

Pet Insurance Claim Form 寵物保險賠償申請表

Please send the completed claim form to claims.hk@bolttechinsurance.com
請將填妥的理賠表格發送至 claims.hk@bolttechinsurance.com

It is important that a complete answer be given to every applicable question. If insufficient space is provided for your answers, please continue on a separate sheet.
請詳細填報表格上每一個適用的項目。如空位不足，請自備補充頁填寫。

Policy number 保單號碼	Name of Agent 保險代理人
Completed Claim Form must be given to the Company within 30 days from the date of incident giving rise to such claim (applicable to All Sections, except Third Party Liability) 請於事故發生後三十天內填妥此申請表並交回本公司 (適用於所有保障項目，第三者責任保障除外)	Third Party Liability 第三者責任 You should notify the Company immediately for Third Party Liability claim. You must not make any admission, offer or promise of payment or any compensation without the Company's prior written consent. 如有第三者責任索償，閣下必須盡快通知本公司。在沒有獲得本公司書面同意的情況下，不得作出任何承認，提議，承諾付款或賠償。

Part One 第一部份

A. Policyholder's Information 保單持有人資料

Name of policyholder 保單持有人姓名 _____	Occupation 職業 _____
Correspondence address# 通訊地址 # _____	
Tel no.# 電話 # _____	Fax no.# 傳真號碼 # _____
E-mail address# 電郵地址 # _____	

For the use of this claim only 只限於此索償之用

B. Particulars of Insured Pet 受保寵物資料 (Please tick the following boxes, if appropriate 請選擇適當項目)

Name of the insured pet 受保寵物名稱 _____
Species 種類: <input type="checkbox"/> Dog 狗 <input type="checkbox"/> Cat 貓
Microchip no. 晶片號碼 _____ Age 年齡 _____
Colour 顏色 _____

C. Claimed Items 索償項目 (Please tick the appropriate item(s) 請選擇適當項目)

Medical Coverage Benefit 醫療保障 <input type="checkbox"/>	Third party liability benefit 第三者責任保障 <input type="checkbox"/>	Funeral Service Benefit 身故服務保障 <input type="checkbox"/>
Holiday Cancellation Benefit 假日行程取消保障 <input type="checkbox"/>	Advertising Expenses Benefit 廣告費用保障 <input type="checkbox"/>	Overseas Cover Benefit 海外保障 <input type="checkbox"/>

D. Incident 事件詳情

Date and time of incident

事發日期及時間 _____

Place of incident

發生事故之地點 _____

Detailed description of illness / injury / incident (cause and manner)

詳述疾病 / 受傷 / 事件經過 _____

Who took care of the pet at the material time of the incident 事發時，由誰人照顧受保寵物？ _____

Relationship with policyholder 與保單持有人關係 _____

Amount claimed for benefit of "Medical Coverage / Funeral Service / Holiday Cancellation / Advertising Expenses" (HK\$)

「醫療保障 / 身故服務 / 假日行程取消 / 廣告費用」保障的索償金額 (港幣) _____

E. Third Party Liability 第三者責任 : Bodily Injury / Property Damage 身體受傷 / 財物損毀

You should notify immediately for the following claim and do not make any admission, offer or promise of payment or any compensation without the Company's prior written consent. Any third party correspondence, summons or writs should be forwarded to the Company immediately unanswered.

以下索償閣下必須盡快通知本公司。在沒有獲得本公司書面同意的情況下，不得作出任何承認，提議，承諾付款或賠償。對於任何第三者之通告，傳票或書面命令，請不要回覆，並立即交回本公司處理。

(Please tick the following boxes, if appropriate 請選擇適當項目)

Nature of incident 事件性質 Bodily injury 身體受傷 Property damage 財物損毀

Name of injured pet/ person/ property owner

受傷寵物 / 傷者 / 物主姓名 _____

Age

年齡 _____

Sex

性別 _____

Nature & extent of injuries/ damage

受傷 / 損毀性質及程度 _____

Has any third party claimed?

第三者有否要求賠償？

Yes/No*

有 / 沒有 *

If Yes, what is the amount? 如有，要求賠償金額若干？ _____

Has the Policyholder/anyone admitted liability to the third party?

保單持有人 / 任何人有否向第三者承認責任？

Yes/No*

有 / 沒有 *

If Yes, who admitted?

如有，誰人承認？ _____

How?

什麼方式？ _____

Has it been reported to Police? 有否向警方報案？

If yes, Police Report No. 如有，報案編號 _____

Yes/No*

有 / 沒有 *

Particulars of Eye Witness 目擊証人資料

Name

姓名 _____

Tel. no.

電話號碼 _____

Address

地址 _____

*Please delete whichever is inapplicable 請刪去不適用者

Other Insurance or Compensation 其他保險或賠償

Is/Are any other insurance policy (ies) covering the expenses involved? Yes/No*
上述項目是否受保於其他保險合約? 是 / 否 *

If YES, please provide the following information 如是，請提供以下資料：

Name of Insurance Company 保險公司名稱

Class of insurance 保險種類 _____ Policy no. 保單號碼 _____

Amount claimed 索償金額 _____ Currency 貨幣 _____

*Please delete whichever is inapplicable 請刪去不適用者

Declaration 聲明

I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.



本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



Signature of policyholder
保單持有人簽署

H.K.I.D. Card no.
香港身份證號碼

Date
日期

Name of policyholder
保單持有人姓名

Claim Documents 索償文件	
<p>Claim documents to be submitted to the Company must include, but are not limited to the following documents. The Company may reasonably further request you to provide supplementary information or evidence. For details of the Claims Conditions, please refer to the Terms and Conditions of the Policy.</p> <p>閣下須提交包括但不限於以下列明的索償文件予本公司。本公司可能會在合理的情況下要求閣下提供補充資料及證明。有關詳細索償條件，閣下可參閱保單條款及細則。</p>	
<p>Section 1: Medical Coverage (include Overseas Cover) 第一節：醫療保障 (包括海外保障)</p>	<p>Original itemised invoice and receipt with diagnosis stated for medical expenses and veterinarian certificate (i.e. Part Two of claim form) 列明診斷結果及載有費用分項的醫療賬單，收據正本及獸醫證明 (即賠償申請表第二部份)</p> <ul style="list-style-type: none"> ▪ Please ensure that the following information is contained in the receipt: 收據必須包括以下資料： ▪ Name and Microchip number of the insured pet 受保寵物姓名及晶片號碼 ▪ Diagnosis of the insured pet 受保寵物的診斷結果 ▪ Veterinary Consultation and Itemised Prescribed Medication Fee 獸醫診金及每項處方藥物費用 ▪ Signature of the Vet with Company Chop of the Veterinary Facility 獸醫簽署及所屬獸醫診所的公司蓋印
<p>Section 2: Third Party Liability (include Overseas Cover) 第二節：第三者責任 (包括海外保障)</p>	<p>Police report or copy of statement to police (if any), and letter of claim from third parties 警方報告或警方口供記錄副本 (如有)、及第三者索償文件</p> <p>Please do not make any admission, offer or promise of payment or payment without the Company's prior written consent 在沒有獲得本公司書面同意的情况下，不得作出任何承認、提議、承諾付款或付款。</p> <p>Any third party correspondence, summons or writs should be forwarded to the Company immediately unanswered 對於任何第三者的通告、傳票及書面命令，請不要回覆，並立即提交本公司，以便處理</p>
<p>Section 3: Funeral Service (include Overseas Cover) 第三節：身故服務 (包括海外保障)</p>	<p>Original receipt for the expenses of cremation, funeral service and / or handling charges from the Veterinarian or funeral service provider 火化、身故服務費用及 / 或獸醫或殮葬服務提供者的手續費收據正本</p>
<p>Section 4: Holiday Cancellation 第四節：假日行程取消</p>	<p>Veterinarian's confirmation to certify the insured pet required emergency life-saving surgery 由獸醫發出受保寵物須接受緊急且與生死攸關手術的證明</p> <p>Original travel tickets, receipts, and agreements relevant to the claim and documentary proof of trip cancellation or curtailment with non-refundable amount 交通票據、收據及協議書及列明不獲退回之款項的旅程取消或縮短旅程之證明文件正本</p>
<p>Section 5: Advertising Expenses 第五節：廣告費用</p>	<p>Police report or copy of statement to police 警方報告或警方口供記錄副本</p> <p>Original receipt for the cost of advertising for finding the stolen / lost insured pet in the local newspaper, magazine or mass media 因受保寵物失竊 / 失蹤而涉及的本地報章、雜誌或大眾傳媒刊登尋找廣告的費用收據正本</p>
<p>Section 6: Overseas Cover 第六節：海外保障</p>	<p>In addition to the above, please provide travel record for you or your family and the insured pet 除上述文件外，請同時提供閣下或閣下家屬及受保寵物的外遊記錄</p>

Part Two 第二部份

A. Veterinarian Certificate 獸醫證明

(To be completed by Veterinarian at the expense of the Policyholder 由獸醫填寫，所需費用由保單持有人承擔。)

Particulars of the Insured Pet	
Name of the pet	Microchip No
Name of Pet Owner	

Information about Illness / Injury / Death of the Insured Pet

Date of consultation/cervice	Nature of diagnosis	Treatment / Operation
Confinement (Brief discharge summary, including treatments, examinations and results)		Period of Confinement
		From (dd/mm/yy) : To (dd/mm/yy) :
Cause of Death (please state reason if euthanasia)		Date of Death:

Breakdown of treatment costs for each condition (HK\$)

Consultation \$	Medication \$
Room and Board \$	Surgery \$
X-Ray & Laboratory \$	Anaesthesia \$
Euthanasia \$	Dentistry \$
Vaccination \$	Food \$
Vitamins/ Supplements \$	Others (please specify) \$
	Total \$

- With respect to the insured pet, how long has this pet owner been a client of your clinic?
 Less than 6 months More than 6 months
- Have any conditions or symptoms occurred previously which are related to the above illness/ injury/ death of the insured pet?
 No Yes, please give dates (dd/mm/yy): _____
- According to your record of the insured pet, how long were the symptoms present before the first consultation? _____
- Is the treatment received by the insured pet likely to be ongoing? No Yes
- Is any condition specified above of a congenital or hereditary nature? No Yes
- Was the treatment / operation rendered to the insured pet regarded as an emergency life saving measure?
 No Yes

Declaration of the Veterinarian

I hereby declare that the information and particulars stated as above are true, correct, accurate and to the best of my Knowledge and belief.

Signature of veterinarian (with company chop of the veterinary facility)	Date : (dd/mm/yy)
Name of Veterinarian	

Personal Information Collection Statement (“PICS”) 收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited’s (the “Company”) PICS. You can also request a copy of the PICS by calling the Company’s Customer Service Hotline at 3123 3344.

請掃描以下二維碼查看保特保險(香港)有限公司(「本公司」)的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



English



中文