## QBE Hongkong & Shanghai Insurance Limited - Macau Branch

Rua do Comandante Mata e Oliveira, No. 32, Edf. Associação Industrial de Macau, 8 andar B & C, Macau

Tel: +853 2832 3909 Email: claims.mac@qbe.com

# 昆士蘭聯保保險有限公司 - 澳門分公司 澳門馬統領街32號廠商會大廈8樓B、C座

電話: +853 2832 3909 電郵: claims.mac@qbe.com

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# AccidentSurance Claim Form 意外萬全保索償申請表

# A. NOTES 注意事項 1. All questions must be answered. If not applicable, write "n/a". 所有問題必須作答。如不適用者,請填上「不適用」。 2. The issue of this claim form is not an admission of liability by the company. 發出此索償申請表並不代表本司承認任何責任。 3. If there is insufficient space or further comment on any area is considered necessary, please use additional pages. 若填報資料的位置不足,請填寫於附加紙上。 4. In the event that you or your insured family members have a serious accident that entities you to benefit payments under the Accident Surance plan, simply fill out this Claim Form and return it to the company. To ensure fast payment of your claim, check that you have filled out and signed all sections, and that you have attached all the original necessary supporting documents. 當閣下或受保之家人在本保險承保範圍內,遇到意外,衹需填妥此索償申請表,寄回本司。衹要閣下清楚填寫及簽署下列各項,並附上所有有關證明文件之正本,閣下的索償申請將會儘速處理。

B. CLAIM DETAILS 索償資料				
Policy No. 保單編號:	Claim No. 索償編號:(For office use only 供本公司填寫之用)			
1. Name of Insured 投保人姓名:				
Address 地址:				
	Phone No. 電話:			
2. Name of Insured Person Injured/Deceased 受傷/死亡之受保人姓名:				
Age Sex Occupation 年齡: 性別: 職業:	Relationship to the Insured 與投保人之關係:			
Please attach documentary evidence such as Birth Certificate or Marriage Certificate to show the relationship. 請附上有效之證明文件,如出生證明書或結婚證書,以茲證明受傷 / 死亡者與投保人之關係。				
3. Date, time and place of accident 意外發生的日期、時間和地點:				
Give particulars of the cause, and injuries sustained 意外發生的原因及傷勢:				
4. Name and address of attending doctor 診症醫生姓名及地址:				
5.(a) State the period during which the injured person has been totally disabled from 傷者完全失去工作能力的期間:	attending to his/her normal occupation.			
From to 至				
Day 日 / Month 月 / Year 年 Day	日 / Month 月 / Year 年			
(b) Is the injured person still totally disabled? □ Yes 是 傷者現時是否仍然完全喪失工作能力? □ No 否				
If not, from what date was the injured person able to attend to some part of his/her occupation? 如答案是否定 <sup>,</sup> 傷者恢復工作能力的日期是:				
6. Whether the injured person is or was hospitalized as a result of the accident? 傷者有否就此次意外而住院?	□ Yes 是 □ No 否			
If Yes, please state 如有 <sup>,</sup> 請說明:				
(a) Name of Hospital 醫院名稱:				
Address 地址:				

(b) Period of Hospital Confinement 住院期間:					
Date of Admission 入院日期:	Time				
Day 日 / Month 月 / Year 年	時間:				
Date of Discharge or expected duration of hospitalization 離院日期或預料住院期間:	Time 時間:				
Day 日 / Month 月 / Year 年	≣				
7. Any concurrent claim about this accident with other insurance c有否就此意外同時向其他保險公司提出索償? If Yes, please state the name of the company and the policy nu如有,請列明其公司名稱及保單編號:	· □ No 否				
C. DECLARATION AND AUTHORIZATION 聲明及授權書					
1. I / We declare that the above information is in all respect true a本人/吾等聲明,就本人/吾等所深知及確信,上述資料均屬真確無罰		ny / our knowled	dge and belief;		
2. It is agreed that upon request by QBE Hongkong & Shanghai Intion to re-affirm the genuineness of all the information containe 倘昆士蘭聯保保險有限公司 – 澳門分公司要求,本人/吾等將作出沒	ed in this claim form; and			y declara-	
3. I, the undersigned claimant, hereby authorize any physician, hospital, clinic, police and government authorities, or other organization to disclose to QBE Hongkong & Shanghai Insurance Limited – Macau Branch or its representative any and all information concerning my disability, medical history,police statement made and the like for claim processing purpose.  本人(下述簽署的索償人)茲授權任何醫生、醫院、診所、警察及政府機構或其他機構向昆士蘭聯保保險有限公司 – 澳門分公司或其代理就本人的損傷、病歷、口供及作索償程序用途之類似文件的任何及所有資料作出披露。					
4. I hereby request and authorize QBE Hongkong & Shanghai this claim by cheque to the Insured.	Insurance Limited – Macau	Branch to pay	benefit due in r	espect of	
本人現申請及授權昆士蘭聯保保險有限公司 – 澳門分公司將此項索償款項以支票形式支付予投保人。					
A photostat copy of this authorization shall be considered as e 本授權書的影印本與正本同具效力。	iffective and valid as the or	iginal.			
Signature of the Insured 投保人簽署:	Date 日期:				
Signature of the Claimant 索償人簽署:	Date 日期:				
	ii wi				
D. MEDICAL CERTIFICATE 醫療證明 (To be completed by Insult is understood that this certificate will be completed on the basis of y				mination	
此醫療證明是閣下根據本身之醫學常識填報,並沒有進行任何檢驗。	our existing knowledge and w	ithout undertakir	ig any further exa	mmauon.	
I CERTIFY THAT 本人茲證明:	was injured on 在此日期因意外受傷:	Day ⊟	Month 月	Year 年	
His / Her injuries are 其傷勢為:					
If his / her injuries are complicated by any other conditions, give	details				
如病人的傷勢因某些情況而令病情更複雜,請列明詳情:  He / She is solely and directly totally / partially disabled* as a result of the injuries and will be so disabled until					
病人因這次受傷而致完全/部分傷殘*,直至:	or the injuries and will be so th	Day	Month	Year	
		日 日	月	年	
Signature 簽署:	Date 日期:				
Qualifications 資歴:					
只座・					

<sup>\*</sup> Total Disablement occurs when the Insured person is wholly prevented from attending to his business or occupation. Partial Disablement occurs when the insured person is prevented from attending to a substantial portion thereof. 完全傷殘即受保人完全失去工作能力。部份傷殘即受保人不能從事大部份原來之工作。

### Personal Information Collection Statement 個人資料收集聲明

In relation to the personal data collected by QBE Hongkong & Shanghai Insurance Limited – Macau Branch ("QBE Macau"), I/we agree and acknowledge that:

- (a) the personal data requested is necessary for QBE Macau to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed.
- (b) the personal data collected in this form may be used by QBE Macau for the purposes stated in its Privacy Policy found at https://www.qbe.com/mo/en/privacy-policy. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes).
- (c) QBE Macau may transfer the personal data to the following classes of persons (whether based in Macau or overseas) for the purposes identified in (b) above:
  - i. third parties providing services related to the administration of my/our policy (including reinsurance);
  - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
  - iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers:
  - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
  - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein.
- (d) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:

  QBE Hongkong & Shanghai Insurance Limited Macau Branch

Address: Rua do Comandante Mata e Oliveira, No. 32, Edif. Associacao Industrial de Macau, 8 andar B & C, Macau

Email: info.mac@qbe.com

Telephone: +853 2832 3909

- (e) That where I/we are providing personal data on behalf of another person to QBE Macau, I/we have obtained consent from the other person who have agreed that their personal data will be released to QBE Macau in accordance with paragraphs (a), (b) and (c) above.
- (f) That in the event of differences between the English and Chinese, the English version shall prevail.

關於昆士蘭聯保保險有限公司 - 澳門分公司("澳門昆士蘭保險") 收集之個人資料,本人/我等同意並承認:

- (a) 索取之個人資料對於澳門昆士蘭保險處理本人/我等之保險或索償申請乃屬於必需。若未提供此類資料,可能導致無法處理此項申請或索償。
- (b) 澳門昆士蘭保險可以將此表格所收集的個人資料用於其網頁 https://www.qbe.com/mo/zh-mo/privacy-policy。所載私隱政策當中表明之目的,其中包括承保和管理理本人/我等正在申請之保險(包括獲得再保險、承保續期、理賠、調查、付款、代位索償以及各種相關目的)。
- (c) 澳門昆士蘭保險可為以上(b)項指明之目的,將個人資料轉移至以下(不論位於澳門或海外)之各類人士:
  - i. 提供與本人/我等的保險(包括再保險)之管理有關的服務的第三方;
  - ii. 金融機構 為處理此項申請並獲得保單付款之目的;
  - iii. 當發生索償時,損失理算師、評估師、第三方管理人員、緊急服務提供者、法律服務提供者、零售商、醫療服務提供者和旅行社;
  - iv. 昆士蘭保險集團不論位於任何國家或地區的另一成員(為以上(b)項所述各種目的而提供該個人資料);
  - v. 昆士蘭保險私隱政策提及的其他人士—為著私隱政策所指的各種目的。
- (d) 本人/我等可以透過以下電郵或郵遞方式查閱或要求更正自己的個人資料(在這兩種情況下均需支付一筆合理費用):

昆士蘭聯保保險有限公司 - 澳門分公司

地址: 澳門馬統領街32號廠商會大廈8樓B及C座

電郵:info.mac@qbe.com

電話: +853 2832 3909

- (e) 若本人/我等乃代表另一人士向澳門昆士蘭保險提供個人資料,本人/我等已徵得該人士同意根據以上(a)、(b)、(c) 款將其個人資料披露 予澳門昆士蘭保險。
- (f) 若本文件之中、英文版之間意義有分歧,應以英文版本為準。