

(Please complete in block letters 請以正楷填寫)

**MAKING A CLAIM 索償須知**

1. Please **READ** your policy and relevant documents to check if your claim is covered under the policy terms and conditions.
2. You **must not** admit any liability, negotiate, promise or make any payment without the Company's prior written consent.
3. Please complete this form in block letters and submit it together with all relevant documents to  
Claims Department at "Allied World Assurance Company, Ltd 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong".

1. 請查閱保單細則及有關文件，確保該項索償已納入為承保範圍之內。
2. 未經本公司許可，您對事件不應向第三者: (i) 承認責任; (ii) 作出商議; (iii) 作出賠償。
3. 請用正楷填寫表格，連同有關證明文件，送交 Allied World Assurance Company, Ltd 世聯保險有限公司理賠部，  
地址為香港鰂魚涌太古坊華蘭路 18 號港島東中心22樓。

Tel 電話：+852 2968 3221 Fax 傳真：+852 2917 6179 Email 電郵：hk\_claims@awac.com

Pet Owner's Information 寵物主人資料							
Name of Pet Owner 寵物主人名稱				Policy No. 保單號碼			
Address of Pet Owner 寵物主人地址							
Daytime Contact No. 日間聯絡電話號碼				Email 電郵			
Name of Pet 寵物名稱				Microchip No. 晶片編號			
Breed: 品種		<input type="checkbox"/> Dog 狗	<input type="checkbox"/> Cat 貓	Age 年齡	Colour 顏色	Date of Loss 意外發生日期	
<b>Have you applied for claims in another insurance company for this event/accident? If "Yes", please specify. 您有否向其他保險公司索償?如「有」，請列明有關詳情。</b> <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有							

Please put a ✓ in the appropriate box of your claim below. Please list items & indicate the amount of your claim in details.  
請在格內用 ✓ 選擇索償之項目及詳細列出索償之內容及數目。(If there is insufficient space on the claim form, please specify the details on a separate sheet clearly and indicate which section the information relates to. 如空位不足，請另附紙張填寫，並列明所述的項目名稱。)

<input type="checkbox"/> <b>Local 本地發生</b>		<input type="checkbox"/> <b>Travel 外遊期間發生</b>	
<input type="checkbox"/> <b>Illness 疾病</b> <input type="checkbox"/> <b>Injury 受傷</b>		<input type="checkbox"/> <b>Death (Date of Death)</b> <b>死亡 (死亡日期)</b>	
<u>Circumstances /Cause 事件發生的經過 / 原因</u>		<u>Description of Injury /Illness 受傷 / 疾病的描述</u>	
<u>Reason/Diagnosis &amp; Date First Occurred 原因/診斷及首次發生日期</u>		<u>Currency/Claim Amount (attach original medical report / receipt/ purchase receipt/ original birth certificate)</u> <u>貨幣 / 索償金額(必須附上正本報告/ 收據/ 購買收據/ 出生證明書)</u>	

<input type="checkbox"/> <b>Theft / Loss 失竊 / 遺失</b>	
Circumstances of Loss / Details of Recovery (please give full details) 遺失 / 尋獲的經過 (請提供詳情)	
<u>Report Date 報案日期</u>	<u>Ref. No. of Police Report 警署報案編號</u>
<u>Police Station and Address 警署名稱及地址</u>	<u>Advertising Reward / Copy of the Advertisement/ Expenses Claimed (attach receipts)</u> 廣告費用 / 廣告印刷副本 / 獎賞金額(必須附上收據)

<input type="checkbox"/> <b>Kennel / Cattery in the Event of Hospitalisation of the Owner more than 4 days</b> 寵物於狗舍 / 貓舍之托管費 (如寵物主人住院多於四天)	
<u>Date admitted into hospital of Pet Owner 寵物主人入院日期</u>	<u>Date discharged from hospital of Pet Owner 寵物主人出院日期</u>
<u>Name /Address of Hospital (attach medical certificate &amp; receipt) 醫院名稱及地址(必須附上醫療證明書及收據)</u>	
<u>Name /Address of Boarding Kennel/Cattery 寵物入住之狗舍 / 貓舍名稱及地址)</u>	
<u>Duration of the pet camped in Kennel/ Cattery</u> 寵物入住之狗舍 / 貓舍期間	<u>Currency/Claim Amount (attach receipt/ invoice of Kennel/ Cattery)</u> 貨幣 / 索償金額 (必須附上狗舍 / 貓舍之收據 / 發票)

<b>For Travel Only: (只限外遊期間的索償)</b>	
<input type="checkbox"/> <b>Cancellation &amp; Curtailment</b> 取消及縮短行程	<input type="checkbox"/> <b>Accommodations / Repatriation Expenses</b> 住宿 / 遣返費用
<u>Reason / Circumstances 意外原因及情況</u>	<u>Currency/Claim Amount 貨幣 / 索償金額</u>

<input type="checkbox"/> <b>Third Party Liability 第三者責任索償部份</b>	
<u>Circumstances of Third Party Claim 第三者索償的情況</u>	<u>Have you reported the incident to the Police 閣下有否報案?</u> <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有
<u>Police Station Address &amp; Ref. No. of Police Report</u> 警署名稱地址及報案編號	
<u>Description of Injury / Damage 第三者傷亡或財物損毀的描述</u>	<u>Currency/Claim Amount 貨幣 / 索償金額</u>

<b>Declarations 聲明</b>
<p>I declare to the best of my knowledge and belief that the information given is true in every respect. I agree that any concealment or incorrect statement in connection with this claim may result in legal liability and the policy shall become void. 本人謹此聲明，根據本人所知及所信，本索償表格上填報之資料均實屬無訛。本人並同意，任何蓄意欺騙或隱瞞將構成法律責任並導致保單失效。</p>
<p>Signature of the Insured 受保人簽署 _____ Date 日期 _____</p>

## Personal Information Collection Statement

### **Purpose of Collection**

Allied World Assurance Company, Ltd (“Allied World”) may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

### **Transferee**

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World’s group companies;
- Reinsurers;
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World’s other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities,

in each case both within and outside of the Hong Kong Special Administrative Region.

### **Marketing and Promotion**

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies’ general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer’s signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World’s Compliance Officer at the contacts set out below.

### **Access Requests and Corrections**

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to [hkcompliance@awac.com](mailto:hkcompliance@awac.com).

## 個人資料收集聲明

### **資料收集目的**

Allied World Assurance Company, Ltd (「本公司」)可能收集並使用閣下的個人資料，作為營運其保險業務及下列目的之用：

- 處理閣下的保險申請；
- 安排保險合約及管理已發出的保單；
- 索償處理、調查及分析；
- 為客戶設計產品或服務；
- 推廣、改善及進一步提供本公司及其集團公司的產品、服務；及
- 遵守適用於本公司的法律或規則要求。

一般而言，閣下向本公司提供個人資料屬自願性質。如閣下未能給予足夠的資料，本公司可能無法提供所需保險服務。

### **資料轉移**

本公司持有的客戶資料將予保密，但本公司可能會把閣下的個人資料提供給下列各方作上述用途：

- 本公司的集團公司；
- 再保險公司；
- 中介人包括保險代理人及保險經紀；
- 索償調查者、公證行及其他專業顧問；
- 本公司其他指定服務提供者，提供包括以下服務：電訊、資訊科技、行政、數據處理、付款處理、緊急援助、法律及醫療；
- 任何保險業組織或聯會及其成員；及
- 任何必要人士以符合任何相關的法律或規則要求，或監管機構之命令，

以上各項適用於香港特別行政區境內及境外。

### **市場推廣**

貴為本公司的重要客戶，本公司及其集團公司可能會透過閣下所提供的個人資料如姓名及聯絡方法，向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠，及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

如閣下已於投保書勾選位於投保人簽署上方的空格表示不願接收任何市場推廣資料和最新消息，本公司將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時要求本公司停止使用閣下的個人資料作直接推廣用途。屆時請按照下述聯絡方式通知本公司的條例事務主任。

### **資料查閱要求及更改**

閣下有權要求查閱及更改本公司所持有的任何有關您之個人資料。有關申請可循下列途徑向本公司之條例事務主任提出：郵寄至香港鰂魚涌太古坊華蘭路 18 號港島東中心 22 樓，或傳真至 +852 2968 5111，或電郵至 [hkcompliance@awac.com](mailto:hkcompliance@awac.com)。

**Veterinary Treatment: To be fully completed by the Veterinary Surgeon 獸醫治療詳情: 請由獸醫填寫**

Name of Pet 寵物名稱	Microchip No. 晶片號碼
Name of Pet Owner 寵物主人名稱	

Nature &amp; Cause of Injury or Illness (please give separate cost for each condition) 受傷或患病性質及其原因(請分開列出每個受傷/ 疾病)

Nature of Injury or Illness 受傷或患病性質	Cause of Injury or Illness 受傷或患病原因	Consultation Date 應診日期		Cost Paid (HK\$) 已付金額(港幣)
		From 由	To 至	

In your opinion and based on your records, how long have the above clinical signs been existed before the consultation date?  
根據您的意見及病症紀錄, 以上病徵於應診日期前出現了多久?

Have any conditions, illnesses or clinical signs occurred previously which are related to the above?  Yes  No  
以往是否有與以上受傷、病徵或病患情況相關的病症出現? 是 否

If yes, please give dates and details of the previous conditions, illnesses or clinical signs.

如「是」, 請提供該病症出現的日期及詳情 \_\_\_\_\_

Is the above illness / disease chronic?  Yes  No  
以上之病症是否為慢性或長期疾病? 是 否

When did the pet first receive consultation at your clinic? 寵物在您的診所首次應診日期? \_\_\_\_\_

Is the treatment likely to be ongoing?  Yes  No Are any of the above conditions of a congenital/hereditary nature?  Yes  No  
治療是否繼續進行中? 是 否 以上的疾病 / 受傷徵狀是否先天 / 遺傳的? 是 否

Please provide below a breakdown of Treatment cost for each condition (HK\$)? 請將個別病症之醫療費用分開填寫於下列圖表中(港幣)?

Clinical Consultations 門診診金 \$	Home Visits 獸醫家訪 \$
Medication/Drugs 藥物 \$	X-Ray & other Laboratory Tests X-光及其他化驗 \$
Surgical Procedure 手術程序 \$	Anaesthesia 麻醉 \$
Room & Board 住房費用 \$	Diet Food 獸醫處方之膳食 \$
Euthanasia/Cremation/Disposal \$ 人道毀滅 / 遺體火化 / 遺體處理	Dentistry (please specify) 牙科(請列明)\$
Other (please specify) 其他(請列明)\$	

Confinement (Brief Discharge Summary, including treatments, examination procedure and /or results) 住院(出院紀錄, 包括治療, 檢查程序及 / 或結果)	Date & Time of Admission 入院日期及時間	Date & Time of Discharge 出院日期及時間	Cost Paid (HK\$) 已付金額(港幣)

Date of Death 死亡日期	Cause of Death 死亡原因	If euthanasia, please state reason 如寵物需人道毀滅, 請列明原因	Cost Paid (HK\$) 已付金額(港幣)

**Declarations of the Veterinary Practice 獸醫聲明**

I/We hereby declare to the best of my knowledge and belief that all information given is true, correct and accurate. 本人謹此聲明, 根據本人所知及所信, 本表格上填報之資料均真實、正確及實屬無誤。

Signature of Veterinary Surgeon 獸醫簽署 \_\_\_\_\_ Date 日期 \_\_\_\_\_  
(with Company Chop, if any 附公司印鑑, 如有)

Name of Veterinary Surgeon 獸醫姓名 \_\_\_\_\_

**To be completed by Hospital in-patient records department in the event of Hospitalisation of the pet owner for more than 4 days 如寵物主人入院日數超過四天, 請由醫院入院部填寫。**

Date Entered 入院日期	Date Discharged 出院日期
Name / Address of Hospital 醫院名稱 / 地址	
Description of Injury / Illness 受傷 / 疾病詳情	
Treated by Doctor 主診醫生	Authorised signature of Hospital 醫院之授權人仕簽署