

(b) Period of Hospital Confinement 住院期間： Date of Admission 入院日期：		Time 時間：
Day 日 / Month 月 / Year 年		
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 companies? <input type="checkbox"/> Yes 是 有否就此意外同時向其他保險公司提出索償？ <input type="checkbox"/> No 否 If Yes, please state the name of the company and the policy number 如有，請列明其公司名稱及保單編號：		

C. DECLARATION AND AUTHORIZATION 聲明及授權書	
1. I / We declare that the above information is in all respect true and complete to the best of my / our knowledge and belief; 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訛。	
2. It is agreed that upon request by QBE Hongkong & Shanghai Insurance Limited – Macau Branch, I / we shall make a statutory declaration to re-affirm the genuineness of all the information contained in this claim form; and 倘昆士蘭聯保保險有限公司 – 澳門分公司要求，本人/吾等將作出法定聲明，再次確定本索償表格所載的所有資料均屬真確，及	
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 Insurance Limited – Macau Branch to pay benefit due in respect of this claim by cheque to the Insured. 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 effective and valid as the original. 本授權書的影印本與正本同具效力。	
Signature of the Insured 投保人簽署：	Date 日期：
Signature of the Claimant 索償人簽署：	Date 日期：

D. MEDICAL CERTIFICATE 醫療證明 (To be completed by Insured Person's Doctor 由受保人主診醫生填寫)	
It is understood that this certificate will be completed on the basis of your existing knowledge and without undertaking any further examination. 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。	
I CERTIFY THAT 本人茲證明： His / Her injuries are 其傷勢為：	was injured on 在此日期因意外受傷： <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Day 日 Month 月 Year 年 </div>
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：	
<div style="display: flex; justify-content: space-between;"> Day 日 Month 月 Year 年 </div>	
Signature 簽署：	Date 日期：
Qualifications 資歷：	

* 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。