

# Personal accident and medical insurance claim form

## 個人意外及醫療索償申請表



Enquiry no. 查詢電話 : +852 2903 9388 Fax 傳真 : +852 2968 1660 Email 電郵 : claims@hk.zurich.com

Please tick the appropriate box and \* delete where inappropriate. 請 ✓ 適用方格及於\*號刪去不適用者

### Claim submission 申請索償 :

- If you are applying for a medical claim, please settle the payment before submit this claim, and be reminded to obtain the documents from your hospital before discharge. 如 閣下申請醫療索償, 請先繳付後索償, 並在出院前向醫院索取所需文件。
- You are responsible for the cost of requesting the medical report(s). 閣下需要自行承擔醫療報告之相關費用。
- If you receive treatment at a Hong Kong public hospital, please keep the Discharge Slip before you leave the hospital and submit it to our company. 如 閣下在香港公立醫院接受治療, 請於出院前索取出院紙, 並於申請索償時一併提交。

Claim should be submitted within 30 days from the date of incident through the following channels: 索償必須於事故發生後30日內經以下方法申請 :

- 1. Personal accident 個人意外** visit eClaim platform [www.zurich.com.hk/eclaim/en](http://www.zurich.com.hk/eclaim/en)  
透過e索償平台 [www.zurich.com.hk/eclaim/](http://www.zurich.com.hk/eclaim/) 遞交 ;
- 2. Individual medical 個人醫療** applicable to i) Hospital cash benefit or ii) Surgical cash benefit under "i-Gen" plan  
scan the QR code to download "Zurich HK" mobile app to submit  
只適用於「i-世代」i) 住院現金保障 或 ii) 手術現金保障  
掃描二維碼下載「Zurich HK」手機應用程式遞交



Apart from the above submission channels, you can also complete this claim form, together with supporting document(s) submit to us via email or post.

除了以上途徑, 您亦可以填寫此索償申請表, 連同證明文件電郵或郵寄給我們。

Email 電郵 : [claims@hk.zurich.com](mailto:claims@hk.zurich.com)

Address: Zurich Insurance Company Ltd, Claims Department, 26/F, One Island East, 18 Westlands Road, Island East, HK.

地址 : 香港港島東華蘭路18號港島東中心26樓蘇黎世保險有限公司賠償部

New claim 新索償  Existing claim / submit supporting document(s) 已提交的索償 / 提交補充資料

Claim no. 索償編號 : \_\_\_\_\_

(Do not need to fill in personal details if there is no update of relevant information 如個人及聯絡人資料沒有更新, 可省略填寫該部份)

### 1. General Information 一般資料

Policyholder name

保單持有人姓名 (英文)

Policy no.

保單號碼

Insured name

受保人姓名 (英文)

Insurance agent/broker name (if any)

保險代理 / 經紀姓名 (如適用)

Insured occupation

受保人職業

Insured sex

受保人性別

Male

男

Female

女

Insured HKID card no./Passport no.\*

受保人香港身份證 / 護照號碼\*

Insured date of birth

受保人出生日期

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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Contact mobile phone no.

聯絡人流動電話號碼

Contact person email address

聯絡人電郵地址

Contact person

correspondence address

聯絡人通訊地址

Flat/Room\*

室 / 單位\*

Floor

樓

Block

座

Building

大廈

Estate name/No. & name of street/Lot no.\*

屋苑名稱 / 街名及門牌 / 地段\*

District

地區

HK/KLN/NT\*

香港 / 九龍 / 新界\*

We will send you the claim acknowledgement and claim settlement notification by SMS and/or email according to the above information. Our company may contact you by email to obtain additional information to process your claim, if necessary. If you would like to change the communication channel to mail, please ✓ the box below. If you have an insurance agent/broker, our company will contact you via insurance agent/broker.

本公司根據以上填寫的資料, 以電話短訊及 / 或電郵發送確認索償申請通知及賠款通知。

如有需要, 本公司將以電子郵件方式聯絡 閣下獲取更詳細資料, 以處理 閣下的索償申請; 如 閣下想改用以郵件方式聯絡 閣下, 請✓以下方格: 如 閣下有保險代理 / 經紀, 本公司將透過保險中介人 / 經紀聯絡閣下。

By mail 以郵件方式聯絡

## 1. General Information (continued) 一般資料 (續)

Are you making any other insurance claim as a result of this incident (including employee compensation, group or company medical scheme)?

閣下是否正就此次損失向其他保險公司索償 (包括勞工、團體或公司醫療保險) ?

Yes, please provide the following details  
是，請提供以下資料

No  
否

Name of insurance company

保險公司名稱

Policy no.

保單號碼

Type of coverage

保障類別

Medical expenses  
醫療費用

Hospital cash  
住院現金

Other  
其他

If you need to have a certified true copy of medical receipts(s) and/or medical report returned, please ✓ the box and our company will return the certified true copy to you.

如閣下需取回醫療單據或/及醫療報告，請於空格內✓，我們將會退回其核實副本

Medical receipt(s)  
醫療單據

Medical report(s)  
醫療報告

## 2. Payment method 賠償支付方式

**By direct debit (Please provide below bank details and copy of ATM card or bank book for the payment arrangement.)**  
銀行轉帳 (請提供銀行卡副本或存摺作收取索償款項之用。)

Policyholder bank account name

保單持有人的銀行戶口姓名 (英文)

Bank name  
銀行名稱

HSBC  
匯豐銀行

Standard Chartered Bank  
渣打銀行

Hang Seng Bank  
恒生銀行

Bank of China (HK)  
中國銀行 (香港)

Other bank, please specific  
其他銀行

Bank code

銀行編號

Branch code

分行編號

Account no.

帳戶號碼

Bank account no.

銀行帳戶號碼

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- If the claim amount is higher than HKD 100,000, we will issue cheque and post to the postal address of the contact person.  
如賠償金額多於100,000港元，本公司會改發支票並郵寄至聯絡人通訊地址。
- Your bank may charge you additional transfer fee if you selected Other bank.  
如選擇「其他銀行」，閣下之銀行有機會收取額外轉帳費用。
- If you are our commercial customer, we will issue cheque and post to your intermediary.  
如閣下是商業客戶，本公司會改發支票並郵寄至閣下的保險代理或經紀。
- If the above fields are blanked / incorrect, we will issue cheque and post to the postal address of the contact person.  
如上述所填寫的銀行轉帳資料全留白或有誤，本公司會改發支票並郵寄至聯絡人通訊地址。
- If the Insured is below the age of 18, please provide his/her guardian's bank information and relationship proof.  
如受保人未滿18歲，請提供他/她監護人之銀行資料及提交關係證明。

**By cheque**  
支票

The cheque will be issued according to the name of the policyholder. If you have an insurance agent/broker, we will mail the cheque to your insurance agent/broker.

支票將根據保單持有人姓名發出，如閣下有保險代理/經紀，本公司將郵寄支票至閣下的保險代理/經紀。

## 3. Claim items 索償項目

Please ✓ the claim item(s) and submit together with the required documents to our company. Our company may request for additional documents. 請在申請索償項目的空格內✓，並連同所需之文件及此表格一併交回本公司。本公司可能要求提供額外相關索償文件。

Claim item(s) 申請索償項目	Fill in section(s) 填寫部分
<input type="checkbox"/> Medical expenses caused by accident 意外醫療費用	<ul style="list-style-type: none"><li>• 4. Details of injury and sickness (Part I) 傷病詳情 (第一部分)</li><li>• 5. Hospitalization or surgery claim (if applicable) 住院或手術索償 (如適用)</li><li>• Supplemental document 2. Attending physician statement (If applicable) 補充文件二·主診醫生報告 (如適用)</li></ul>
<input type="checkbox"/> Personal accident or permanent disability 意外死亡或永久傷殘	<ul style="list-style-type: none"><li>• 4. Details of injury and sickness (Part I) 傷病詳情 (第一部分)</li><li>• 5. Hospitalization or surgery claim 住院或手術索償</li></ul>
<input type="checkbox"/> Surgery or hospitalization medical fees 手術或住院醫療費用	<ul style="list-style-type: none"><li>• Supplemental document 2. Attending physician statement 補充文件二·主診醫生報告</li></ul>
<input type="checkbox"/> Hospital cash or Surgical cash (applicable to specific insurance product) 住院現金或手術現金 (只適用指定保險產品)	<ul style="list-style-type: none"><li>• 4. Details of injury and sickness (Part I or II) 傷病詳情 (第一或第二部分)</li><li>• 5. Hospitalization or surgery claim 住院或手術索</li><li>• Supplemental document 2. Attending physician statement 補充文件二·主診醫生報告</li></ul>

### 3. Claim items (continued) 索償項目 (續)

<input type="checkbox"/>	Income benefit (applicable to specific insurance product) 入息保障 (只適用指定保險產品) The insured does not have to wait until full recovery and discharge before making any claim for income benefit if his/her claim hereunder exceeds two weeks. 索償入息保障超過兩星期者，無須等候受保人完全康復及出院後才申請賠償	<ul style="list-style-type: none"><li>4. Details of injury and sickness (Part I) 傷病詳情 (第一部分)</li><li>5. Hospitalization or surgery claim 住院或手術索償</li><li>Supplemental document 1. Employer-approved sick leave certificate 補充文件一·僱主認可的病假證明書</li><li>Supplemental document 2. Attending physician statement 補充文件二·主診醫生報告</li></ul>
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### 4. Details of injury and sickness 傷病詳情

**Part I : Outpatient or hospitalization claims due to accident**  
第一部分：由意外引致的門診或住院索賠

Accident Location 意外地點	Details of accident 意外發生經過
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Accident date and time 意外日期及時間	
Day日 Month月 Year年 Hour時 Minute分 AM/PM* 上午/下午*	

Was the above accident reported to the police? If yes, please provide copy of the police statement or police report.  
有否就上述意外報警？如有，請附上口供紙或警察報告副本。

Yes 有  No 否

Injured part(s) 受傷部位	Medical fee (HKD) 醫療費用 (港元)
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Do you need to attend follow up treatment or consultation?  
是否需要繼續接受治療或覆診？

Yes 是  No 否

If Yes, please specify how long will the treatment last or follow up consultation date  
如是，請列明是次意外之療程還需要多久或覆診日期

**Part II : Outpatient or hospitalization claims due to illness**  
第二部分：由疾病引致的門診或住院索賠

Date of symptom(s) first appeared 首次出現病徵的時間	Day日 Month月 Year年	Symptom(s) before admitted to hospital/consultation 入住醫院 / 求診前的病徵
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Date of first consultation 首次求診日期	Day日 Month月 Year年	Diagnosis 疾病的診斷結果
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Do you need to attend follow up treatment/consultation?  
是否需要繼續接受治療 / 覆診？

Yes 有  No 否

If Yes, please specify how long will the treatment last or follow up consultation date 如是，請列明是次意外之療程還需要多久或覆診日期	Medical fee (HKD) 醫療費用 (港元)
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### 5. Hospitalization or surgery claim (If applicable) 住院或手術索償 (如適用)

Name of hospital/medical provider 醫院 / 提供醫療服務機構名稱	Symptoms before hospitalization 入院前之病徵
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How long had you been having these symptoms 受保人發現病徵多久	What treatments had been performed relating to these symptoms 請列明是次疾病接受之治療
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Final diagnosis 疾病診斷結果	Date of surgery 手術日期	Day日 Month月 Year年
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## 5. Hospitalization/surgery claim (If applicable) (continued) 住院或手術索償 (如適用) (續)

Date of admission 入院日期  
Day日 Month月 Year年  
D D M M Y Y Y Y

Date of discharge 出院日期  
Day日 Month月 Year年  
D D M M Y Y Y Y

First consultation doctor's name  
首次就診醫生姓名

Hospital addressor service provider name and address  
醫院或服務提供者名稱及地址

Name of the doctor of recommending admission to hospital  
建議入院的醫生姓名

Hospital addressor service provider name and address  
醫院或服務提供者名稱及地址

Name of the doctor of consulted for the same sickness/accident  
過往就同樣病症 / 意外曾求診的醫生姓名

Hospital addressor service provider name and address  
醫院或服務提供者名稱及地址

Room type 房間類別  
 General 普通病房  Semi-private 半私家房  Private 私家房  Any class higher than the private ward category 任何收費高於私家病房類別

Room preference 房間選擇  
 Own decision 自願  Involuntary upgrade, please state the reason 非自願之升級·請列明原因  
 Emergency treatment leads to a shortage of rooms 緊急治療而導致所屬房間短缺  Isolation 需要隔離  Other 其他

During hospitalization period, did you have any home leave period?  
在住院期間·您有否請假外出?  Yes 有  No 否

If Yes, please specify the period from Day日 Month月 Year年 to Day日 Month月 Year年  
如有·請列出日期 由 D D M M Y Y Y Y 至 D D M M Y Y Y Y

Do you receive any home nursing service? (applicable to specific insurance product)  
有否接受家居看護服務? (只適用指定保險產品)  Yes 有  No 否

If Yes, please specify the period from Day日 Month月 Year年 to Day日 Month月 Year年  
如有·請列出日期 由 D D M M Y Y Y Y 至 D D M M Y Y Y Y

Do you need to attend follow up treatment/consultation?  
是否需要繼續接受治療 / 覆診?  Yes 有  No 否

If Yes, please specify how long will the treatment last or follow up consultation date.  
如是·請列明是次意外之療程還需要多久或覆診日期

## 6. Declaration and Authorization 聲明及授權

- I/We declare that all information and particulars contained above are true and complete to the best of my/our knowledge and belief and they are made without reservation of any kind.  
本人 / 我們謹此聲明·本人 / 我們確信·以上所填報之資料及所列各項之事件乃屬完全真確並無對保險公司作任何資料之保留。
- I/We understand and agree the following issues about the arrangement of my/our personal information collected or held by Zurich Insurance Company Ltd ("the Company").  
本人 / 我們明白並同意以下有關 Zurich Insurance Company Ltd (「本公司」) 處理所收集及保存本人 / 我們之個人資料的安排。
  - The personal information of customers (include policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the Company from time to time may be used by the Company for the following purposes necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information):  
由本公司不時收集或持有的客戶 (包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人) 個人資料·均可供本公司使用作以下為向客戶提供服務而必須的用途 (否則本公司將無法為未能提供所需資料的客戶提供服務):
    - to process, investigate (and assist others to investigate) and determine insurance applications, benefits and claims, perform reinsurance arrangements and provide ongoing insurance services;  
辦理·調查 (及協助他人調查) 和決定保險申請、保險及索償·進行再保險安排和提供持續的保險服務;
    - to manage any claim, action and/or proceedings brought by or against or otherwise involving the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;  
處理任何客戶提出的、針對客戶所提出的或其他涉及客戶的索償、訴訟及 / 或司法程序; 以及行使本公司的權利 (詳情見適用保單條款所定)·包括但不限於代位權;

## 6. Declaration and Authorization (continued) 聲明及授權 (續)

- iii. to process requests for payment, and for direct debit authorization;  
辦理付款要求及直接付款授權；
  - iv. to provide subsequent services and administer the policies issued, such as to arrange medical examination, process additions, alterations, variations, assignments, cancellation, renewal or reinstatement of the relevant policies;  
提供後續服務及執行 / 管理已發出的保單 · 例如安排身體檢查和處理相關保單的增加、更改、變更、轉讓、撤銷、續期或恢復；
  - v. to compile statistics or database or conduct market or actuarial research or insurance surveys undertaken by the Company and/or its group ("Zurich Insurance Group"), the financial services industry, respective regulators or industry recognized bodies, or use for accounting and actuarial purposes;  
由本公司及 / 或其所屬集團 (「蘇黎世保險集團」) 、金融服務業界、相關監管機構或公認行業組織編撰統計數字或資料庫 · 或進行市場、精算研究或保險調查 · 或作會計及精算用途；
  - vi. to perform customer analysis, profiling and segmentation, or to design new or enhance existing products and services of the Zurich Insurance Group;  
進行客戶研究分析及分層 · 或為蘇黎世保險集團設計新的產品 / 服務 · 或改進現有的產品 / 服務；
  - vii. to meet the disclosure requirements of any local or foreign law, rules, regulations, codes or guidelines binding on the Zurich Insurance Group and conduct matching procedures where necessary;  
符合對蘇黎世保險集團具約束力的任何本地或外國法例、規則、規例、守則或指引的披露規定及如需要時進行核對程序；
  - viii. to comply with the requirements, orders or legitimate requests of, or contractual or other commitment or arrangement with the courts of Hong Kong, local and foreign regulators, tax or law enforcement authority, self-regulatory or industry recognized bodies such as federations or associations of insurers or financial services providers, including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, credit reference agencies, governmental bodies and government-related establishments;  
遵循香港法院、本地與外地的監管機構、稅務或執法機構、獨立監管或公認行業組織 (例如保險公司或金融服務供應商的聯會或協會) · 包括但不限於保險業監管局、香港保險業聯會、核數師、信貸諮詢機構、政府組織和政府相關機構所作出的規定、指令或合法要求 · 或遵循與上述機構或團體間之合約承諾、其他承諾或安排；
  - ix. to collect debts;  
債務追討；
  - x. to prevent and detect fraud;  
偵測和防止欺詐行為；
  - xi. to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and  
便利本公司的認可服務供應商 · 就上述目的為本公司及 / 或客戶提供服務；及
  - xii. to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.  
使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。
- (2) The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the purposes necessary in providing services, as set out in paragraph 2(1) above:  
本公司可就上述第 2 (1) 段所述為向客戶提供服務而必須的用途 · 向以下於香港境內或境外的人士提供任何客戶個人資料：
- i. companies within the Zurich Insurance Group, any other company carrying on insurance or reinsurance related business, an intermediary, or an industry recognized body;  
蘇黎世保險集團成員公司、任何進行保險或再保險相關業務的其他公司、中介人或受業界認可的團體；
  - ii. any agent, contractor or third party service provider who provides administrative, telecommunications, technology, computer, payment, policy administration, support, storage, cloud, record management, call center, mailing and printing, data processing, customer satisfaction analysis, outsourcing or other services to the Zurich Insurance Group in connection with the operation of its business;  
任何向蘇黎世保險集團提供行政、電訊、技術、電腦、付款、保單管理、支援、儲存、雲端、記錄管理、熱線中心、郵寄、印刷、資料處理、客戶滿意度分析、外判或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商；
  - iii. third party service providers including insurers, bankers, legal advisors, accountants, fund management companies, financial institutions, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, hospitals, surveyors, specialists, repairers, research and analysis companies and data processors;  
第三方服務供應商 · 包括保險公司、銀行、法律顧問、會計師、基金管理公司、金融機構、調查員、理賠師、再保公司、醫護及復康顧問、醫院、考察員、專家、維修人員、研究與分析公司及資料處理者；
  - iv. credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;  
信貸諮詢機構 · 而在客戶欠賬時 · 任何債務追收代理或進行索償或調查服務的公司；
  - v. any person to whom the Zurich Insurance Group is under an obligation or otherwise required to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by local or foreign governmental, regulatory, tax or law enforcement authority, industry recognized bodies or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;  
根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例 · 及就任何由本地或外地政府、監管、稅務或執法機構、公認行業組織 · 或其他機關所頒佈且蘇黎世保險集團或其任何關連機構預期須遵守的任何規例、守則或指引而言 · 蘇黎世保險集團有責任或必須向其作出披露的任何人士；
  - vi. any person to whom the Zurich Insurance Group is under an obligation or otherwise required to make disclosure pursuant to any contractual or other commitment or arrangement with local or foreign governmental, regulatory, tax or law enforcement authority, industry recognized bodies or other authorities that is assumed by or imposed on the Zurich Insurance Group or any of its associated companies;  
根據蘇黎世保險集團或其任何關連機構承擔或被施加的與本地或外地政府、監管、稅務或執法機構、公認行業組織 · 或其他機關的合約承諾、其他承諾或安排而言 · 蘇黎世保險集團有責任或必須向其作出披露的任何人士；
  - vii. any person pursuant to any order of a court of competent jurisdiction;  
根據主管司法權區的法院的任何頒令的任何人士；
  - viii. organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, employers, the police and databases or registers (and their operators); and  
整合保險業申索和承保資料的組織、防欺詐組織、僱主、警察、數據庫或登記冊 (及其運營者) ；及
  - ix. any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policyholders.  
蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。

## 6. Declaration and Authorization (continued) 聲明及授權 (續)

- (3) Customers' personal information may from time to time be provided to any of the parties set out in paragraph 2 (2) above (including cloud providers) which may be located in Hong Kong or elsewhere and in this regard customers consent to the transfer of their personal information outside Hong Kong and understand that their personal data may not be protected to the same or similar level compared to Hong Kong.  
客戶的個人資料可能不時提供於任何上述第2(2)段中提及的一方(包括雲端服務供應商)·有關一方可能處於香港境內或其他地方·客戶同意他們的個人資料可能被轉移至境外·及明白該資料未必可以獲得與香港同等或類似程度的保障。
- (4) All customers have the right to access, correct, or change any of their own personal information held by the Company by request in writing to the Company's Personal Data Privacy Officer at the address below.  
所有客戶均有權以書面向本公司之個人資料私隱主任(地址如下)要求查閱、修正及/或更改由本公司所持有有關其本身的任何個人資料。
- Personal Data Privacy Officer      個人資料私隱主任  
26/F, One Island East              香港港島東華蘭路18號  
18 Westlands Road                港島東中心26樓  
Island East  
Hong Kong
- (5) In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.  
根據私隱條例·本公司有權收取合理費用·藉以處理任何資料的查閱要求。
- (6) In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.  
本通知的中英文版本如何任何歧異或不一致·概以英文版為準。
- (7) The Company reserves the right to change or update this Notice at any time without prior notice. The changes or updates will be notified to customers on our website or in writing and any such change or update will be effective immediately upon posting.  
本公司保留隨時更改或更新本通知的權利而毋須事先通知·所有更改或更新將透過我們的網站或以書面形式通知客戶·並將於刊登後即時生效。
3. I/We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I/We have been observed or treated to give full particulars about my/our health to the Company or its agents.  
本人/我們授權於任何曾替本人/我們作診療之醫生、醫務人員、醫院或診所提供有關本人/我們病歷之資料予貴公司或其代理人。
4. I/We hereby further authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies etc. who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about the subject or related incidents of injury, loss or damage to the Company or its agents.  
本人/我們授權持有本人/我們投保資料、索償紀錄或任何有關資料之一方·包括但不限於警方及政府機構、航空公司、旅遊公司、保險公司等任何有關人士或組織·可以將部份或全部有關本人/我們是次或相關事件等資料提供貴公司或其代理人。
5. A photocopy of this authorization shall be considered as effective and valid as the original.  
此授權書之影印本亦屬有效。

Name of insured person (Name of policyholder of the insured under 18 years old)  
受保人姓名(如受保人未滿18歲·請填寫保單持有人姓名)

Insured HKID card no./ Passport no.\*  
受保人香港身份證號碼/護照號碼\*

Signature of insured person (Signature of policyholder of the insured under 18 years old)  
(如受保人未滿18歲·請由保單持有人簽署)

Date 日期  
Day日    Month月    Year年  
D D M M Y Y Y Y



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## Appendix – Document checklist

### 附錄 – 文件清單

Claim items 申請索償項目	Documents checklist 文件清單
Medical expenses caused by accident 意外醫療費用	<ul style="list-style-type: none"> <li>Original medical invoice(s) issued by registered medical practitioner/bone-setter/acupuncturists showing the insured name, diagnosis, consultation date and medical expenses 註冊醫生 / 跌打或針灸師發出之醫療收據正本 · 並詳列受保人姓名、診斷結果、診治日期及診金</li> <li>Copy of sick leave certificate issued by registered medical practitioner 註冊醫生發出之病假證明書副本</li> <li>Original of Attending Physician Statement completed by the attending physician (Supplemental document 2) or hospital admission/discharge summary if there was any surgery or hospitalization (applicable to Hong Kong public hospital only) 如有手術或住院 · 由主診醫生填妥的主診醫生報告 (補充文件二) 或出院摘要 / 出院總結正本 (只適用於香港公立醫院)</li> </ul>
Personal accident or permanent disability 意外死亡或永久傷殘	<ul style="list-style-type: none"> <li>Copy of Death Certificate or Presumed death proclaimed by court (disappearance case) (applicable to accidental death claim only) 死亡證或法庭假定死亡證 (失蹤事件) 副本 (只適用於意外死亡索償)</li> <li>Copy of certificate issued by registered medical practitioner certifying the severity of injury and percentage of disablement (applicable to permanent disability claim only) 註冊醫生發出之有關傷殘程度證明書副本 (只適用於永久傷殘索償)</li> <li>Copy of Police report (if applicable) 警方報告副本 (如適用)</li> <li>Copy/certified true copy of the grant of probate/Letters of Administration (applicable to accidental death claim only) 授予遺囑認證書 / 遺產管理書副本 / 核實副本 (只適用於意外死亡索償)</li> <li>Original of Attending Physician Statement completed by the attending physician (Supplemental document 2) or hospital admission/discharge summary if there was any surgery or hospitalization (applicable to Hong Kong public hospital only) 如有手術或住院 · 由主診醫生填妥的主診醫生報告 (補充文件二) 或出院摘要 / 出院總結正本 (只適用於香港公立醫院)</li> </ul>
Surgery or hospitalization medical fees 手術或住院醫療費用	<ul style="list-style-type: none"> <li>Original invoice(s) for all related medical fees 各項費用之收據正本</li> <li>Copy of Attending Physician/Specialist/Anesthetist/urgeoen/Physical therapist diagnosis and/or treatment records, medical reports showing the insured name, diagnosis and consultation date 所有主診醫生 / 專科醫生 / 麻醉師 / 外科醫生 / 物理治療師之詳列受保人姓名、求診日期及診斷結果之診斷證明及 / 或治療紀錄、醫療報告之副本</li> <li>Original of Attending Physician Statement completed by the attending physician (Supplemental document 2) or hospital admission/discharge summary (applicable to Hong Kong public hospital only) 由主診醫生填妥的主診醫生報告 (本表格的補充文件二) 或出院摘要 / 出院總結正本 (只適用於香港公立醫院)</li> <li>Original invoice(s) showing the insured person's name, date of attendance, diagnosis and/or treatment record(s) and all medical expenses incurred after conducted surgery or before hospitalization 手術後 / 住院前後之診費收據正本 · 並詳列受保人姓名、求診日期、診斷證明及 / 或治療紀錄及各項費用</li> </ul>
Hospital cash or Surgical cash 住院現金或手術現金	<ul style="list-style-type: none"> <li>Copy of Attending Physician/Specialist/Anesthetist/Surgeon/Physical therapist diagnosis and/or treatment records, medical reports showing the insured name, diagnosis and consultation date 所有主診醫生 / 專科醫生 / 麻醉師 / 外科醫生 / 物理治療師之詳列受保人姓名、求診日期及診斷結果之診斷證明及 / 或治療紀錄、醫療報告之副本</li> <li>Copy of Attending Physician Statement completed by the attending physician (Supplemental document 2) or hospital admission/discharge summary (applicable to Hong Kong public hospital only) 由主診醫生填妥的主診醫生報告 (補充文件二) 或出院摘要 / 出院總結副本 (只適用於香港公立醫院)</li> </ul>
Income benefit (applicable to specific insurance product) 入息保障 (只適用指定保險產品)	<ul style="list-style-type: none"> <li>Copy of Attending Physician/Specialist/Anesthetist/Surgeon/Physical therapist diagnosis and/or treatment records, medical reports showing the insured name, diagnosis and consultation date 註冊醫生發出之病假證明書副本</li> <li>Copy of sick leave certificate issued by registered bone-setter/acupuncturists (if applicable) 註冊跌打或針灸師發出之病假證明書副本 (如適用)</li> <li>Copy of income proof e.g. Pay-slip, bank statement, Inland Revenue Department tax return or employment letter/contract 糧單、銀行存款單、稅單、或僱主所發之僱傭狀 / 合約副本</li> <li>Copy of proof of in-patient record (applicable to self-employed only) 住院期間證明副本 (只適用於自僱受保人士)</li> <li>Original of Employer-approved sick leave certificate completed by the employer (Supplemental document 1) 由僱主填妥的僱主認可的病假證明書正本 (補充文件一)</li> </ul>
Home nursing (applicable to specific insurance product) 家居看護 (只適用指定保險產品)	<ul style="list-style-type: none"> <li>Original official medical receipt(s) 醫療收據正本</li> <li>Original referral letter issued by registered medical practitioner 註冊醫生發出之轉介信正本</li> <li>Copy of employment contact of the home nursing service 家居看護服務的僱用合約副本</li> </ul>

# Supplemental document 1

## 補充文件一



**Employer-approved sick leave certificate (to be completed by claimant's employer)**  
**僱主認可的病假證明書 (由申請賠償者的僱主填寫)**

Employer/Supervisor name  
僱主 / 上司名稱

Employer/Supervisor position  
僱主 / 上司職位

Employer/company  
address  
僱主 / 公司地址

Flat/Room\*  
室 / 單位\*

Floor  
樓

Block  
座

Building  
大廈

No. & name of street/Lot no.\*  
街名及門牌 / 地段\*

District  
地區

HK/KLN/NT\*  
香港 / 九龍 / 新界\*

This certificate is shown as proof of (claimant's name) \_\_\_\_\_ being the employee of our company (Position) \_\_\_\_\_

who sustained injury due to (reason(s)) \_\_\_\_\_ happening on (DD/MM/YY) \_\_\_\_\_.

This caused him/her to have sick leave period from (DD/MM/YY) \_\_\_\_\_ to (DD/MM/YY) \_\_\_\_\_.

I / our company confirm the monthly salary (excluding bonus, commission, overtime allowance and other allowances) is HKD \_\_\_\_\_

茲證明 (申請賠償者姓名) \_\_\_\_\_ 為本公司 (職位) \_\_\_\_\_

在 (日 / 月 / 年) \_\_\_\_\_ 因意外受傷 \_\_\_\_\_ (原因) 致他 / 她休假

由 (日 / 月 / 年) \_\_\_\_\_ 至 (日 / 月 / 年) \_\_\_\_\_。有其他有關資料或文件，

給予蘇黎世保險有限公司及 / 或其代表及其律師代表。

本人 / 公司證明該申請賠償者的每月基本薪金為港元 (不包括花紅, 佣金, 超時補薪及其他津貼) \_\_\_\_\_

Employer's signature and date  
僱主簽署及日期

Claimant's signature and date  
申請賠償者簽署及日期

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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Company chop  
公司蓋章

(I hereby declare that the above information is true to my fullest understanding) (茲確認上述資料正確無訛)

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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# Supplemental document 2

## 補充文件二

### Attending physician statement 主診醫生報告

(This section should be completed by the patient's attending doctor during patient's hospitalization at the insured person's cost 此欄須由病人在住院期間之主診醫生填寫，而費用須由受保人負責)

#### Part I : Treatments details

##### 第一部分：醫療資料

Patient full name  
病人姓名

HKID card no./Passport no.  
香港身份證號碼 / 護照號碼

Age  
年齡

Sex  
受保人性別  Male 男  Female 女

(a) Was there any hospitalization for the patient? 病人有否住院？

Yes 有, hospitalization period 住院日期

from Day日 Month月 Year年 to Day日 Month月 Year年  
由         至

No 否, the patient does not require to stay at hospital for treatment 病人不需要住院接受治療

(b) Diagnosis of conditions

病況診斷

(c) Investigations, treatment, therapy, surgical procedures done and result during the above mentioned treatment period

上述診斷期間曾接受之檢查、治療、手術項目及結果

(d) Prior to this consultation, did patient first consult you for the related signs and symptoms and when was the first consultation

在是次求診日期前，病人有否在您執業之診所治療有關上述病況之紀錄？如有，病人自何時求診？

Yes 有, the first consultation was since 第一次求診日期 Day日 Month月 Year年

According to the patient, for how long had such symptoms(s) persisted before the first consultation?

據病人自述，上述病徵在首次求診前出現多久？   Day(s)日   Month(s)月     Year(s)年

No 否

(e) What sign(s) and symptom(s) was/were the patient aware of at the first consultation?

病人在第一次求診時發現的病徵及症狀為何？

(f) Were there any external visible signs of bodily injury were revealed at the first consultation?

傷者在首次求診時，受傷部位有否可見明顯外傷？

(g) Was there any evidence of external bruise, wound or abrasion was revealed at the first consultation?

傷者在首次求診時，受傷部位有否可見明顯外傷？

(h) Was the patient referred to you by another doctor for further management? 病人有否住院？

Yes 有, the name of referral doctor is 該醫生姓名是

No 否

(i) Did the patient have any home leave period during hospitalization period? 病人在住院期間有否請假外出？

Yes 有, from 由 Day日 Month月 Year年 to 至 Day日 Month月 Year年

No 否

(j) Please indicate if the medical condition and its subsequent treatment are associated with the followings

請指出上述病況及其後的治療是否與下列情況有關

Congenital anomalies, infertility or sterilization  
先天性不正常情況、不育或絕育情況

Self-inflicted injuries or suicidal attempt while sane or insane  
不論在神智清醒與否下之自我損傷或自殺行為

Dental care, general check up  
牙科治療、身體檢查

Mental, psychiatric problems  
心理、精神病科

Under the influence of drugs or alcohol  
受藥物或酒精影響

Pregnancy conditions or any related complications  
懷孕或由此引發之病況

Rest cure, rehabilitation, convalescence or extended car  
休養、復康或延續護理

Cosmetic / Plastic surgery  
整形外科手術

## Part II : Declaration

### 第二部分：聲明

I declare that all the above information are to the best of my knowledge, is true and complete.

本人在以上所有填報資料乃根據本人所知及所信為確實及完全而填報，屬實無訛。

Name of attending doctor 主診醫生姓名及日期		Claimant's signature and date 申請賠償者簽署及日期	
Day日 Month月 Year年 D D M M Y Y Y Y		(I hereby declare that the above information is true to my fullest understanding) (茲確認上述資料正確無訛)	
Chop of hospital or clinic 醫院或診所蓋印		Day日 Month月 Year年 D D M M Y Y Y Y	
Address or hospital or clinic address 醫院或診所地址	No. & name of street/Lot no.* 街名及門牌 / 地段*	District 地區	HK/KLN/NT* 香港 / 九龍 / 新界*