

# Group Insurance – Accidental Disablement Claim Form

## 團體保險 - 意外失肢賠償申請表




**Part I** (to be completed by Insured / Claimant) **甲部** (由被保人或申請人填寫)

### A. Insured's Particulars 被保人資料

Policy No. 保單編號	Certificate No. 証書編號		
Insured's Name 被保人姓名	ID No. 身份証編號	Sex 性別	Age 年齡
Employer's Name 僱主名稱	Mailing Address 通訊地址		

### B. Accident Particulars 意外詳情

1. When & Where did the accident occur? 意外何時及何地發生?
2. How did the accident occur? 意外發生經過?
3. Part of body injured(e.g. left ankle etc.) 受傷部位(如左腳踝)

### C. Treatment Particulars 治療詳情

Details of hospitals confined or physicians consulted for the injury (Please attach discharge note) 請列出此次意外受傷而就診之醫生或醫院詳情(請呈交出院証明書)		
Name of Physician(s) &/or Hospital 醫生 / 醫院名稱	Address(es) 地址	Date of Consultation(s) &/or Period of Confinement(s) 就診 / 住院日期

### D. Declaration and Authorization 聲明及授權

I HEREBY DECLARE AND AGREE THAT:

- The answers to all the above questions are complete, true and accurate and are given to the best of my knowledge and belief;
- Any personal data concerning myself or the Insured (if different) collected and held by the Company may be used, stored, disclosed and transferred (whether within or outside Hong Kong) to such individual/organization associated with the Company. These include reinsurers, claims investigators and industry associations / federations for the purposes of (i) underwriting and evaluating this application; (ii) dealing with any matters arising from any policy issued pursuant to this application; (iii) providing all services related to this application; (iv) any promotion of financial products and services by the Company and its affiliated companies and (v) communicating with me or the Insured (if different) for such purpose.
- I understand that I have or the Insured (if different) has the right to request access to and, following such access, to request correction (if appropriate) of any personal Information concerning myself or the Insured (if different) held by the Company or be given reasons for any refusal of access. I also understand that the Company has the right to charge a reasonable fee for process of any access. (Note: Any request for access or correction can be made in writing and addressed to the head of Claims Department at 1/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong.)

本人謹此聲明並同意:

- 上述所有問題的答案均是完整、真實及準確，並且是盡本人所知及所信而作答的；
- 由公司收集及持有本人或被保人（如有不同）的任何個人資料，可使用、儲存、透露及轉予（無論本港或海外）公司有關聯的人仕／或機構團體，包括再保公司、賠償調查員及保險業協會／聯盟，以作為（i）承保及評估本申請；（ii）處理本人申請所發出的任何保單引起的任何事件；（iii）提供有關本申請的所有服務；（iv）任何公司及其附屬公司之財經計劃商品及服務之推廣活動；以及（v）因上述目的與本人或被保人（如有不同）聯絡。
- 本人明白，本人或被保人（如有不同）有權要求查閱及於查閱後有權要求更正（如適當時），公司所持有之有關本人或被保人（如有不同）的任何個人資料，或獲得任何拒絕查閱的理由；本人亦明白公司有權就處理任何查閱資料的要求，收取合理費用。（注意：任何查閱及更正要求可以書面方式寄往香港中環德輔道中 308 號富衛金融中心 1 樓賠償部收。）

I hereby authorize or authorize on behalf of the Insured (if different):

- any registered medical practitioner, hospital, clinic, insurance company, government institution or other organization that has record or knowledge of my or the Insured's (if different) health and medical history or any treatment or advice or that has been or may hereafter be consulted to disclose to the Company such information as required by the Company in relation to this claim; and
- the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and test to evaluate my or the Insured's health status in relation to this claim.

本人在此授權或代表被保人（如有不同）授權:

- 當公司有需要時，公司可要求持有或瞭解本人或被保人（如有不同）的健康、及醫療記錄；或任何治療或忠告或會向其求診之任何註冊醫生、醫院、診所、保險公司、政府機構或其它團體透露有關被保人資料。
- 公司或公司許可的醫療人員或化驗所，就本賠償申請，進行必要的醫學評估及測試，以評估本人或被保人的健康狀況。

(Note: This authorization shall bind my or the Insured's successors and assigns and remain valid notwithstanding my or the Insured's death or incapacity in so far as legally possible. A photocopy of this Authorization shall be as valid as the original.)

(注意：本授權對本人或被保人的承繼人或轉讓人均有約束力，並且如法律上可行時，不論本人或被保人死亡或失去行為能力，本授權仍然有效，本授權的影印本與正本同樣有效。)

**Data Protection** – The Company has appointed a Data Protection Officer to handle any enquiries relating to your personal information. If you would like to obtain a copy of the FWD Life Insurance Co (Bermuda) Ltd Personal Data Policy and Practices, please write to the Corporate Data Protection Officer at 1/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong.

資料保護 – 公司已委派一位資料保護主任，處理有關閣下個人資料的任何書面查詢。如閣下對資料保護有任何查詢，請來信寄香港中環德輔道中 308 號富衛金融中心 1 樓，富衛人壽保險(百慕達)有限公司資料保護主任收。

Date : \_\_\_\_\_ Signature of Claimant : \_\_\_\_\_  
日期 : \_\_\_\_\_ 申請人簽署 : \_\_\_\_\_  
Relationship : \_\_\_\_\_  
與被保人關係 : \_\_\_\_\_

### E. For Adviser's Use Only 理財顧問專用

Adviser Name 理財顧問姓名	Adviser Code & Location 理財顧問編號及地區
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