



**PERSONAL ACCIDENT AND HOSPITALIZATION INSURANCE**  
**CLAIM FORM**  
**人身意外及醫療保險賠償申請書**

保單號碼 Policy No. : \_\_\_\_\_ 保單到期日 Expire Date: \_\_\_\_\_

申請賠償人姓名  
1. Name of Claimant : \_\_\_\_\_

與被保人之關係  
2. Relationship to insured person : \_\_\_\_\_

被保人姓名 Name of insured person : \_\_\_\_\_ 身份證號碼 Identity Card No. \_\_\_\_\_

職業 Occupation : \_\_\_\_\_ 5. Sex \_\_\_\_\_ 年齡 Age \_\_\_\_\_

地址 Address : \_\_\_\_\_

電話 Tel. \_\_\_\_\_

意外發生日期 / 發現疾病日期 Date of Accident/Date of sickness first began : \_\_\_\_\_ 時間 Time : \_\_\_\_\_

10. Describe when, how and where accident happened : \_\_\_\_\_

11. Any Witness?  Yes  No

If yes, please provide us the name, address and tel. no. of the witness \_\_\_\_\_

12. Nature of Injury / Sickness : \_\_\_\_\_

13. Date of First Treatment : \_\_\_\_\_

14. Name of attending physician : \_\_\_\_\_

15. Are you insured with any other insurance company for similar benefits? If so, please give particulars : \_\_\_\_\_

本人相信本人身意外及醫療保險賠償申請書所述事實屬實，而其中所表達的意見屬實誠地持有的。  
I believe that the facts stated in this Personal Accident and Hospitalization Insurance Claim Form are true and the opinion expressed in it is honestly held.

日期 Date : \_\_\_\_\_

被保人/申請賠償人簽署 Insured Person / Signature of Claimant \_\_\_\_\_

**授權書**  
**AUTHORIZATION**

本人茲授權所有醫院，醫師及其他曾替本人診治，護理，或檢查之人士，將部份或全部有關本人傷害之醫療診斷報告及藥方等資料供給與利寶國際保險有限公司或其代表人，此授權書，如經攝成影印本，則影印本與原本俱同等之效力。

I hereby authorize any hospital, physician or other person who has attended or examined me to furnish to Liberty International Insurance Ltd. or its authorized representative any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. A Photostat copy of this authorization shall be considered as effective and valid as the original.

地區及日期  
Place and date

被保人/申請賠償人簽署  
Insured Person / Claimant Signature(s)

**ATTENDING PHYSICIAN'S STATEMENT 醫生報告**  
**(to be completed by physician 由主診醫生提供)**

Patient's Name 病人姓名: \_\_\_\_\_ Age 年齡: \_\_\_\_\_

1. Diagnosis and concurrent conditions 診斷及病人症狀: \_\_\_\_\_

2. Is present condition due to injury or sickness? 引致症狀的原因是什麼?  
\_\_\_\_\_

2. Is present condition due to pregnancy? 病人是否因懷孕引致症狀? Yes 是/ No 否

3. When did symptoms first appear or when did accident happen? 病人何時發現病徵/遇上意外?  
\_\_\_\_\_

4. When did the patient first receive your consultation about his/her present condition? 病人因上述病徵而首次就診日期  
\_\_\_\_\_

5. Nature of surgical or obstetrical procedure, if any: 如病人需要接受手術，請詳述手術性質或分娩程序  
\_\_\_\_\_  
\_\_\_\_\_

Date Performed 手術進行日期: \_\_\_\_\_

6. If hospitalized, please provide name and address of hospital: 如需住院，請提供醫院名稱及地址  
\_\_\_\_\_  
\_\_\_\_\_

7. Date of admission 入院日期: \_\_\_\_\_

8. Date being discharged 出院日期: \_\_\_\_\_

9. Commencement date of total disability 引致永久性傷殘日期: \_\_\_\_\_

Date of partial disability 引致局部/短暫性傷殘日期: From 由 \_\_\_\_\_ To 至 \_\_\_\_\_

10. Is patient still under your medical attention for this condition? 閣下是否仍為上述病人之主診醫生? Yes 是/ No 否  
If not, please advise us the cessation date of medical care 如否，請提供最後為病人診症日期 \_\_\_\_\_

Signature of Physician 主診醫生簽署: \_\_\_\_\_

Qualifications 資歷: \_\_\_\_\_

Address 地址: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

## Personal Information Collection Statement (PICS) 個人資料收集聲明

Liberty International Insurance Limited (referred to hereinafter as the "Company") recognizes its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (the "Ordinance").

### Purpose

The personal data of customers (including but not limited to policy owners, insureds and beneficiaries) collected or held by the Company may be used, stored, processed, transferred or disclosed or shared for the following obligatory purposes :-

1. Processing and determining insurance applications, insurance claims and providing ongoing insurance services;
2. Processing requests for payment and for direct debit authorization;
3. Managing, investigating and analyzing any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to subrogation rights;
4. Compiling statistics or using for accounting purposes;
5. Conducting research, insurance surveys and analysis for the purpose of product design and development;
6. Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company, its parent and affiliated companies ("Liberty Mutual Group of Companies")
7. Complying with the legitimate requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding the Liberty Mutual Group of Companies;
8. Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment;
9. Conducting identity and/or credit checks and/or debt collection;
10. Conducting medical or health reference checks for relevant insurance products; and
11. Facilitating the Company's authorized service providers to provide services to the Company and/or customers for the above purposes

Please note that if you do not provide us with your personal data, we may not be able to issue your policy, process claims or provide insurance products or services to you or process your request.

### Direct Marketing

Certain personal data of customers collected or held by the Company, in particular, names and contact information such as telephone number, email address and postal address may be used by the Company and/or the Liberty Mutual Group of Companies to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group of Companies or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group of Companies and/or other financial services providers. Please tick the box at the bottom of this PICS if you do not consent to receive such marketing communications.

In the absence of any "opt-out" request from the customer, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company's use of such personal data for this voluntary marketing purpose.

### Transfer of personal data

Your personal data held by the Company will be kept confidential but may be shared with the following parties, within or outside of Hong Kong :-

1. Any Liberty Mutual Group of Companies, or any other company carrying on insurance or reinsurance related business, or an intermediary;
2. Any agent, contractor, banker or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business;
3. Third party service providers including legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers, accountants and data processors;
4. Credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
5. Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply;
6. Any person pursuant to any order of a court of competent jurisdiction;
7. Any actual or proposed assignee of the Liberty Mutual Group of Companies or transferee of the Liberty Mutual Group of Companies' rights in respect of the policy owners;
8. Companies within the Liberty Mutual Group of Companies;
9. Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening;
10. Other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements for marketing communication if "no objection" is provided; and
11. Third party marketing service providers and insurance intermediaries for marketing communication if "no objection" is provided.

### Access and correction of personal data

According to the Ordinance, all policyholders have the right to of access to, correct and/or change any of their own personal data held by the Company by contacting the Company's Personal Data Privacy Officer at:

Liberty International Insurance Limited, 13/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong

In accordance with the Ordinance, a reasonable fee may be charged by the Company for the processing of any data access request.

Please tick here if you do not consent to receive marketing communications.

利寶國際保險有限公司（以下簡稱『本公司』）根據『個人資料（私隱）條例』（香港法例第 486 章）（以下簡稱『條例』）就收集、持有、處理，使用和/或轉移個人資料承擔有關責任。

### 目的

本公司所收集或持有的客戶個人資料（包括但不限於保單持有人，受保人及受益人），可能會使用、存儲、處理、轉移、或披露或分享致以下各強制性的目的：-

1. 處理和確定保險申請書、理賠，及持續提供保險服務；
2. 處理付款事宜和直接付款授權書；
3. 管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟，以及行使本公司根據保險條款賦予的權利，包括但不限於代位權；
4. 從事統計資料或用於會計事務；
5. 從事研究、保險調查及開發產品和設計之分析；
6. 履行任何對本公司、母公司和附屬公司（『利寶互助保險集團公司』）具有約束力的本地或海外法律、法規、守則或指引之披露要求；
7. 遵守香港特別行政區的法院命令和包括但不限於保監處，香港保險業聯會，核數師，政府機構和政府成立之相關監管機構對利寶互助保險集團公司具有約束力的合法要求；
8. 協助本公司的實質或建議受讓人評估有關之轉讓交易；
9. 從事核實身份和/或信貸審查和/或追收債務；及
10. 為相關保險產品進行具參考用途之醫療或健康調查；
11. 協助本公司所授權之服務供應商向本公司和/或客戶提供上述目的之服務；

如閣下不向我們提供個人資料，我們未必能夠簽訂保單、處理索償、提供保險產品、服務或處理您的要求。

### 直接營銷

本公司所收集或持有的客戶個人資料，特別是姓名和聯繫資料，如電話號碼、電子郵件地址和郵政地址，可能會用以提供本公司和/或利寶互助保險集團的公司的營銷材料，並進行有關本公司、利寶互助保險集團公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動（包括但不限於通過電子或其他手段促銷，推廣或銷售本公司、利寶互助保險集團公司或聯營公司有關保險或財務或投資產品或服務）。如果你不同意接收有關直銷通訊，請於本個人資料收集聲明下方  標上  號。

如保客戶沒有“選擇退出”的要求，其保險申請書及於本公司持有之保單持續生效將被視為不反對本公司將其個人資料使用於此自願性的營銷目的。

### 個人資料之轉移

本公司所持有的個人資料將予以保密，但可能會與以下香港境內或境外人士分享：-

1. 任何利寶互助保險集團公司，或任何其他從事與保險或再保險業務有關的公司，或中介人；
2. 任何為本公司業務操作提供行政，電訊、電腦、付款、銀行或其他服務的代理人、承包商、銀行或第三方服務供應商；
3. 第三方服務供應商包括法律顧問、調查員、公証行、再保險公司、醫療和康復顧問、緊急救援公司、網絡醫生集團、醫療意見顧問、測量師、專家、維修人員、會計師和數據處理員；
4. 信貸資料服務機構，在違約情況下，任何債務追收機構或辦理索償理賠或調查服務公司；
5. 本公司或任何聯營公司在遵守由政府，監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士；
6. 根據有司法管轄權的法院命令受權之任何人士；
7. 利寶互助保險集團公司的實質或建議受讓人或利寶互助保險集團公司與保單持有人相關權利的承讓人；
8. 利寶互助保險集團公司旗下的公司；
9. 為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商；
10. 如保客戶沒有“選擇退出”的要求，與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途；及
11. 第三方營銷服務供應商和保險中介機構作為直銷通訊用途。

### 查閱及更正個人資料

根據條例的規定，所有保單持有人可聯絡本公司之個人資料私隱主任查閱、更正和/或更改自己的個人資料：

利寶國際保險有限公司，香港鯉魚涌華蘭路 25 號，栢克大廈 13 樓

根據條例的規定，本公司在處理個人資料查閱申請時可向客戶收取合理的費用。

如你不同意接收有關直銷通訊，請標上  號

中文版本只供參考，一切以英文版本為準

**Insured Person's Signature 被保人簽署：**

(with company chop if applicable)  
(若以公司名義投保，請附加公司蓋印)

\_\_\_\_\_

**Date 日期:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
D 日 M 月 Y 年

**Claimant's Signature 申請賠償人簽署 / Beneficiary's Signature 受益人簽署:**

\_\_\_\_\_

**Date 日期:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
D 日 M 月 Y 年