

# Personal accident insurance claim form (for Hong Kong Baptist University student)

## 個人意外保險索償申請表 (適用於香港浸會大學學生)

Please ✓ the appropriate box and \* delete where inappropriate. 請 ✓ 適用方格及於\*號刪去不適用者

Please use blue or black ink and write clearly in **BLOCK LETTERS**. 請用藍色或黑色原子筆，用英文大楷清晰填寫資料。

### Claim submission 申請索償：

Please complete this claim form and submit it together with original medical receipts and all required supporting documents to Finance Office, Hong Kong Baptist University within 30 days following the loss. Otherwise, it may prejudice your claims under the Policy.  
請於蒙受損失後30天內填妥本表格連同醫療收據正本及一切有關文件交回香港浸會大學財務處，否則可能影響您的賠償處理。

### 1. General Information 一般資料

Claim no. (if any)

索償編號 (如有)

New submission  
新申請

Submission Date  
遞交日期

Follow-up submission  
補交申請

Submission Date  
遞交日期

Policyholder name

保單持有人姓名 (英文)

**Hong Kong Baptist University**  
**香港浸會大學**

Policy no.

保單號碼

**ZZG0004678ZC**

Insured person name (English)

受保人姓名 (英文)

Insured person gender

受保人性別

Male  
男

Female  
女

Insured person HKID card no. (first 4 digits)

受保人香港身份證號碼 (頭四位數字)

Insured person date of birth Day日 Month月 Year年

受保人出生日期

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Insured person mobile phone no.

受保人流動電話號碼

Insured person email address

受保人電郵地址

Correspondence address

通訊地址

Flat/Room

室 / 單位

Floor

樓

Block

座

Building

大廈

Estate name/No. & name of street/ Lot no.

屋苑名稱 / 街名及門牌 / 地段

District

地區

HK/KLN/NT\*

香港 / 九龍 / 新界\*

Student ID no.

學生編號

Faculty

學系

### 2. Details of accident 意外詳情

Accident Location

意外地點

Details of accident

意外發生經過詳情

Accident date and time

意外日期及時間

Day日 Month月 Year年

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Hour時 Minute分

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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AM/PM\*

上午/下午\*

## 2. Details of accident (continued) 意外詳情 (續)

Date of first consultation Day日 Month月 Year年  
首次求診日期

Was the above accident reported to the police? If yes, please provide copy of the police statement or police report.  Yes 有  
有否就上述意外報警? 如有, 請附上口供紙或警察報告副本。  No 否

Injured part(s) Medical fee (HKD) (policy excess HKD100)  
受傷部位 醫療費用 (港元) (自付額100港元)

Recovery Status [ ] Fully recovered, no need for follow up treatment 已經康復, 不須應診  
康復情況 [ ] **Not recovered, will have follow up treatment (compensation will be proceeded after fully recovered)**  
仍未康復, 須繼續應診 (於完全康復後會進行賠償手續處理)

Date of admission Day日 Month月 Year年 Date of discharge Day日 Month月 Year年  
入院日期  出院日期

## 3. Other insurance 其他保險

Are you making any other insurance claim as a result of this incident (including employee compensation, group or company medical scheme)?  
您是否正就此次損失向其他保險公司索償 (包括勞工、團體或公司醫療保險) ?

Yes, please provide the following details 是, 請提供以下資料  No 否

Name of insurance company Policy no.  
保險公司名稱 保單號碼

If you are making other insurance claims with other insurer and required to have a certified true copy of medical receipts(s) and/or medical report returned to you, please fill in the above information mark 'Request for return of certified true copy of medical receipts(s) and/or medical report.'  
如您正就此次損失向其他保險公司索償 (必須填寫以上資料) 並需取回醫療單據或 / 及醫療報告的核實副本, 請註明您的保單號碼及標題註明「需取回醫療單據或 / 及醫療報告的核實副本」作申請。

## 4. Claim items 索償項目

Please ✓ the claim item(s) and submit together with the required documents to Finance Office of HKBU. Our company may request for additional documents from insured person via Finance Office of HKBU.  
請在申請索償項目的空格內 ✓, 並連同所需之文件及此表格一併交回香港浸會大學財務處。本公司可能聯絡香港浸會大學財務處向受保人要求提供額外相關索償文件。

Claim item(s) 申請索償項目	Basic supporting documents required 索償所需的基本文件
<input type="checkbox"/> Medical expenses/ Bonesetter's fees/Broken bones benefit (applicable to specific insurance product) 醫療費用 / 跌打費用 / 骨折 (只適用指定保險產品)	<input type="checkbox"/> Original medical receipt(s) issued by registered medical practitioner/bone-setter/acupuncturists showing the insured name, diagnosis, consultation date, medical expenses and doctor's signature 註冊醫生 / 跌打或針灸師發出之醫療收據正本, 並詳列受保人姓名、診斷結果、診治日期、醫療費用及醫生簽名
<input type="checkbox"/> Accidental death or permanent disablement 意外死亡或永久傷殘	<input type="checkbox"/> Death Certificate or Presumed death proclaimed by court (disappearance case) (applicable to accidental death claim only) 死亡證或法庭假定死亡證 (失蹤事件) (只適用於意外死亡索償) <input type="checkbox"/> Certificate issued by registered medical practitioner certifying the severity of injury and percentage of disablement (applicable to permanent disability claim) 註冊醫生發出之有關傷殘程度證明書 (只適用於永久傷殘索償) <input type="checkbox"/> Police investigation report and outcome (if applicable) 警方調查報告及結果 (如適用) <input type="checkbox"/> Certified true copy of the grant of probate/Letters of Administration (applicable to accidental death claim only) 授予遺囑認證書 / 遺產管理書核實副本 (只適用於意外死亡索償) <input type="checkbox"/> Attending Physician Statement completed by the attending physician or hospital admission/discharge summary if there was hospitalization (applicable to Hong Kong public hospital only) 住院, 由主診醫生填妥的主診醫生報告或入院摘要 / 出院總結 (只適用於香港公立醫院)
<input type="checkbox"/> Additional supporting documents 額外證明文件	<input type="checkbox"/> Copy of valid student card issued by HKBU 香港浸會大學簽發的有效學生證副本 <input type="checkbox"/> Original letter issued by HKBU certify the nature, date and place of insured activities and is organized by policyholder 香港浸會大學發出的信件正本以證明受保活動的性質、日期及地點, 及由保單持有人籌劃 <input type="checkbox"/> Original incident report issue by HKBU or police report certify the occurrence of accident and injury 香港浸會大學或警察發出的事件報告以證明事故和傷害的發生

#### 4. Declaration and authorization 聲明及授權

- I/We declare that all information provided by me/us above is true and complete to the best of my/our knowledge and belief and such information is provided without reservation or withholding of any kind.  
本人 / 我們謹此聲明，以上由本人 / 我們所提供之全部資料乃據本人 / 我們所知所信屬真確及完整無誤，而本人 / 我們在提供資料方面並沒有任何保留或隱瞞。
- I/We confirm that I/we have read, understood and agreed to **Zurich Insurance Company Ltd's ("the Company") privacy policy** as described below.  
本人 / 我們確認本人 / 我們已閱讀、明白並同意以下所述**蘇黎世保險有限公司 (「貴公司」)**之私隱政策。
- I/We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I/we have been observed or treated to give full particulars about my/our health or provide the relevant report or document to the Company or its agents.  
本人 / 我們授權於任何曾替本人 / 我們作診療之醫生、醫務人員、醫院或診所提供有關本人 / 我們病歷之資料或提供有關的報告或文件予 貴公司或其代理人。
- I/We hereby further authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies etc. who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about me/us or related incidents of injury, loss or damage to the Company or its agents.  
本人 / 我們授權持有本人 / 我們投保資料、索償紀錄或任何有關資料之一方，包括但不限於警方及政府機構、航空公司、旅遊公司、保險公司等任何有關人士或組織，可以將部份或全部有關本人 / 我們是次受傷、損失或損毀相關事件等資料提供予 貴公司或其代理人。
- A photocopy of this authorization shall be considered as effective and valid as the original.  
此授權書之影印本與正本同屬有效。

#### 5. Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") 有關個人資料 (私隱) 條例 (「私隱條例」) 的客戶通知

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd ("Company")** from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group ("**Zurich Insurance Group**") for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由**蘇黎世保險有限公司 (「本公司」)**不時收集或持有的客戶 (包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人) 個人資料，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料 (例如從第三方收到的索償資料和病歷)，均可供本公司及 / 或其所屬集團 (「**蘇黎世保險集團**」) 內的公司使用作為向客戶提供服務而**必須**的用途 (否則本公司將無法為未能提供所需資料的客戶提供服務)。

Please read carefully the details of the Company's privacy policy which is made available on our website at [www.zurich.com.hk/pics](http://www.zurich.com.hk/pics) or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires.



本公司之私隱政策詳載於[www.zurich.com.hk/pics](http://www.zurich.com.hk/pics)或可透過掃描QR碼細閱。您亦可致電2968 2288與我們的客戶服務中心聯絡又或向保險中介人查詢。

Name of insured person  
受保人姓名

Signature of insured person  
受保人簽署

Day日 Month月 Year年  
Date 日期

Authorized signature and chop  
Finance Office, Hong Kong Baptist University  
香港浸會大學財務處簽署及蓋章

Day日 Month月 Year年  
Date 日期

#### Note 備注：

The claim form will be invalid if without authorized signature and chop of HKBU. For enquiries of claims, please contact Finance Office at +852 3411 7683. 此索償申請如無香港浸會大學財務處簽署及蓋章，均為無效。如有索償查詢，請致電財務處電話+852 3411 7683。

**Sub-limit for Chinese Medicine Consultation HKD 300 per visit per day, HKD3,000 aggregate per accident.**

中醫分項限額為每日一次300 港元，每宗意外總額3,000港元。

**Policy Excess for Medical Expenses : HKD100 per Accident**

醫療費用自付額：每宗意外100 港元

Zurich Insurance Company Ltd (a company incorporated in Switzerland with limited liability)  
25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

蘇黎世保險有限公司 (於瑞士註冊成立之有限公司)  
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HKBU-GPA for Student (Effective from July 2024)

