



**安盛保險有限公司**  
**AXA General Insurance Hong Kong Limited**  
 21/F, Manhattan Place, 23 Wang Tai Road,  
 Kowloon Bay, Kowloon, Hong Kong  
 Tel: 2523 3061 Fax: 2810 0706 Direct Fax: 2537 3437  
 Email: axahk@axa-insurance.com.hk  
 Website: www.axa-insurance.com.hk

為免延誤處理台端之賠償事宜，請詳細填報賠償表格上每一項目

To avoid any delay in the administration of your claim, it is imperative that each question on this claim form should be fully answered.

## 家庭僱傭保險索償表格 DOMESTIC HELPER INSURANCE CLAIM FORM

### 保單號碼 POLICY NUMBER

### 投保人資料 PROPOSER DETAILS (請於適當的地方加上✓號 Please ✓ as appropriate)

投保人姓名 先生  女士  太太  公司   
 Name of Proposer Mr  Ms  Mrs  Company

通訊地址  
 Correspondence address \_\_\_\_\_

日間聯絡電話及電郵地址  
 Contact phone number (Day-time) & Email address \_\_\_\_\_

### 僱傭資料 DOMESTIC HELPER DETAILS

僱傭姓名  
 Name of the domestic helper \_\_\_\_\_

敘述受傷或疾病之性質及程度 (請說明病症名稱)  
 Describe the nature and extent of injuries or sickness (please indicate diagnosis) \_\_\_\_\_

診症日期 (如診症多於一天，請列出所有診症日期)  
 Date of consultation (if more than one day, please indicate all the consultation dates) \_\_\_\_\_

如涉及疾病，閣下之僱傭是否就有關疾病曾接受過其他醫生的治療  
 If sickness is involved, did he/she receive treatment for this sickness from other doctor before? 是  否   
 Yes  No

如選擇「是」，請提供有關醫生的詳細資料。  
 If Yes, please provide details of the doctor involved \_\_\_\_\_  
 \_\_\_\_\_

如涉及意外，請敘述意外發生經過。  
 If accident is involved, please describe how the accident happened \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

索償金額  
 Amount to be claimed \_\_\_\_\_

注意：請提供所有醫療費用收據正本及有關的醫療報告副本(如適用)。如有所需，我們會要求閣下提供額外文件或資料。  
 N.B. Please provide all ORIGINAL medical receipts and copy of all relevant medical reports, if applicable. We may request for additional documents / information upon receipt of documents, where necessary.

### 聲明及授權書

本人/我們聲明此表格內填報的資料，就本人/我們所知所信，全部正確無訛，並無任何保留，本人/我們同意如為處理有關本索償事宜，安盛保險有限公司(在下文中稱為公司)可使用所收集及持有關於我/我們/受保人的個人資料(包括在此索償表格內或其他地方之資料)或將該等資料給予有關之人士或機構(包括在香港境內或境外之再保公司、賠償調查公司、保險業協會/聯會及其他提供保險業有關服務之公司等)。

本人/我們並授權持有本人/我們的任何記錄或資料之人士或團體，向本公司或其代理人，提供與本索償事宜或與保險公司的追償權有關之記錄或資料。此授權書之影印本將與正本具有同等效力。

### Declaration and Authorization

I/We hereby declare that to the best of my/our knowledge and belief the above statement and particulars contained herein are in all respects true and complete and are made without reservation of any kind. I/We agree that any of my/our/the Insured's personal information collected or held by AXA General Insurance Hong Kong Limited (hereinafter called the Company) whether contained in this claim form or otherwise obtained is provided and may be held, used and disclosed by the Company to individuals/organization associated with the Company or any selected third party (within or outside Hong Kong, including reinsurance and claim investigation companies and industry associations/federations and other service provider providing services relevant to insurance business) for the purpose of processing this claim.

I/We further authorize individual or entity holding any records (including any statements taken) or knowledge of me/us which is/are relevant to the settling of this claim and/or the Insurer's rights of recovery thereunder to furnish such records or knowledge to the Company or its authorized representatives. A photostat of this authorization shall be considered as effective and valid as the original.

日期 \_\_\_\_\_ 投保人簽署 \_\_\_\_\_ 僱傭簽署 \_\_\_\_\_  
 Date \_\_\_\_\_ Insured's signature \_\_\_\_\_ Helper's signature \_\_\_\_\_

For Official Use

Prem Class: APX / LWE	Res. Code: OP/ IP / ST /	Amount:
Cause Type: ILL / OTH /	Loss Type: CME /	