

(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	DD/MM/YYYY
<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> 死亡 (死亡日期) DD/MM/YYYY	
Circumstances /Cause 事件發生的經過 / 原因		Description of Injury /Illness 受傷 / 疾病的描述	
Reason/Diagnosis & Date First Occurred 原因/診斷及首次發生日期		Currency/Claim Amount (attach original medical report / receipt/ purchase receipt/ original birth certificate) 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)	

<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)	
Report Date 報案日期 DD/MM/YYYY	Ref. No. of Police Report 警署報案編號
Police Station and Address 警署名稱及地址	Advertising Reward / Copy of the Advertisement/ Expenses Claimed (attach receipts) 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)	
Date admitted into hospital of Pet Owner 寵物主人入院日期 DD/MM/YYYY	Date discharged from hospital of Pet Owner 寵物主人出院日期 DD/MM/YYYY
Name /Address of Hospital (attach medical certificate & receipt) 醫院名稱及地址(必須附上醫療證明書及收據)	
Name /Address of Boarding Kennel/Cattery 寵物入住之狗舍 / 貓舍名稱及地址)	
Duration of the pet camped in Kennel/ Cattery 寵物入住之狗舍 / 貓舍期間	Currency/Claim Amount (attach receipt/ invoice of Kennel/ Cattery) 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
Reason / Circumstances 意外原因及情況	Currency/Claim Amount 貨幣 / 索償金額

<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 _____ DD/MM/YYYY</p>

**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?  
以上之病症是否為慢性或長期疾病?  Yes  No  
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

## **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](mailto: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：郵寄至香港鰂魚涌太古坊華蘭路 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](mailto:hkcompliance@awac.com)。