

Accident Claim Form

意外索償表格

Before sending in this form, please read below Important Information

請於交回此賠償申請表前先細閱下面之索償注意事項：

1. Please complete this form by the Policyholder.
由保單持有人填寫
2. If there is not enough space, please attach an additional page.
如填寫位置不足，請另行附上資料補足
3. Additional documents may be required and to be forwarded upon request of Chubb Seguradora Macau S.A
如有需要，安達保險澳門股份有限公司將要求提供額外文件

Part I- To be completed by the Policyholder 第一部份：請由保單持有人填寫

Personal Particulars 個人資料

Name of Policyholder 保單持有人名稱：

(Eng) University of Macau (中文) 澳門大學

Name of Insured Person 受保人姓名：

(Eng) (中文)

Macau ID Card No. of Insured Person 受保人澳門身份證號碼：

Policy No. 保單號碼：

HGA0002311

Date of Birth 出生日期：(DD 日 MM 月 YY 年)

Gender 性別 #:

☐ M 男 / ☐ F 女

Occupation 職業：

Student

Correspondence Address 通訊地址：

Email Address 電郵地址 *:

Mobile Phone No. 手提電話號碼 *:

Name of Current Employer 現任僱主名稱：

N/A

Position Held 受僱職位：

N/A

Address of Current Employer 現任僱主地址：

N/A

Office Tel No. 公司電話號碼：

N/A

Local Bank Account Details 本地銀行賬戶資料

Account Holder's Name (Must be the Policy holder)

賬戶持有人姓名 (必須為保單持有人):

Bank Name 銀行名稱：

Bank Code 銀行號碼：

Account Number 號碼：

Please note that claim settlement will only be made payable to the designated recipient mentioned in the terms and conditions of the relevant policy. Please provide the above information of the designated recipient accordingly. This local bank transfer will only be facilitated to the local bank HKD account of the designated recipient if all the information above has been accurately provided and the settlement amount is lower than HKD100,000. Otherwise, we will proceed with the claims settlement by delivering a cheque payable to the designated recipient according to the terms and conditions of the relevant policy. This information request should not be construed as an admission of our liability.

本公司只會支付此索償予有關保單條款指定的支付對象，故請提供該支付對象關於上述所要求的資料。當上述所要求的資料均正確提供，以及賠償金額少於港幣十萬元時，本公司方會轉賬至該支付對象的本地銀行港幣賬戶；否則，本公司將以支票支付此索償予有關保單條款指定的支付對象。此項要求並不代表本公司承認賠償責任

*Correspondence may be sent to this email address and / or mobile phone no. 本公司或會以此電郵地址及 / 或手提電話號碼作聯繫用途

Other Insurance Details 其他保險資料

Do you have other insurance covering this disability? If so, please state 台端有否其他保險保障此傷患？如有，請述：

Name of Insurance Company 保險公司名稱	Type of Coverage 保障類別	Policy Effective Date 保單生效日期

Details of Accident 意外詳情

1. Please state the following particulars of accident 請提供以下有關意外的資料：

Date 日期：(DD 日 MM 月 YY 年)	Time 時間：(HH 時 MM 分 am/pm)	Place Accident Happened 意外地點：
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2. Please state how the accident happened 請述意外發生經過：

3. Please describe the injuries sustained, indicating the part of the body injured and the type of injury (e.g. fracture, cut, bruise etc.) 請述受傷部位及傷勢 (如：骨折、刀傷、瘀腫等)：

4. Was the accident reported to the Police? If so, please state name of Police Station to which the accident was reported and case reference no. 上述意外有否通知警方？如有，請列明所辦理之警署地點及報案編號：

5. Please list all doctor(s) or hospital(s) consulted for the injury and date of consultation 請列出就上述意外而求診之所有醫生或醫院名稱及求診日期：

Name of doctor/hospital 醫生 / 醫院名稱：	Date of First Consultation 初診日期：

Declaration & Authorization 聲明及授權

The Company (“We/Us”) want to ensure that **Our Insured Persons** (“You/Your”) are confident that any personal data collected by Us is treated with the appropriate degree of confidentiality and privacy.

This Personal Information Collection Statement sets out the purposes for which We collect and use personally identifiable information provided by **You** (“**Personal Data**”), the circumstances when **Personal Data** may be disclosed and information regarding **Your** rights to request access to and correction of **Personal Data**.

(a) Purposes of Collection of Personal Data

We will collect and use **Personal Data** for the purposes of providing competitive insurance products and services to **You**, including considering **Your** application(s) for any new insurance policies and administering policies to be taken out with **Us**, arranging the cover and administering and managing **Your** and **Our** rights and obligations in relation to such cover. We also collect the **Personal Data** to be able to develop and identify products and services that may interest **You**, to conduct market or customer satisfaction research, and to develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of **Our** respective products and services. **We** may also use **Your Personal Data** in other ways with **Your** consent.

(b) Direct Marketing

Only with **Your** consent, **We** may also use **Your** contact, demographic, policy and payment details to contact **You** with marketing information regarding **Our** insurance products by mail, email, phone or SMS.

(c) Transfer of Personal Data

Personal Data will be kept confidential and **We** will not sell **Your Personal Data** to any third party. **We** limit the disclosure of **Your Personal Data** but, subject to the provisions of any applicable law, **Your Personal Data** may be disclosed to:

- third parties who assist Us to achieve the purposes set out in paragraphs a and b above. For example, **We** provide it to **Our** relevant staff and contractors, agents and others involved in the above purposes such as data processors, professional advisers, loss adjudicators and claims investigators, doctors and other medical service providers, emergency assistance providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside Macau);
- Our** parent and affiliated companies, or any company within Chubb local and outside Macau;
- the insurance intermediary through which **You** accessed the system;
- others for the purposes of public safety and law enforcement; and
- other third parties with **Your** consent.

With regard to the above transfers of **Personal Data**, where applicable, **You** consent to the transfer of Your **Personal Data** outside of Hong Kong.

(d) Access and correction of Personal Data

Under the Personal Data Protection Act ("PDPA"), **You** have the right to request access to and correction of **Personal Data** held by **Us** about **You** and **We** will grant **You** access to and correct **Your Personal Data** as requested by **You** unless there is an applicable exemption under the PDPA which **We** may refuse to do so. **You** may also request **Us** to inform **You** of the type of **Personal Data** held by **Us** about **You**.

Requests for access or correction of **Personal Data** should be addressed in writing to:

Chubb Data Privacy Officer
39/F, One Taikoo Place
979 King's Road
Quarry Bay, Hong Kong
O +852 3191 6222
F +852 2519 3233
E Privacy.HK@chubb.com

Your request to obtain access or correction to **Your Personal Data** will be considered within forty (40) days of **Our** receipt of Your request. **We** will not charge **You** for lodging a request for access to **Your Personal Data** and if **We** levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests

本公司 (「我們」) 竭力確保受保人 (「閣下」) 對「我們」在收集個人資料方面的信心, 「我們」於處理任何已收集的個人資料均會採取適當的保密程度及以處理私隱手法採用資料。

本個人資料收集聲明陳述「我們」收集及利用由「閣下」提供以識別「閣下」個人的資料 (「個人資料」) 的目的、個人資料可能被公開的情況及「閣下」有權要求查閱及更改個人資料的詳情。

(a) 收集個人資料的目的

「我們」收集及使用「閣下」個人資料的目的, 是為了向「閣下」提供具優勢的保險產品及服務, 包括用作考慮「閣下」投保任何新的保險產品, 及管理由「我們」提供的保單, 安排保障, 及執行和管理「閣下」及「我們」在該等保障下的權利及責任。同時, 「我們」亦會收集及使用「閣下」個人資料以設計及識別能吸引「閣下」的產品及服務, 進行市場或顧客滿意度調查, 及發展、建立及管理與其他機構就宣傳推廣、行政及使用「我們」相應的產品及服務的聯盟及其他計劃。在「閣下」的同意下「我們」亦可能使用「閣下」的個人資料作其他用途。

(b) 直接促銷

只會在得到「閣下的」同意, 「我們」會使用「閣下的」聯絡資料、人口統計資料、保單資料及繳費資料透過郵寄、電郵、電話或 SMS 短訊方式聯絡「閣下」以便提供有關「我們」的保險產品的宣傳推廣。

(c) 個人資料的轉讓

個人資料將予以保密, 而「我們」亦絕對不會將「閣下的」個人資料售賣給第三者。「我們」會對公開「閣下的」個人資料作出限定; 但在任何適用的法例條文下, 「閣下的」個人資料可能:

- (i) 會被透露予「我們」相信必須達成以上第 a 及第 b 段所述目的之第三者。例如: 「我們」把「閣下的」個人資料提供予「我們」相關的員工及承辦商、代理及其他涉及以上目的之人士, 如處理數據的人士、專業人士、損失評估人員及索償調查員、醫生及其他醫療服務提供者、緊急支援服務提供者、保險局或信貸局、政府機構、分保人及分保經紀 (當中可能包括在澳門以外的第三方);
- (ii) 會給「我們」的母公司及附屬聯營公司或安達在本地及海外的相關人員使用;
- (iii) 會提供予保險中介人, 「閣下」可以透過指定系統查閱有關資料;
- (iv) 會給予有關人士以維持公眾安全及法紀; 及
- (v) 在「閣下」同意下提供予其他第三者。

就以上個人資料的轉移, 如有適用的地方, 則代表「閣下」亦同意該資料在澳門以外地方轉移。

(d) 查閱及更改個人資料

根據個人資料 (私隱) 條例, 「閣下」有權要求查閱及更改曾給予「我們」的資料, 另除非在個人資料 (私隱) 條例下有適用的豁免條款賦予我們可拒絕遵從, 否則「我們」必須按「閣下的」要求, 給「閣下」查閱及更改本身的個人資料。「閣下」亦可向「我們」要求提供持有「閣下的」個人資料的類別。

翻查或更改個人資料的要求, 必須透過書面提出及郵寄致:

安達個人資料私隱主任
香港鰂魚涌英皇道 979 號
太古坊一座 39 樓
電話 +852 3191 6222
傳真 +852 2519 3233
電郵 Privacy.HK@chubb.com

在「我們」收到「閣下」查閱或更改個人資料的要求後, 會在四十 (40) 天內予以回覆該項要求, 「我們」一般將不會收取任何費用; 但即使「我們」在提供資料時需徵收費用, 它們也會在合理的水平。至於更改資料的要求, 則不會收取任何費用。

Personal Particulars 個人資料

Name 姓名：	Macau ID Card No. 澳門身份證號碼：	Gender 性別 #: <input type="checkbox"/> M 男 / <input type="checkbox"/> F 女
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Details of Injury 損傷詳情

1. Detail of Injury 受傷日期 (DD 日 MM 月 YY 年)	2. According to the patient, under what circumstances was the patient injured? 據傷者自述，其損傷是如何發生？
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3. Diagnosis of condition, please locate and describe the injured area 傷勢診斷，請述受傷部分及其傷勢：

4. Did you notice any visible signs of injury such as bruising or external wound at your examination? If yes, please state
請問受傷部位有沒有可見之表面傷痕，如傷口或瘀痕？如有，請述：

5. Investigation, treatment, therapy and surgical procedures done 因意外而接受之檢查、治療及手術項目：

Date / Period 日期 / 期間	Type of medical treatment 治療項目	Details 詳情

6. Were there any complications associated with the injured area? If yes, please state
請問受傷部份有否引致任何併發症？如有，請述：

7. Is the condition related to any previous injury or medical conditions? If yes, please state
請問上述之傷勢是否與傷者過去之病歷有任何關連？如有，請述：

8. Did you recommend any sick leave for the patient? If yes, please state the period
台端有否就上述之傷勢建議病假予傷者？如有，請述所建議之期段：

9. Please indicate if the medical condition and its subsequent treatment is associated with any of the following
請指出上述狀況及其治療是否與以下情況有關：

<input type="checkbox"/> Congenital anomalies, infertility or sterilization 先天性不正常情況、不育或絕育情況	<input type="checkbox"/> Dental care 牙科治療
<input type="checkbox"/> Under the influence of drugs or alcohol 受酒精或藥物影響	<input type="checkbox"/> Rest cure, rehabilitation, convalescence or extended care 休養復康或延拓護理
<input type="checkbox"/> Self-inflicted injuries or suicidal attempt while sane or insane 不論在神志清醒與否下之自我損傷或自殺行為	<input type="checkbox"/> Psychiatric problems 精神病科
<input type="checkbox"/> Pregnancy conditions or any related complications 懷孕或由此引發之病況	

Details of Hospitalization 住院資料

Date of admission 入院日期：	Date of discharge 出院日期：
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1. Investigation, treatments, therapy and surgical procedures done during hospitalization
住院期間曾接受之檢查、治療及手術項目：

2. Please provide the reason(s) for this hospitalization if this type of case can be managed on daycare / outpatient basis
若此症能在日間護理 / 診所進行治療，請說明住院原因：

3. According to your professional opinion, does the aforesaid duration of hospitalization appear usual for the average patient with a similar condition? If not, please advise the reason
據台端之專業意見，上述之住院日數與一般同類傷患之平均住院日數是否相乎？如否，請說明其原因：

4. Did the patient take any home leave during this hospitalization? If yes, please state the date and time
患者有否於上述住院期間離開醫院？如有，請詳列日期及時間：

Signature 簽署

Signature of Physician 醫生簽署：

Hospital / Physician Stamp 醫院 / 醫生蓋印：

Date Signed 簽署日期：(DD 日 MM 月 YY 年)

Physician Name 醫生姓名：(in BLOCK CAPITALS 請以正楷書寫)

Clinic Address of Physician: 註診地址：

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