

(Please complete in block letters 請用正楷填寫)

**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. 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. 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

Insured's Information 受保人資料			
Name of Insured 受保人姓名		Policy No. 保單號碼	
Insured Address 受保地址			
Correspondence Address 通訊地址			
Daytime Contact No. 日間聯絡電話號碼		Email 電郵	
How do you use the Insured premises? 你的居所是用於?	<input type="checkbox"/> As an owner 自住 <input type="checkbox"/> As a tenant 租用	<input type="checkbox"/> Rent out 出租	Date of Loss 意外發生日期
Did you purchase other insurance for lost items; if so, please provides us with the details. 您有否為損毀財物額外投保。如「有」者，請提供詳情。	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 否		

Please put a ✓ in the appropriate box of your claim below.

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。

Please list items & indicate the amount of your claim in details.

如空位不足，請另附紙張填寫，並列明所述的項目名稱。

If there is insufficient space, please specify the details on a separate sheet

<input type="checkbox"/> Household Contents 家居財物保障	<input type="checkbox"/> Alternative Accommodation 臨時住所
<input type="checkbox"/> * Burglary/Robbery Injury 因爆竊或搶劫引致損傷	<input type="checkbox"/> Loss of Rent 租金損失
<input type="checkbox"/> * Damaged Locks/Windows 門鎖/窗戶損毀	<input type="checkbox"/> Temporary Removal 臨時搬遷
<input type="checkbox"/> Frozen Food 雪藏食品	<input type="checkbox"/> Home Renovation 翻新工程期間的意外損毀
<input type="checkbox"/> * Personal Effects and Valuables 個人財物遺失/損毀	<input type="checkbox"/> Removal of Debris 泥頭清理費
<input type="checkbox"/> * Domestic Helper's Effects 家庭傭工個人財物	<input type="checkbox"/> New Home Protection 新居保障
* Police should be notified immediately 必須立刻通知警方	

Cause and Circumstance of Incident  
意外發生的原因及經過

Damage/Lost Item  
損毀/遺失項目

Year of Purchase  
購買年份

Currency/Claim Amount  
索償金額

Please provide the following documents where appropriate 附加文件

- |   |  |
|---|--|
| <input type="checkbox"/> Photos of Damaged Items 損毀財物照片           | <input type="checkbox"/> Original Receipt of the Items 財物之發票正本   |
| <input type="checkbox"/> Police Report 警方報告(case no. 檔案編號: _____) | <input type="checkbox"/> Others (Please specify) 其他 (請註明): _____ |

<input type="checkbox"/> <b>Personal Liability 個人責任</b>	
Cause and Circumstance of Incident 意外發生的原因/經過及第三者索償之情況	Currency/Claim Amount 索償金額
Please provide the relevant documents as proof of loss 附加文件以證明有關損失	

<input type="checkbox"/> <b>Domestic Helper 家庭傭工</b>	
Name of Domestic Helper 受保家傭姓名	Employer's HKID No. 僱主之香港身份證號碼
Circumstances / Medical Diagnosis 意外情況 / 病因及病情	Description of Injury 受傷情況

<input type="checkbox"/> <b>Death &amp; Permanent Total Disablement 意外死亡及永久完全傷殘</b>	
<input type="checkbox"/> <b>Repatriation Expenses 送返原居地費用</b>	
Please provide the following documents where appropriate 附加文件	
<input type="checkbox"/> Death Certificate 死亡證明書	
<input type="checkbox"/> Medical Report 醫療報告	
<input type="checkbox"/> Consent Letter for Medical Records 索取醫療報告的授權信	
<input type="checkbox"/> Police Report 警方報告	(case no. 檔案編號: _____)
<input type="checkbox"/> Others (Please specify) 其他 (請註明): _____	
<input type="checkbox"/> <b>Employees' Compensation 家庭傭工保障</b>	
Please provide the following documents (to be collected from Labor Department) 附加文件 (請於勞工處索取)	
<input type="checkbox"/> Form 2B 表格 2B	<input type="checkbox"/> Form 5 表格 5
<input type="checkbox"/> Form 2 表格 2	<input type="checkbox"/> Form 7 表格 7
<input type="checkbox"/> <b>Medical and Hospitalization Expenses 醫療及住院費用</b>	
Date of first occurrence 首次發現日期	Currency/Claim Amount 索償金額
Please provide the following documents where appropriate 附加文件	
<input type="checkbox"/> Original Medical Receipts 醫療費用之單據正本	<input type="checkbox"/> Consent Letter for Medical Records 索取醫療報告的授權信
<input type="checkbox"/> Medical Report 醫療報告	<input type="checkbox"/> Others (Please specify) 其他 (請註明): _____

<b>Declarations 聲明</b>
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。
Signature of the Insured 受保人簽署 _____ Date 日期 _____

## **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 世聯保險有限公司(「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)。