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

本公司專用 Office Use
賠案編號
Claim No.

高爾夫球保險索償表格
GOLFER INSURANCE CLAIM FORM

保單資料 Insurance Policy Details

保戶名稱
Name of Insured _____ 保單/保險証號碼 Policy/Certificate No. _____

身分證號碼 性別 出生日期 日 月 年 職業 聯絡電話
Identity Card No. _____ Sex _____ Date of Birth ____DD____ MM_____YY Occupation _____ Contact Tel No. _____

地址 電郵
Address _____ E-mail _____

索償人 / 被保人 資料 (如非保戶) Particulars of Claimant / Insured Person (if not the Insured)

索償人 / 被保人 姓名 與保戶關係 聯絡電話
Name of Claimant / Insured Person _____ Relationship with the Insured _____ Contact Tel No. _____

身分證號碼 性別 出生日期 日 月 年 職業
Identity Card No. _____ Sex _____ Date of Birth _____DD_____MM _____YY Occupation _____

地址 Address _____

索償資料 Particulars of Claim

意外發生的日期及時間 (1) Date and time of accident	日 月 年 時間 上午 下午 _____ DD _____ MM _____ YY Time: _____ ☐ am ☐ pm
意外發生的地點 (2) Place of accident.	
該意外的詳情 (3) a. Description of accident 如有報警，列明報案的警署及報案編號 b. If the accident has been reported to the police, please state which police station and police report number.	a. _____ b. _____
意外是否在受僱期間因工作引致 (4) a. Was this accident occurred in the course of and/or arising out of your employment? 如是，列明承保僱員補償險的保險公司的名稱及保單編號 b. If yes, state the name of insurance company of Employees Compensation Insurance and the respective policy No.	否 是 a. ☐ No ☐ Yes b. _____
被保人是否就是次意外向其他保險公司索償 (5) a. Is the Insured Person entitled to claim under any other insurance policies in respect of this accident? 如是，列明保險公司的名稱，保單編號及索償保障項目 b. If yes, state the name of insurance company(s), respective policies No and details of benefits.	否 是 a. ☐ No ☐ Yes b. _____
被保人以往是否蒙受類似性質的損失 (6) a. Has the Insured Person ever sustained losses of similar nature? 如是，列明詳情及何時發生 b. If yes, please give detail and date.	否 是 a. ☐ No ☐ Yes b. _____

請選擇及填寫以下適用之申請索償項目 Please choose and complete the following appropriate item(s) :

☐ 人身意外 **(Personal Accident)**
☐ 高爾夫球裝備**(Golfing Equipment)**
☐ 公眾責任 **(Public Liability)**
☐ 一棒入洞 **(Hole-in-one)**
☐ 私人物品 **(Personal Effects)**

人身意外 Personal Accident

請填報直系親屬資料Please give particulars of the next kin(s) of the Insured Person

姓名Name	年齡Age	地址Address	關係Relationship	香港身分證編號HKID No.:

備註：請提交有關資料，如醫療報告、意外報告、警方報告、死亡證等。如受益人為未成年人士，請提供其代理人/監護人之資料，與及有關之授權證明文件。

Remarks: Please attach the relevant supporting documents e.g. Medical Report, Accident Report, Police Report, Death certificate etc. If the next of kin(s) is/are minors (persons under 18 years of age) please give particulars of the official administrator(s) and provide copies of the documentation authorizing that person to act in this capacity.

一棒入洞 Hole-in-one

日期 Date _____ 高爾夫球會名稱 Name of Golf Club_____

高爾夫球會地址 Address of Golf Club _____

_____

備註：請提交有關高爾夫球會頒發之証書正本 Remarks: Please attach original certificate obtained from the golf club.

高爾夫球裝備或私人物品 Golfing Equipment and Personal Effects

請詳列失物資料Please give particulars of items claimed

物品之詳細資料 (包括牌子及產品號碼) Full description of lost items (including brand name, model & serial no.)	購買時之價值 Purchase Price	購買日期 Date of Purchase	索償金額 Amount claimed

閣下是否於24 小時內向警方報案？ 是Yes ☐ 總索償金額

Have you reported the loss, which occurred not in the custody of the carrier, to police within 24 hours ? 否No ☐ Total Amount Claimed_____

警署地址及報案編號 Address of police station reported to and report reference

閣下是否損失或損壞財物之物主? 是Yes ☐ 如不是，請說明

Are you the sole owner of the lost or damaged property(ies) ? 否No ☐ If not, please state

備註：**如不夠空位，請另加紙張填寫。**另外，請提交有關文件正本證明事件經過及損失：如高爾夫球會物件損失報告、警方報告及失物購買單據和保用証。

Remarks: Please use separate sheet if not enough space. Please also attach the relevant original supporting documents to prove the losses/expenses such as Golf Club. Report, Original Police Report, Original Purchase Receipts and Original Warranties of the items claimed.

公眾責任 Public Liability

第三者姓名 Name of third party(ies)	年齡 Age	性別 Sex	職業/身份 Occupation

地址 Address

受傷之性質及程度 Nature and extent of injury

財物之種類和受損程度Kind of property & its extent of damage

索償金額 Amount claimed

閣下曾否向第三者承認責任? 是 Yes ☐ 如是，請說明

Have you in any way admitted liability to the claimant? 否 No ☐ If yes, please state _____

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

祇適用於發放HK$10,000.00或以下的賠款(For settlement amount below HK$10,000.00 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 that the claim payment be 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 that the claim payment be made by auto-pay and provide the following information.

銀行名稱
Name of Bank _____ 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).

索償人 / 被保人 簽署	保戶簽署 (如屬公司請蓋章)
Signature of Claimant / Insured Person	Signature of Insured (with company chop if applicable)
日期	日期
Date:	Date: