中銀集團保險有限公司
BANK OF CHINA GROUP INSURANCE COMPANY LIMITED

總公司：香港德輔道中 71 號永安集團大廈八樓　客戶服務熱線：3187 5100　傳真：3906 9921
HEAD OFFICE: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong. Customer Service Hotline: 3187 5100 Fax: 3906 9921

家傭綜合險索償表格
DOMESTIC HELPER COMPREHENSIVE POLICY CLAIM FORM

本公司專用 Office Use
賠案編號
Claim No.

保戶名稱
Name of Insured_____ 聯絡電話 Contact Telephone No. _____ 保單號碼 Policy No. _____
僱員姓名
Name of employee _____.
地址
Address: _____

索償資料Particulars Of Claim

(1) 門診及住院費用 Medical and Hospitalization Expenses	病因 Diagnosis_____ 索償金額 Currency/Claim Amount _____
(2) 僱員補償索償 Employees' Compensation Claim	事故發生日期 Date of incident: _____. 事故發生的詳情 Description of incident: _____ _____. 傷勢及部位 Nature and region of injury: _____.

賠款發放方式：自動轉賬　Claim Payment Method: Auto-pay

祇適用於發放HK$2,000.00或以下的賠款(For settlement amount below HK$2,000.00 only)

請在適當的方格內填上"✓" Please tick the appropriate box:

☐ 本人不同意以自動轉賬方式接受賠款。 I do not agree the claim payment made by auto-pay.

☐ 本人同意以自動轉賬方式發放賠款，並提供以下資料。 I agree the claim payment made by auto-pay and provide the following information:

銀行名稱
Name of Bank _____ 戶口號碼 Bank Account No. _____

戶口持有人名稱(必須與保戶名稱相符)
Name of Account Holder (Must be same as Insured) _____.

聲明及授權
Declaration and Authorization

本人聲明上述資料完整及正確無訛，並無隱瞞任何重要資料。

本人明白本人提供的資料，為中銀集團保險有限公司(“貴公司”)提供保險業務所需，並可能使用於下列目的:
(i) 處理及審批本人的保險申請或本人將來提交的保險申請；
(ii) 執行本人保單的行政工作及提供與本人保單相關的服務；
(iii) 分析或調查、處理及支付本人保單有關的索償；
(iv) 發出繳交保費通知及向本人收取保費及欠款；
(v) 任何與保險有關的產品或服務的任何更改、變更、取消或續期；
(vi) 就以上用途聯絡本人；
(vii) 貴公司行使任何代位權；
(viii) 其它與上述用途有直接關係的附帶用途；及
(ix) 遵循適用法律，條例及業內守則及指引。

貴公司亦可因應上述用途將本人的個人資料移轉予下列各方 (不論在香港特別行政區境內或境外)：
(a) 就上述用途，向 貴公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
(b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
(c) 追討欠款的收數公司或索償代理；
(d) 保險資料服務公司及信貸資料服務公司；
(e) 再保公司及再保經紀；
(f) 本人的保險經紀（若有）；
(g) 貴公司的法律及專業業務顧問；
(h) 貴公司的關連公司(以《公司條例》內的定義為準)；
(i) 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；
(j) 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的；
(k) 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，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，以達到任何上述或有關目的；
(l) 任何負責處理保險相關投訴及/或爭議之行業或監管機構；
(m) 法例要求或許可的政府機關。

本人在此授權 貴公司可向「聯會」從保險業內收集的資料中查閱及/或核對本人任何資料。

此外，經本人同意，貴公司可能會以其它方式使用及披露本人的個人資料。

本人有權查閱及要求更正由 貴公司持有有關本人的個人資料。如有需要，可向 貴公司法律與合規部提出 (電話：2867 0888，傳真：3906 9939)。

I declare that the above information is complete and true to the best of my knowledge and belief and I have not withheld any material information connected with this claim.

I understand that the information I provide to Bank of China Group Insurance Company Limited ("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of:
(i) processing and evaluating my insurance application and any future insurance application I may make;
(ii) administering my insurance policy and providing services in relation to my insurance policy;
(iii) analysis or investigating, processing and paying claims made under my insurance policy;
(iv) invoicing and collecting premiums and outstanding amounts from me;
(v) any alterations, variations, cancellation or renewal of any insurance related product or service;
(vi) contacting me for any of the above purposes;
(vii) exercising any right of subrogation;
(viii) other ancillary purposes which are directly related to the above purposes; and
(ix) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose my personal data for the above purposes to the following classes of transferees (whether within or outside the Hong Kong Special Administrative Region):
(a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
(b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
(c) in the event of default, debt collectors and recovery agents;
(d) insurance reference bureaus or credit reference bureaus;
(e) reinsurers and reinsurance brokers;
(f) my insurance broker (if I have one);
(g) the Company’s legal and professional advisors;
(h) the Company’s related companies (as that term is defined in the Companies Ordinance);
(i) any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
(j) any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
(k) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
(l) any industry or regulatory bodies responsible for handling insurance related complaints and/or disputes;
(m) government agencies and authorities as required or permitted by law.

The Company is hereby authorized to obtain access to and/or to verify any of my data with the information collected by the Federation from the insurance industry.

Moreover, the Company may also use and disclose my personal data otherwise with my consent.

I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Requests for such access can be made to the Company’s Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

保戶簽署 (如屬公司請蓋章)

Signature of Insured (with company chop if applicable)

日期

Date: