

Pet Insurance
(寵物保險)保險賠償申請表



Pet Insurance Claim Form [寵物保險]保險索償申請表

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)
請於事故發生後之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)

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.

如有以下索償閣下必須盡快通知本公司並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。

Third Party Liability 第三者責任

Policy Number 保單號碼

Name of Agent 保險代理人

Part One 第一部份

Policyholder / Insured's Information 保單持有人/受保人資料

Name of Policyholder 保單持有人姓名 _____ Occupation 職業 _____
Correspondence Address 通訊地址 _____
Tel No. 電話號碼 _____ Fax No. 傳真號碼 _____ E-mail Address 電郵地址 _____

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: Dog 狗 Cat 貓

Microchip No. 晶片號碼: _____ Age 年齡: _____ Colour 顏色: _____

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 Third Party Liability Benefit 第三者責任保障 Funeral Service Benefit 身故服務保障
 Holiday Cancellation Benefit 假日行程取消保障 Advertising Expenses Benefit 廣告費用保障 Overseas Cover Benefit 海外保障

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 _____

Detail 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 Incident? 事發時, 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) _____

Third Party Liability 第三者責任：Bodily Injury / Property Damage 第三者身體受傷 / 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並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/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 the third party claimed? 第三者有否要求賠償? No 沒有 Yes 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? No 沒有 Yes 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? No 沒有 Yes 有 Police Report No. 報案編號 _____

Any other insurance covering this incident? 有否其他保險承保是次事件? No 沒有 Yes 有 If yes, please provide the following details. 如有請提供詳情 _____

Name of insurance company 保險公司名稱 _____ Policy No 保單編號 _____ Benefit Type 保障類別 _____

Particulars of Eye Witness 目擊証人資料

Name 姓名 _____ Tel. No. 電話號碼 _____ Address 地址 _____

Authorisation and Declaration 授權及聲明

I/We hereby authorise any veterinary facility, veterinarian, authority, or any third party to disclose to FWD General Insurance Company Limited ("the Company") or its authorized representative, any and all information with respect to the medical history of the insured pet, my/our loss or police statement made relevant to the insured pet and the like for the purpose of assessing my/our claim request(s). A photocopy of this authorisation shall have the same effect as the original.

本人/我們謹此授權任何獸醫診所、獸醫、有關機構或任何第三方，向富衛保險有限公司(「貴公司」)或其授權代表提供任何或所有有關受保寵物的病歷、本人就有關受保寵物引起之損失、口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

本人/我們謹此聲明，上述所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此賠償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人/我們明白此索償表格之發出及填妥並不代表貴公司確認責任或保證賠償。

I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.

本人/我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。

Signature of Policyholder 保單持有人簽署 _____ HKID no. 香港身份證號碼 _____

Name of Policyholder 保單持有人姓名 _____ Date 日期 _____

(dd/mm/sy 日/月/年)

Part Two 第二部份

Veterinarian Certificate 獸醫證明

(To be completed by Veterinarian at the expenses 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) \$
	Total \$

1. 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

2. 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): _____

3. According to your record of the insured pet, how long were the symptoms present before the first consultation : _____

4. Is the treatment received by the insured pet likely to be ongoing? No Yes

5. Is any condition specified above of a congenital or hereditary in nature? No Yes

6. Was the treatment / operation rendered to the insured pet regarded as an emergency life saving measures? No Yes

Declaration of the Veterinarian

I hereby declare the information and particulars stated as above to be 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	

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致本公司。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 (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> <p>- Please ensure the following information are contained in the receipt: 收據必須包括以下資料：</p> <ul style="list-style-type: none">- 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>