?

Yes 是

No 否

If yes, when.

若已復工，請說明日期。

/ / (dd/mm/yyyy)
(日 / 月 / 年)

If no, please state the present condition of the injured domestic helper, and the approximate period of disablement.

若仍未復工，請描述受傷家庭傭工的身體狀況，及估計需停工多久。

Claim of Household Property 家居物品的索償

Please list articles damaged Please give full details and attach original purchase receipts. 請列明損毀的項目 請提供詳情及盡可能一併呈交購買收據的正本	Date of Purchase 購買日期	Original Price 原價 HK\$	Repair/Replacement Cost 維修 / 重置費用 HK\$

**Claim of Hospitalization and Surgical Benefits, Hospital Cash Subsidy, and/or Dental Expenses
住院及手術費用、住院現金津貼及 / 或牙醫費用的索償**

Name of domestic helper concerned: 涉及的家庭傭工姓名：			
Please list items to be claimed (Please attach original medical receipts) 請列出索償項目 (請一併呈交醫療收據正本)	Date of Visit 求診日期	Amount Claim 索償金額	
		Original Currency 原有貨幣	Amount 金額

Does the injured domestic helper concerned need to attend follow-up treatment?
所涉及的家庭傭工是否仍需要接受覆診治療？

Yes 是 No 否

Claim of Domestic Helper Personal Liability 家庭傭工個人責任的索償

Detail of extent of third party property damage / nature of third party injury
第三者財物損毀 / 第三者受傷詳情

Was the incident due to carelessness or negligence on your domestic helper?
事件是否由你的家庭傭工疏忽引致？

Yes 是 No 否

If yes, please state reason.
若是，請說明原因。

Have you or your domestic helper reported the incident to the police?
你或你的家庭傭工是否有就事故報告警方？

Yes 是 No 否

If yes, please state at which office/station/authority, on what date and the case number.
若是，請說明日期、在那處報案及案件號碼。

Name and Address of Third Party
第三者姓名及地址

Has any claim been made upon you or your domestic helper?
第三者是否向你或你的家庭傭工提出索償？

Yes 是 No 否

If yes, for what amount?
若是，請列明索償金額。

Have you or your domestic helper made any agreement with the third party?
你或你的家庭傭工是否與第三者達成任何協議？

Yes 是 No 否

PART III 第三部份

Declaration and Authorization

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 authorization 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

收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as "the Company", "our", "we", or "us" in this Part entitled 'Personal Information Collection Statement') may collect certain personal information, including without limitation your name, identity card number (and copy of identity card), passport number, contact information, family history, health and medical information and financial information ("Personal Information") from you when you apply for insurance or financial products and services from us, or when you apply to make changes to your policy, or when you make a claim against a policy. We may also collect Personal Information about you from third parties such as other insurance companies or agents, government agencies, medical personnel, credit reporting agencies, courts or public records.

保誠財險有限公司（在題為「收集個人資料聲明」之本部份，簡稱「本公司」或「我們」）可能會於閣下向我們申請保險或金融產品及服務、申請更改保單或就保單提出索償時向閣下收集一些個人資料，包括但不限於閣下的姓名、身份證號碼（及身份證副本）、護照號碼、聯絡資料、家族歷史、健康和醫療資料，以及財務資料（以下簡稱「個人資料」）。我們還可能從第三方，如其他保險公司或代理、政府機構、醫務人員、信用報告機構、法院或公開記錄等，收集關於閣下的個人資料。

1. Purpose of Collection 收集資料之目的

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related services and products; (f) to communicate with you; (g) to perform a policy review or needs analysis; (h) to conduct research and statistical analysis; and (i) to meet disclosure requirements imposed by law or regulatory authorities.

我們可能會使用閣下的個人資料作下列用途：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的服務和產品；(f) 與閣下進行通訊；(g) 進行保單審查或需求分析；(h) 進行研究和統計分析；及 (i) 符合法律或監管當局實施的披露要求。

2. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including without limitation the following third parties: (a) insurance agents; (b) re-insurance companies; (c) other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group"); (d) claims investigation companies; (e) third party administrators; (f) third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business); (g) industry associations and federations; (h) medical bill review companies; (i) professional advisors; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions; (n) regulators and government agencies; (o) law enforcement agencies; (p) the Courts.

為達到上述第一部分所列明之目的，我們可能會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 再保險公司；(c) 其他母公司為英國保誠集團的實體（「保誠集團內的公司」）；(d) 索償調查公司；(e) 第三方管理人；(f) 第三方服務供應商（包括但不限於保險公司、銀行、律師、會計師，以及其他提供行政、電訊、電腦、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）；(g) 行業協會及聯會；(h) 醫療帳單審查公司；(i) 專業顧問；(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；(n) 監管機構及政府機構；(o) 執法機構；(p) 法院。

We may transfer your Personal Information 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.

在有關影響到我們 部或重大部分業務的控制權、治理、結構和/或管理的交易時，或在必須符合適用的法律或監管要求下，我們可能會轉交閣下的個人資料。

3. 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. In the event that any such Personal Information is not provided, we may be unable to provide you with the services or carry out the activities outlined at Section 1 above.

除非我們另有規定，否則閣下必須提供我們所要求的個人資料。若未能提供任何此等個人資料，我們可能無法為閣下提供服務或進行上述第一部分所列出的活動。

4. 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. You may make such a request by writing to our Data Protection Officer at 3/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong. In accordance with the Ordinance, we have the right to charge a reasonable fee for the processing of any Personal Information access request.

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。閣下如欲查閱或更正個人資料，請向我們的資料保護主任作出書面要求，地址是香港鯉魚涌華蘭路25號柏克大廈3樓。根據條例的規定，我們有權就處理查閱任何個人資料的要求，收取合理的費用。

The Applicant/ the Insured/ Insured/ Claimant hereby confirm understanding of and agreement to the contents in this Part entitled 'Personal Information Collection Statement'.

申請人/ 保單持有人/ 受保人/ 申索人特此確認明白並同意在題為「收集個人資料聲明」之本部份中的內容。

Signature of Insured 受保人簽署	Date 日期
Hong Kong ID Card/Passport Number 香港身份證 / 旅遊證件號碼	
For Claim of Household Property 就有關家居物品的索償	
Name of domestic helper concerned 涉及的家庭傭工姓名	Signature of domestic helper concerned as confirmation 涉及的家庭傭工簽署作實

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 31 days of the occurrence for loss or damage.
請於事故發生後31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. If you receive any writ of summons and/or legal documents for your domestic helpers' injury and/or disease, please do not answer on your own. Please pass these documents to us without delay.
如就家庭傭工的受傷及 / 或疾病收到任何傳訴令狀及 / 或法律文件，請勿自行回覆。請閣下立即將有關文件交予在本公司處理。
6. For a claim that may arise under Section XII, please submit this claim form with every letter, claim, writ, summons or process to us immediately.
如屬項目XII可能出現的索償，請立即將任何信件、申索狀、傳票或法律程序文件、連同本索償表格一併遞交。
7. For claim of liability, please do not admit liability on or enter into any settlement agreement with the third party without written consent of the Company. Please refer the third party to us directly.
如屬責任類別的索償，請勿在本公司未發出書面同意前，向第三者承認責任，或與第三者簽訂任何和解協議；請將第三者的申索交本公司處理。
8. You should take all ordinary reasonable precautions to prevent future loss(es) after incident. Failure to observe this shall prejudice your right to claim.
請務必採取所有尋常合理的預防措施，以避免進一步的損失，如未有依循，將影響閣下在索償的權益。
9. According to the terms and conditions of your insurance with the Company, the following losses and/or damage and/or expenses shall not be recoverable:
按閣下與本公司的保險條款及細則，若有關損失及 / 或損毀及 / 或開支由下述原因所引致，一概屬不保情況：
 - Claims under Hospital Cash Subsidy, Clinical Benefits, Hospitalization and Surgical Benefits, Dental Expenses and Optional Critical Illness Medical Top Up Benefit for incident and/or injury and/or sickness and/or expenses incurred within waiting period. Waiting period is 15 days from the effective date of the policy, and is counted afresh from the employment date for new replacement or additional domestic helper.
就住院現金津貼 / 門診費用 / 住院及手術費用 / 牙醫費用及自選危疾 加醫療保障，於等候期出現的事故、損傷、疾病，及 / 或所引致的開支。等候期指保障生效日起計首15天；等候期將於新接替或新增家庭傭工的聘日起重新計算
 - Claims for medical expenses in respect of mental or nervous disorders, alcoholism, drug addiction.
有關精神或神經失控、酗酒、濫用藥物的醫療索償
 - Claims for vaccinations, immunization injections, preventive medication, and general check-up.
有關接種疫苗、免疫注射、預防藥物及有關一般檢查的索償
10. 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：						
	Employees' Compensation 僱員補償保障	Hospital Cash Subsidy/ Hospitalization & Surgical Benefits/ Dental Expenses 住院現金津貼 / 住院及手術費用 / 牙醫費用保障	Fidelity Protection 忠誠保障	Repatriation Expenses/ Re-hiring Expenses 遣返費用 / 改聘費用保障	Household Property 家居物品保障	Personal Accident 人身意外保障	Domestic Helper Personal Liability 家庭傭工 個人責任
Copy of form 2/2B to Labour Department 呈交予勞工處的表格2/2B副本	✓						
Sick leave certificate(s) and/or medical receipt(s) 病假證明書及 / 或醫療收據	✓						
Assessment Certificate(s) to/from Labour Department 呈交予勞工處 / 或由勞工處發出的各項評估證明書	✓						
Hospital/ medical receipts with diagnosis 附診斷的醫院 / 醫療收據		✓		✓			
Incident report from Police, etc. 由警方等所發出的事件報告			✓			✓	✓
Photo showing the extent of damage 顯示損毀程度的照片							✓
Supporting documents showing remedial actions taken after incident 事件發生後進行補救行動的證明文件							✓
Supporting documents for the financial loss 經濟損失的證明文件			✓				
A copy of employment contract termination notice 解除僱傭合約通知書副本			✓				
Death certificate (In case of death case) 死亡證書 (如屬死亡個案)				✓		✓	
Receipt for mortal remains (In case of death case) 遣返遺體收據 (如屬死亡個案)				✓			
Receipt of economy class air fare 經濟客位機票收據				✓			
Receipt for employment agency processing fee 僱傭代理手續費收據				✓			
Original purchase receipt of damaged property 受損物品的原有購買單據					✓		
Repair Receipt / Non-repairable proof 維修單據 / 不可修復的證明					✓		
Medical report on extent of permanent disablement 就永久傷殘的醫療報告						✓	

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。