



農銀國際保險有限公司
CAF INTERNATIONAL INSURANCE CO., LTD.

Member of Agricultural Bank of China 中國農業銀行集團成員

香港紅棉道8號東昌大廈5樓

5th Floor, Fairmont House, 8 Cotton Tree Drive, Hong Kong.

Tel: (852) 2511 1001 Fax: (852) 2522 5126 E-mail: cafins@cafinsurance.com.hk

人身意外保險索償申請表
Personal Accident Insurance Claim Form

根據保單條款，請於意外發生後三十天內填寫及寄回農銀國際保險有限公司以便辦理閣下之索償。

It is a policy condition that a detailed statement describing the occurrence likely to give rise to a claim under the policy has to be supplied to CAF International Insurance Co., Ltd. within 30 days of that occurrence. Please complete this form and return to CAF International Insurance Co., Ltd. within that time period for handling.

INSURED / INSURED PERSON 受保人資料

姓名 Name	性別 Sex	保單號碼 Policy No.
出生日期 Date of Birth	香港身份証號碼 HKID Card No.	聯絡電話 Phone No.
住址 Address		

EMPLOYMENT PARTICULARS 就業資料

現職職位 Present Position	現職薪金 Present Salary
公司或僱主之名稱 Employer's Name	聯絡電話 Phone No.
公司或僱主之地址 Employer's Address	

ACCIDENT DETAIL 意外詳情

意外日期 Date of Accident / Sickness	時間 Time	上午/下午 am/pm	地點 Location
意外發生之經過 Detailed description of the occurrence of the accident / Sickness			

受傷性質及傷勢
Nature of Injury

與此申請表一起呈遞之文件

The following document(s), if any, should be attached with this claim form:

- 病假證明書 由 _____ 至 _____
- (1) Sick leave certificate from _____ to _____
- 由註冊西醫發出之單據
- (2) Receipts issued by registered doctor(s) : HKD _____
- 由非註冊西醫發出之單據
- (3) Receipts issued by non-registered doctor(s) : HKD _____
- 其他
- (4) Others : _____

是否已經完全痊癒？
Are you fully recovered? 是 YES 否 NO

TREATING DOCTOR'S STATEMENT
IN RESPECT OF THE DISABILITY DESCRIBED ON THE CLAIM FORM

DIAGNOSIS:

Date of first consultation _____

Are you the patient's regular physician? YES NO

Date unfit for work _____

Date fit for work _____

If uncertain, please estimate _____

If there is a prior history of same or similar condition, please give details.

In my opinion the patient is / was totally disabled from engaging in his usual occupation

from _____ to _____

Address _____

Doctor's Name, Chop & Signature _____

Professional Qualification(s) _____

Date _____

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的。

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更取消或續期；
- 任何索償或索償分析；及

可能移轉予：

- 現存或不時成立的任何有關公司，或任何其他從事與保險或再保險業務有關公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，或任何保險公司的協會或聯會。

閣下有權查閱及要求更正由農銀國際保險有限公司持有有關閣下的個人資料，如有此項要求，可向個人資料主任提出。

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them;
- any claim or analysis of it; and

may be transferred to:

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed time to time.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by CAF International Insurance Co., Ltd. Requests for such access can be made to Personal Data Officer

DECLARATION AND AUTHORIZATION 聲明及授權

本人鄭重聲明上述各項均全部屬實及真確。

I declare that the answer given above are true and complete to the best of my knowledge.

我在此授權任何內外科醫生、醫院、診所、保險公司或機構（包括本人之僱主）及凡熟悉受保人健康情況之人士，均可將受保人此次意外之有關資料，過往之病狀，病歷或出勤紀錄等詳細向農銀國際保險有限公司或其代表說明，此授權書之影印本亦屬有效。

I hereby authorise any physician, hospital, clinic, insurance company or organization (including my employer), that has any records or knowledge of the Insured Person or his/her health, to disclose to CAF INTERNATIONAL INSURANCE CO., LTD. or its representative all information about the Insured Person with reference to the accident, his/her health and medical history and any hospitalization, advice, treatment, disease or ailment, or attendance record. A photostatic copy of this authorisation shall be as effective and valid as the original.

Date 日期 _____

Signature of Insured / Insured Person 受保人 / 保戶簽名
(HKID No. _____)