

## Easy Pet Care Insurance Claim Form 毛孩簡易保險賠償申請表

Please send the completed claim form to [claims.hk@bolttechinsurance.com](mailto:claims.hk@bolttechinsurance.com)  
請將填妥的理賠表格發送至 [claims.hk@bolttechinsurance.com](mailto: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 _____
Breed 品種 _____

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

Medical coverage benefit <input type="checkbox"/> 醫療保障	Third party liability benefit <input type="checkbox"/> 第三者責任保障
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**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" (HK\$)

「醫療保障」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 &amp; 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

**F. 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

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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

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.

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>Section 1: Medical coverage 第一節：醫療保障</p>	<p>Copy of microchip implant record or vaccination record showing the name and microchip number of the insured pet 列明受保寵物姓名及晶片號碼的晶片植入記錄或疫苗接種記錄副本</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"> <li>• Please ensure that the following information is contained in the receipt: 收據必須包括以下資料：</li> <li>• Name and Microchip number of the insured pet 受保寵物姓名及晶片號碼</li> <li>• Diagnosis of the insured pet 受保寵物的診斷結果</li> <li>• Veterinary Consultation and Itemised Prescribed Medication Fee 獸醫診金及每項處方藥物費用</li> <li>• 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</li> </ul>
<p>Section 2: Third party liability 第二節：第三者責任</p>	<p>Copy of microchip implant record or vaccination record showing the name and microchip number of the insured pet 列明受保寵物姓名及晶片號碼的晶片植入記錄或疫苗接種記錄副本</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況下，不得作出任何承認、提議、承諾付款或付款。</p> <p>Any third party's 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>

## 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/service	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) \$
	<b>Total \$</b>

- 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