閩信保險有限公司
MIN XIN INSURANCE COMPANY LIMITED
(A WHOLLY-OWNED SUBSIDIARY OF MIN XIN HOLDINGS LIMITED)

香港總行 Head Office : 香港中環紅棉路8號東昌大廈17樓
17/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong
電話Tel: (852) 2826 3660 傳真Fax: (852) 3020 5063
電郵E-mail: cs@mxic.com.hk

澳門分行 Macau Branch : 澳門南灣湖景大馬路810號中國工商銀行大廈6樓E座
Avenida Panorâmica do Lago Nam Van, no. 810, Edif. ICBC Tower, 6.˚andar E, Macau
電話Tel: (853) 2830 5686 傳真Fax: (853) 2830 5600
電郵E-mail: macaucs@mxic.com.hk

閩信(香港)人身意外綜合保險索償申請表
Min Xin (Hong Kong) Personal Accident Comprehensive Insurance Claim Form

索償申請表請電郵至
claims@mxic.com.hk
或傳真: 3020 5063

請 閣下於意外發生後填妥本表格並連同下列所需文件於索償事由發生30天內一併交回本公司理賠部。本公司會保留權利在需要時要求閣下提供額外之有關索償資料及文件。發出此索償申請表不代表本公司已承認賠償責任。
Completed claim form must be given to the Company within 30 days from the date of accident together with the following supporting documents. We reserve our right request additional information / documents when needed. The issue of this claim form is not an admission of liability on the part of our Company.

I. 保戶 / 受保人 / 索償人資料 INFORMATION OF POLICY HOLDER / INSURED PERSON / CLAIMANT

投單持有人
Policyholder: _____ 保單號碼 Policy No. _____

受保人
Insured Person: _____ 香港身份證號碼 HKID No. _____ 性別 Sex _____

出生日期
Date of Birth: _____ 聯絡電話號碼 Contact Telephone No. _____

住所/家居地址
Residential Address: _____

僱主名稱
Name of Employer: _____ 職業 Occupation: _____

索償人
Claimant: _____ 香港身份證號碼 HKID No. _____

索償人與受保人關係
Relationship between Claimant and Insured Person: _____

II. 意外詳情 DETAILS OF ACCIDENT

意外日期 / 時間
Date / time of accident _____ 意外事件發生之確切地點 Place of accident _____

請詳述意外如何發生
Describe how the accident occurred in details _____

_____

_____

在事發當時傷者所作何事
What was the injured person doing at the time of accident _____

_____

III. 意外結果 RESULT OF ACCIDENT

受傷部位 Part of body injured:	受傷性質及受傷程度 Nature of injury and Degree or Severity of injury:	
☐ 右手 Right hand	受傷性質 Nature of injury:	受傷程度 Degree or Severity of injury
☐ 左手 Left hand	☐ 扭傷 sprain	
☐ 腳 leg	☐ 骨折 fracture	
☐ 頭 head	☐ 撞傷 contusion	
☐ 眼 eye	☐ 割傷 laceration	
☐ 其他 others _____ (請說明 please specify)	☐ 昏迷 coma	
	☐ 燒傷 burns	
	☐ 其他 others _____ (請說明 please specify)	

傷者是否曾經在同一部位受傷？ ☐ 是 ☐ 否
Has the injured person previously suffered from injury to the same Part? ☐ Yes ☐ No

如有，請詳述
If yes, please give details: _____

IV. 索償項目、金額及所需索償文件
CLAIMED ITEM, AMOUNT & SUPPORTING DOCUMENTS

索償項目 CLAIMED ITEM	所需索償文件（請打✓） SUPPORTING DOCUMENTS (Please ✓)	索償金額 CLAIMED AMOUNT
意外死亡及/或殮葬費用 Accidental Death and/or Funeral Expenses	☐ 死亡證 Death certificate ☐ 法醫官報告/ 驗屍報告 Coroner's Report/ Post-mortem Report ☐ 法院宣佈受保人假設死亡的證明 (如屬失蹤) Presumption of death as proclaimed by a court (in the event of disappearance) ☐ 警方報告 (如適用者) Police report (if applicable) ☐ 殮葬費用之證明文件 Documents in support of the funeral costs ☐ 身故保險金受益人的身份證件或其他相關類似證明，以及受益人關係證明 Identity documents of the beneficiary and relationship proof	
永久完全或部份傷殘、燒傷及/或骨折 Permanent Total or Partial Disablement, Burns, and/or Broken Bones	☐ 醫生發出之有關傷殘程度證明 Certificate issued by a Registered Medical Practitioner certifying the degree or severity of disability ☐ 警方報告 (如適用者) Police report (if applicable)	
意外醫療費用及/或昏迷保障 Accidental Medical Expenses and/or Coma Benefit	☐ 經醫生證明的診斷及治療，包括受保人的姓名、症狀、診治日期及收據 Diagnosis and treatment, including Insured Person's name, diagnosis and date of diagnosis, certified by a Registered Medical Practitioner, and receipt ☐ 詳列各項費用之診所或醫院正本賬單 Original receipt with itemized list/ receipts issued by clinic or Hospital	
緊急醫療運送及遺體運返 (只限意外) Emergency Medical Evacuation & Repatriation of Remains (For Accident only)	緊急醫療運送及遺體運返 (只限意外) • 致電24小時閩信國際支援服務熱線 (852) 2862 0191，並提供下列資料 - 受保人的保險單號碼、姓名、身份證號碼及聯絡電話 - 身處的地點(如醫院名稱、酒店) - 所需支援服務 • 可致電當地相關機構/部門，如警方、醫院、救護中心等 • 所有服務必須由指定的緊急支援服務供應商審核和安排 Emergency Medical Evacuation & Repatriation of Mortal Remains (For Accident only) · Call 24-hour MIN XIN Worldwide Assistance Service Hotline at (852) 2862 0191 and provide the following information - Policy number, Name, ID Card No., contact number and of Insured Person - Location of the incident (e.g. name of hospital, hotel) - Nature of assistance service required · Call the relevant authority or department, e.g. police, hospital or medical emergency unit, etc · All the services must be approved and arranged by nominated Emergency Assistance Provider	

暫時完全傷殘 Temporary Total Disablement	☐ 完整的門診、急診病歷正本，或主診醫生的診斷證明正本 Original Medical Record from in-patient/out-patient/emergency units with attending doctor's diagnosis ☐ 出院總結及住院清單正本 Original Hospital Record / Discharge Summary ☐ 住院醫療正式收據正本 Original In-hospital Services Bills ☐ 醫院出具的所有檢查報告 Medical Examination Reports issued by the Hospital ☐ 僱主認可病假證明書 Employer's Confirmation of Sick Leave	

V. 其他資料 OTHER INFORMATION

警署名稱
Name of Police station _____

案件編號
Case Ref: _____

主診醫生
Name of attending physician: _____

聯絡電話號碼
Contact telephone No: _____

醫院/診所名稱及地址
Name of Hospital/ Clinic and address: _____

_____

首次就診日期
Date of first treatment _____

傷者完全失去工作能力的期間
State the period during which the injured person has been totally disabled from attending to his/her normal occupation

由 From _____ 至 To _____

日 Day / 月 Month / 年 Year　　日 Day / 月 Month / 年 Year

傷者現在是否仍然完全喪失工作能力？　☐ 是　☐ 否
Is the injured person still totally disabled?　☐ Yes　☐ No

如否，傷者何日恢復工作能力？
If no, from what date was the injured person able to return to his/her occupation?

_____

有否其他保險的保障?　☐ 有　☐ 否
Any other Insurance covering this event?　☐ Yes　☐ No

如有，請隨表附上該保險單的保單號碼、保險公司名稱、副本及賠償記錄。
If yes, please provide the policy no., name of insurance company, copy of the policy and the respective claim/payment record.

保單號碼
Policy No. _____

保險公司名稱
Name of Insurance Company: _____

注意：　1. 所有醫療報告或意外証明，需由申索人自費提供。
2. 如需要更多空間填寫，可另加紙張，並須附有簽署。

Noted:　1. Any documentary proof of accident and/or other reports shall be furnished at the expenses of the Claimant.
2. If more space is required, please write on a separated sheet and sign your name on a separated sheet.

聲明及授權書Declaration and Authorization

1. 本人/吾等謹此聲明，本人/吾等確信，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 declare that all information and particulars contained above are true and complete to the best of my knowledge and belief and they are made without reservation of any kind.
2. 本人/吾等明白並同意以下有關**閩信保險有限公司 (**「**本公司**」**)** 處理所收集及保存本人/吾等之個人資料的安排。
   I/We understand and agree the following issues about the arrangement of my/our personal information collected or held by **Min Xin Insurance Company Limited. ("Company").**
   (1) 由**本公司**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**強制性用途**，以便為客戶提供服務（否則**本公司**將無法為未能提供所需資料的客戶提供服務）：
   The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the **Company** may be used by the **Company** for the following **obligatory 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):
      I. 辦理，調查（及協助他人調查）和決定保險申請、保險索償及提供持續的保險服務；
      to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
      II. 辦理付款要求；
      to process requests for payment;
      III. 處理任何對客戶的索償、訴訟及/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；
      to manage any claim, action and/or proceedings brought against 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;
      IV. 編撰統計數字，或作會計及精算用途；
      to compile statistics or use for accounting and actuarial purposes;
      V. 符合對**本公司**具約束力的任何本地或外國法例、規則、守則或指引的披露規定及如需要時進行核對程序；
      to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the **Company** and conduct matching procedures where necessary;
      VI. 遵循香港法院及監管機構作出的合法要求或指令，包括但不限於保險業監理處、香港保險業聯會、核數師、政府組織和政府相關機構；
      to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
      VII. 債務追討；
      to collect debts;
      VIII. 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
      to facilitate the **Company**'s authorized service providers to provide services to the **Company** and/or the customers for the above purposes; and
      IX. 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。
      to enable an actual or proposed assignee of the **Company** to evaluate the transaction intended to be the subject of the assignment.
   (2) **本公司**可就**強制性用途**，向以下於香港境內或境外的人士提供任何客戶個人資料：
   The **Company** may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:
      I. **本公司**，或任何進行保險或再保險相關業務的其他公司或中介人；
      companies within the **Company**, or any other company carrying on insurance or reinsurance related business, or an intermediary;
      II. 任何向**本公司**提供行政、電訊、電腦、付款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；
      any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the **Company** in connection with the operation of its business;
      III. 第三方服務供應商，包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員、及資料處理者；
      third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
      IV. 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；
      credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
      V. 根據對**本公司**或其任何關連機構具約束力的任何法例，及就任何由政府、監管或其他機關所頒佈且**本公司**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，**本公司**有責任向其作出披露的任何人士；
      any person to whom the **Company** is under an obligation to make disclosure under the requirements of any law binding on the **Company** or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the **Company** or any of its associated companies are expected to comply;
      VI. 根據主管司法權區的法院的任何頒令的任何人士；及
      any person pursuant to any order of a court of competent jurisdiction; and
      VII. **本公司**的任何實際或建議承讓人或**本公司**對保單持有人的權利的受讓人。
      any actual or proposed assignee of the **Company** or transferee of the **Company**'s rights in respect of the policy owners.

(3) 所有客戶均有權以書面向**本公司**之個人資料保護主任（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。
All customers have the right to access to, correct, or change any of their own personal information held by the **Company** by request in writing to the **Company**'s Personal Data Protection Officer at the address below.

個人資料保護主任	Personal Data Protection Officer
閩信保險有限公司	**Min Xin Insurance Company Limited**
香港中環紅棉路8號	17th Floor, Fairmont House
東昌大廈17樓	8 Cotton Tree Drive
	Central, Hong Kong

(4) 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。
In accordance with the Ordinance, the **Company** has the right to charge a reasonable fee for processing any data access request.

(5) 本通知的中英文版本如有任何歧異或不一致，概以英文版為準。
In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

3. 本人/吾等授權於任何曾替本人/吾等作診療之醫生、醫務人員、醫院或診所提供有關本人/吾等病歷之資料予貴**公司**或其代理人。
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.
4. 本人/吾等授權持有本人/吾等投保資料，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是次或相關事件等資料提供貴**公司**或其代理人。
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 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.
5. 此授權書之影印本亦屬有效。
A photocopy of this authorization shall be considered as effective and valid as the original.

_____	_____
保單持有人(如屬公司請印章) / 父母 / 合法監護人簽署 (適用於受保人未滿18歲) Signature of Policyholder (with Company chop if applicable) / / Parent / Legal Guardian (if Insured Person below age of 18)	受保人 / 索償人簽署 Signature of Insured Person / claimant
日期 Date:	日期 Date:

如有任何查詢，請電理賠熱線：(852) 2826 3660 傳真熱線：(852) 3020 5063
For any inquiry, please call our Claims hotline: (852) 2826 3660 Fax hotline: (852) 3020 5063

請將此表格連同一切有關文件交回：
Please return this form together with supporting documents to:

閩信保險有限公司 (香港總行)
香港中環紅棉路8號東昌大廈17樓
理賠部
Min Xin Insurance Company Limited (Hong Kong Head Office)
17th Floor, Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong
Claims Department
電話 Tel: (852) 2826 3660 傳真Fax: (852) 3020 5063 網址Website: www.mxic.com.hk

Certificate of Medical Attendant

To be completed in full by an attending registered medical practitioner

Name of Patient: _____ HKID No.: _____ Age: _____

1. Date of accident: _____
2. Diagnosis: _____
3. Are you the above patient's usual medical attendant? ☐ Yes ☐ No
4. When was the first time you attended to the patient? _____
5. When did the patient first consult you in relation to the injury concerned? _____
6. What are the details of the injury _____

   _____
7. Are the symptoms/injury exclusively due to the accident? ☐ Yes ☐ No

   If not, please elaborate _____
8. Was the patient under the influence of intoxicants at the time of accident? ☐ Yes ☐ No
9. What are the details of the medical treatment given? _____

   _____
10. Was other medical treatment or examination required? (If yes, please give details) ☐ Yes ☐ No

    a) Hospitalization? _____

    b) X-rays? _____

    c) Special diagnostic procedures? _____

    d) Surgery? _____
11. Is the patient still under your care for the injury? ☐ Yes ☐ No

    If yes, please state his/her current condition _____

    _____
12. Period of total disablement: From _____ to _____
    (i.e. wholly prevented from attending to his/her usual employment or occupation)
13. Period of partial disablement: Form _____ to _____
    (i.e. prevented from attending to a substantial portion of his/her present business)
14. Will the patient sustain any permanent disablement? _____

    Please state the percentage of permanent total disablement: _____
15. If burns injury, please state the percentage of body surface suffered: _____

I hereby certify that the above statements are true and correct to the best of my knowledge and belief.

Signature and chop: _____ Tel No.: _____

Name: _____ Date: _____

僱主認可病假證明書
Employer's Confirmation of Sick Leave

由傷者僱主填寫
To be completed in full by injured person's employer

注意：如有關暫時性完全喪失工作能力之索償，必須由傷者之僱主填寫此僱主認可病假證明書
Note: If compensation is related to Temporary Total Disablement, the Employer's Confirmation of Sick Leave must be filled by the Injured Person's employer.

茲證明 _____ (傷者姓名)，為本公司之員工，其職位是 _____。

他/她於 _____ (意外日期) 因意外導致 _____ (受傷情況)。

因上述意外受傷之病假由 _____ 至 _____ 共 ____ 天。

本人/本公司證明上述傷者在意外發生前12個月的每月基本薪金 (不包括花紅、佣金、超時補薪及其他津貼) 為港幣 _____。

This is to certify that the injured person _____(name) who is our employee serving the position currently as _____ .

On _____ (date of accident), he/ she had an accident and caused injury of_____ _____ (nature of injury) . As a result of the accidental injury, he/she did not attend to work for a total of _____ days during the period from _____ to _____.

We further confirm that the basic monthly salary of the injured person during the twelve months prior to the accident was HK$_____ . (Excluding bonus, commission, overtime and other allowance)

_____	_____
僱主簽署及公司蓋章 Signature of Employer with Company's chop	傷者簽署 Signature of injured person
職位 Position：_____	姓名 Name：_____
日期 Date：_____	日期 Date：_____