

NOTE: Please complete this form in block letters and submit it together with all relevant documents to Claims Department at "Allied World Assurance Company, Ltd Suite 2201, 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong".

注意事項: 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，地址為香港鯉魚涌太古坊華蘭路 18 號港島東中心 22 樓 2201 室。

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

Use separate sheet if not enough space on this form. We may request for further information for handling the claim application.
倘本表格不敷填寫，請另加紙張。本公司有權要求索償人提供更多資料以處理賠償申請。

Part I 第一部份

| Insured's Information 受保人資料 | | | |
|--------------------------------|--|--|--|
| Name of Insured 受保人姓名 | | Policy No. 保單號碼 | |
| Name of Claimant 索償人姓名 | | Email 電郵 | |
| HKID No. 香港身份證號碼 | | Daytime Contact No. 日間聯絡電話號碼 | |
| Correspondence Address 通訊地址 | | | |
| Name of Employer 僱主名稱 | | Present Business or Occupation 現時業務 | |
| Business Address 辦公室地址 | | | |

| Benefits Claimed 索償項目 | | Please <input checked="" type="checkbox"/> the appropriate box(es) 請 <input checked="" type="checkbox"/> 選適合空格 | |
|--|---|--|--|
| <input type="checkbox"/> Accidental Death 意外死亡 | <input type="checkbox"/> Education Fund 教育基金 | <input type="checkbox"/> Temporary Total Disablement 短期完全失去活動能力 | <input type="checkbox"/> Coma 昏迷 |
| <input type="checkbox"/> Loss of Limbs or Sight or Hearing or Speech 四肢傷殘或失明或失聰或喪失說話能力 | <input type="checkbox"/> Permanent Total Disablement 永久完全傷殘 | <input type="checkbox"/> Hospitalization Allowance 住院現金津貼 | <input type="checkbox"/> Medical Expenses 醫療費用 |
| <input type="checkbox"/> Disfigurement / Scarring of the Face 毀容 / 面部傷疤 | | <input type="checkbox"/> Bonesetters' Fee 跌打費用 | |

| Description of the Accident 事故詳情 | | |
|---|--|--------------|
| Date 日期: (DD/MM/YYYY) | Time 時間: | Location 地點: |
| Circumstances 事件發生的經過: | | |
| Description of Injury 受傷情況: | | |
| Please indicate your current status. 請指出你現在的情況 | Please <input type="checkbox"/> the appropriate box(es) 請 <input type="checkbox"/> 選適合空格 Fully recovered from this injury 完全康復 Still under treatment 治療中 | |
| Currency/Claim Amount 索償金額 (Please list items & indicate the amount of your claim in details. 詳細列出索償之內容及數目) | | |
| Have you applied for claims in another insurance company for this event/accident? If "Yes", please specify. 就此事件/意外，你有否向其他保險公司索償？如「有」者，請列明有關詳情。 | | |

Authorization and Declarations 授權及聲明

For the purpose of assessing my claim, I hereby authorize Allied World Assurance Company, Ltd or its authorized representative to collect any and all information with respect to my loss, disability, medical history, police statement made and the like from any hospital, physician, person, party and/or authority that has any records or is holding any information of me; and authorize any hospital, physician, person, party and/or authority that has any records or is holding any information of me to disclose to Allied World Assurance Company, Ltd or its authorized representative, any and all information with respect to my loss, disability, medical history, police statement made and the like. A photocopy of this authorization shall have the same effect as the original.

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.

本人謹此授權 Allied World Assurance Company, Ltd 世聯保險有限公司或其授權代表，向任何持有本人之任何記錄或資料的醫院、醫生、人仕、有關人等、及/或有關當局，索取任何或所有有關本人之損失、損傷、病歷、口供或任何相關資料，並授權任何持有本人任何記錄或資料的醫院、醫生、人仕、有關人等、及/或有關當局，向 Allied World Assurance Company, Ltd 世聯保險有限公司或其授權代表，提供任何或所有有關本人之損失、損傷、病歷、口供或任何相關資料，作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

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 _____ (DD/MM/YYYY)

Signature of the Claimant 索償人簽署 _____ Date 日期 _____ (DD/MM/YYYY)
(Not applicable if claimant aged below 18 不適用於 18 歲以下的索償人)

Please submit the following documents together with the form for more efficient processing of your claim.

為更有效率地處理您的申請，請連同以下文件提交索償表格

| Documents Required 所需文件 | Types of Benefits 保障類別 | | | |
|---|--------------------------|---|--|-------------------------------------|
| | Accidental Death 意外死亡 | Loss of Limbs or Sight or Hearing or speech 四肢傷殘或失明或失聰或喪 失說話能力 | Temporary Total Disablement 短期完全失去活動能力 | Hospitalization Allowance 住院現金津貼 |
| | Education Fund 教育基金 | Permanent Total Disablement 永久完全傷殘 | Coma 昏迷 | Medical Expenses 醫療費用 |
| | | Disfigurement / Scarring of the Face 毀容 / 面部傷疤 | | Bonesetters' Fee 跌打費用 |
| Birth Certificate of Insured's Children (if applicable) 受保人 子女之出生證明書(如適用) | ✓ | | | |
| Death Certificate 死亡證明書 | ✓ | | | |
| Medical Report 醫療報告 | ✓ | ✓ | | |
| Medical Certificate (Part II of the claim form) 醫療證明 (索償申請表的第 二部份) | | | ✓ | ✓ |
| <u>Original</u> Medical Receipt 醫療費用之單據正本 | | | | ✓ |
| Police Report (if applicable) 警方報告 (如適用) | ✓ | ✓ | | |
| <u>Original</u> Medical Certificate showing the Period of Sick-Leave 醫生批准之病假證明書正本 | | | ✓ | |
| Confirmation from Employer stating the Leave Period that Insured has taken and Monthly Salary 僱 主發出之信件證明受保人因 病請假之日期及月薪證明 | | | ✓ | |
| <u>Original</u> Receipts of Travel Expenses and Air Ticket (If applicable) 旅程費用及機票 之收據正本(如適用) | ✓ | | | |

Part II 第二部份

| Medical Certificate (To be completed by the attending physician/surgeon at the claimant's own expenses) 醫療證明 (由主診醫生填寫，所需費用由索償人自行承擔) | |
|---|--|
| Full name of patient (please fill in English BLOCK letters) and HKID number 病人全名 (請以英文正楷填寫) 及香港身份證號碼 | |
| Date of Accident 意外日期 (DD日/MM月/YY年) | |
| Upon what date did you first examine the patient after the accident described herein? 於上述意外發生後，閣下何時替病人作首次檢查？ | |
| To your knowledge, what was the cause of the injuries? 據閣下所知，是什麼原因引致受傷？ | |
| Regions injured (If a limb, state right or left) 受傷部位 (如肢體，說明右或左) | |
| Nature and extent of injuries 受傷性質及其程度 | |
| Is the patient's condition solely due to the accident herein? 病人的情況是否唯一由上述意外引起？ | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If no, state other cause 若否，說明其他原因 |
| From what injuries or illnesses is the Patient now suffering? 現在的傷勢或病情詳解 | |
| Did injury required 傷勢是否需要 a. Hospitalization? 住院? b. X-rays? X光? c. Special diagnostic procedures? 特別診斷測試? d. Surgery? 手術? | Date admitted 入院日期 a. Yes 是 <input type="checkbox"/> (DD/MM/YYYY) No 否 <input type="checkbox"/> Date discharged 出院日期 (DD/MM/YYYY) (if yes, please give details) 若有，請詳述: b. Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> c. Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> d. Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |
| Has any circumstance, irrespective of the accidental injuries, such as cardiac affection, gout, rheumatism, paralysis, disease or otherwise, tended to produce or prolong disablement? 除以上所述受傷情況外，有否其他情形，例如：心臟病、痛風、風濕病、癱瘓或其他疾病可能會導致或延長其傷殘時間？ | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If yes, please give particulars 若有，請詳述 |
| If the patient was referred by another doctor, please provide the referring doctor's name and address. 如病人為其他醫生轉介，請提供該轉介醫生之姓名及地址 | |
| Are you the patient's usual physician? 你是否病人慣常之醫生？ | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |
| I hereby certify that all information given above is accurate and true to the best of my knowledge. 本人證明上述的資料根據本人所知皆為正確無訛。 | |
| Signature and chop of attending physician/surgeon 主診醫生簽署及蓋章 Address and telephone no. 地址及聯絡電話 | |
| Date 日期 _____ | |

Personal Data Information Collection Statement (PICS)

Purpose of Collection

Allied World Assurance Company, Ltd (Hong Kong Branch) (collectively with the other subsidiaries of Allied World Assurance Company Holdings, Ltd, "Allied World") may collect and use your personal data for the purposes of conducting its insurance business, including:

so that we can provide you with and manage insurance products and services, including to consider and process your application; to vary, cancel or renew your insurance; to deal with and/or process any claims under your policy, including settlement, and to conduct necessary investigations; to complete due diligence and background checks that are either required by law or regulation or have been put in place by Allied World; to respond to your queries and administer your policy, including correspondence with you; to investigate fraud, misconduct or any unlawful act or omission in relation to your policy; so that we can comply with legal obligations; for research and statistical purposes; for marketing (including, where permitted by law, direct marketing) of other services provided by us; and/or any purpose directly related to the above.

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.

Potential Transferees

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: other insurers; reinsurers; intermediaries; insurance associations, federations or similar organisations; related companies; our advisers, service providers and agents; external claims data collectors and verifiers; parties that have an insurance scheme in place under which you purchased your policy; parties involved in claims investigation and management; government and statutory agencies; and/or as otherwise required or allowed by law, 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 will not use your personal data for direct marketing if you have indicated objection to such use by ticking the opt-out box on 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 contact information set out below.

Access Requests and Corrections

You have the right, subject to applicable law, to request access to and correction of any personal data concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to Suite 2201, 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.

個人資料資訊收集聲明 (PICS)

收集目的

Allied World Assurance Company, Ltd 世聯保險有限公司 (香港分行) (與 Allied World Assurance Company Holdings, Ltd 的其他子公司統稱「Allied World 世聯」) 為營運其保險業務之目的可能會收集和使用閣下的個人資料，包括：

以便本公司為閣下提供保險產品及服務並予以管理，包括考慮及處理閣下的保險申請；更改、取消或更新閣下的保險；應對及/或處理閣下保單的索賠，包括賠償及作出必要的調查；完成法律或法規要求或 Allied World 世聯實施的盡職審查和背景調查；回應閣下的查詢以及管理閣下的保單，包括與閣下通訊；調查與閣下保單相關的詐欺、不當行為或任何非法行為或不作為；以便本公司能遵守法律上的要求；用於研究和統計目的；用於營銷 (包括在法律允許的情況下直接促銷) 本公司提供的其他服務；及/或與上述直接有關的任何目的。

一般而言，向 Allied World 世聯提供個人資料屬自願性質。雖然如此，如閣下未能提供足夠資料，Allied World 世聯可能無法為閣下提供所需的保險服務。

潛在資料轉移

Allied World 世聯會確保持有的個人資料保密，但本公司可能會基於上述目的將閣下的個人資料轉移予：

其他保險公司；再保公司；中介機構；保險業組織、聯會或類似組織；關連公司；本公司的顧問、服務提供者和代理人；本公司以外的索賠資料收集者及核查人員；閣下於已設有保險計劃購買保單時的各方；參與索賠調查以及管理的各方；政府和法定機構；及/或任何相關的法律或規則要求或允許的人士。以上各項適用於香港特別行政區境內及境外。

市場推廣

閣下貴為 Allied World 世聯的尊貴客戶，本公司及其集團公司可能會透過閣下為直接促銷所提供的個人資料 (包括姓名及聯絡資料)，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，以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。

若閣下已於投保書上選擇拒絕本公司利用閣下的個人資料進行直接促銷並表示不願接收任何市場推廣資料和最新消息，Allied World 世聯將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時透過下述聯絡方式通知本公司的合規主任並行使其選擇權拒絕本公司利用閣下的個人資料進行直接促銷。

查閱個人資料要求及更改個人資料

在符合適用法律的情況下，閣下有權要求查閱及更改 Allied World 世聯所持有任何有關閣下的個人資料。有關申請可循下列途徑向本公司的合規主任提出：郵寄至香港鯉魚涌太古坊華蘭路 18 號港島東中心 22 樓 2201 室，或傳真至 +852 2968 5111，或電郵至 hkcompliance@awac.com。