AXA General Insurance Hong Kong Limited
5/F, AXA Southside, 38 Wong Chuk Hang Road
Wong Chuk Hang, Hong Kong
安盛保險有限公司
香港黃竹坑黃竹坑道
38 號安盛匯 5 樓
(852) 2523 3061
anh.claims@axa.com.hk
www.axa.com.hk

SMARTPROTECT PLUS CLAIM FORM
「卓越」豐盛守護樂索償表格

Claim procedure: please (1) Complete this form, (2) Prepare the relevant documents listed on page 5 and 6, and (3) Email them to anh.claims@axa.com.hk

索償步驟：(1) 填寫索償表，(2) 提供證明文件（請參閱第 5 及第 6 頁），(3) 電郵至 anh.claims@axa.com.hk

Important Note: Benefits payable under this Policy (except Section 4 – Personal Liability and Section 8.3 – Personal Liability) shall be paid to the Policyholder, unless the Policyholder directs the Company otherwise in writing in a manner accepted by the Company. However, if the benefits payable are for death of the Insured Person, then the Company will pay the benefits to the estate of such person.

重要提示：除非保單持有人已按本公司接受的方式以書面向本公司指定其他人士，否則本保單（第 4 節　個人責任及第 8.3 節　個人責任下的保障除外）的賠償須支付予保單持有人。然而，若受保人死亡，則本公司所作出的賠償將支付予受保人的遺產。

1. POLICYHOLDER INFORMATION (REQUIRED) 保單持有人資料 （必須填寫）			
Full Name 姓名		Policy No. 保單號碼	
Contact Phone No. 聯絡電話號碼		Email Address 電郵地址	
HK Correspondence Address 香港通訊地址			

2. INSURED PERSON/CLAIMANT INFORMATION (REQUIRED) 受保人／索償人資料（必須填寫）					
Full Name 姓名		HKID No. 身分證號碼			
Date of Birth 出生日期		Sex 性別	☐ M 男 ☐ F 女	Occupation 職業	
Contact Phone No. 聯絡電話號碼		Email Address 電郵地址			
HK Correspondence Address 香港通訊地址					

C-CF-PA-1122

3. CLAIM INFORMATION 索償資料

Incident Date (DD/MM/YYYY) 事件發生日期		Time 時間		Location 地點	
Describe occurrence and actions leading to the accident and nature and extent of injuries sustained 請說明受傷經過和傷勢					
Are further treatment(s) required? 是否仍須接受治療？	☐ Yes 是		☐ No 否		
Name and contact details of witness (if any) 目擊者姓名及聯絡資料 (如適用)					
Are you insured with any other insurance company for accident benefits? 閣下是否還有向其他保險公司索償？	☐ Yes 是		☐ No 否		
If "yes", please give particulars 如"是"，請敘說詳情					

3A. OTHER CLAIM (APPLICABLE TO SECTION 3 & 4 UNDER PART A - CORE COVER)
其他索償 (適用於 A 部份 - 主要保障第三節和第四節)

- ☐ Broken Bone (applicable for Elderly only)
  骨折（僅適用於長者）
- ☐ Daily Hospital Cash
  每日住院現金津貼
- ☐ Home Nursing Allowance
  私家看護津貼
- ☐ Recovery Aids
  復康輔助器材
- ☐ Annual Leave Compensation
  年假補償
- ☐ Trauma or Psychology Counseling Expenses
  創傷或心理諮詢費用
- ☐ Subsidy for Recruiting a New Domestic Helper
  新家庭傭工招聘津貼
- ☐ Job changing subsidy (for Adult only)
  轉職津貼 (僅適用於成人)
- ☐ Personal Liability
  個人責任

3b. OTHER CLAIM (APPLICABLE TO SECTION 7 & 8 UNDER PART B-OPTIONAL COVER)
其他索償 (適用於 B 部份 - 自選保障第七節和第八節)

- ☐ Income Protection
  收入保障
- ☐ Payment Protection
  付款保障
- ☐ Sports Protection
  體育運動保障

3c. DETAILS OF CLAIM 詳細索償資料

4. CLAIM PAYMENT METHOD 索償資料

1. If the claim payment method "Autopay to bank account" is chosen,
   a) please provide Insured/Insured Person/Eligible Person/Claimant's bank account proof showing account holder name and account number (e.g. copy of bank book, ATM card or bank statement etc).
   b) For Insured/Insured Person/Eligible Person/Claimant who is an individual, only personal banking saving/current accounts will be accepted by AXA General Insurance Hong Kong Limited ("AXA").
   c) AXA will only pay/transfer Hong Kong Dollars to the designated bank account.
   d) If the bank transfer payment is rejected, declined or unsuccessful, a cheque will be issued to Insured/Insured Person/Eligible Person/Claimant and posted to address stated on the claim form instead without further notice.
2. If the claim payments are settled in currencies other than the policy currency(ies), the payment amounts would be subject to change according to the prevailing exchange rate determined by AXA from time to time. The fluctuation in exchange rates may have impact on the payment amounts. You are subject to exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values as a result of the exchange rate fluctuations.
3. AXA reserves the right to determine the claim payment method at its absolute discretion.

1. 凡選擇以「自動轉賬至銀行戶口」方式收取索償款項，
   a) 請同時提交印有投保人/ 受保人/ 合資格人士/ 索償人士全名及銀行戶口號碼之戶口證明（如銀行存摺或自動櫃員機卡或銀行月結單副本等）。
   b) 投保人/ 受保人/ 合資格人士/ 索償人士個人客戶，安盛保險有限公司（「AXA 安盛」）只接受個人銀行儲蓄/ 支票戶口。
   c) AXA 安盛將支付/ 轉賬港元到指定的銀行賬戶。
   d) 如銀行轉賬被拒絕或不成功，款項將以支票形式寄予投保人/ 受保人/ 合資格人士/ 索償人士於索償書上所提供的地址，而恕不另行通知。
2. 如索償款項的貨幣不是保單貨幣，該款項可能會受 AXA 安盛不時釐定的匯率而改變。匯率之波動會對索償款項構成影響。您須承受匯率風險。匯率會不時波動，您可能因匯率之波動而損失部份的利益價值。
3. AXA 安盛保留權利自行決定其索償款項的付款方式。

I/WE hereby request and authorize AXA General Insurance Hong Kong Limited to pay benefit due in respect of this claim by (Please "✓" the appropriate box to indicate your choice):
我/ 我們在此要求並授權安盛保險有限公司用以下方式支付索償款項 (請以 "✓" 作出選擇) :

☐ Cheque (to be drawn in Hong Kong Dollar) 支票 (以港元結算支付款項)

☐ Autopay* to bank account (in Hong Kong Dollar)
自動轉賬*至銀行戶口(以港幣結算) * Please fill in Part below 請填妥以下部分

Bank Account Information 銀行戶口資料			
Name of Bank 銀行名稱			
Full Name in English of Account Holder(s) 銀行戶口持有人的名稱			
Bank Account No. 銀行戶口號碼		–	–
	Bank Code 銀行編號	Branch Code 分行編號	Account No. 戶口號碼

C-CF-PA-1122

5. PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "**Company**") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("**PDPO**"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.
Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data (including credit information and claims history) which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("**Purposes**"), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("**our affiliates**") or our business partners, and administering, maintaining, managing and operating such products/services; 2. processing and evaluating any applications or requests made by you for products/ services offered by the Company and our affiliates; 3. providing subsequent services to you, including but not limited to administering the policies issued; 4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; 5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates); 6. evaluating your financial needs; 7. designing products/services for customers; 8. conducting market research for statistical or other purposes; 9. matching any data held which relates to you from time to time for any of the purposes listed herein; 10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere; 11. conducting identity and/or credit checks and/or debt collection; 12. complying with the laws of any applicable jurisdiction; 13. carrying out other services in connection with the operation of the Company's business; and 14. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong; 2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/ services provided by the Company and/or our affiliates; 3. any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same; 4. credit reference agencies or, in the event of default, debt collection agencies; 5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; 6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere; and 7. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer

AXA General Insurance Hong Kong Limited

5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

安盛保險有限公司（下稱"**本公司**"）明白其就《個人資料 (私隱）條例》（香港法例第 486 章）（"**條例**"）收集、持有、處理、使用和 / 或轉移個人資料所負有的 責任。本公司僅將為合法和相關的目的收集個人資料，並將一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。
敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。
目的：本公司不時有必要收集閣下的個人資料（包括信用資料和以往申索紀錄），並可能因下列各項目的（"**有關目的**"）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：
1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司（"**安盛關聯方**"）或本公司的商業合作夥伴之產品 / 服務，以及提供、維持、管理和操作該等產品 / 服務；2. 處理和評估閣下就本公司及安盛關聯方所提供之產品 / 服務提出的任何申請或要求；3. 向閣下提供後續服務，包括但不限於執行 / 管理已發出的保單；4. 與就本公司和 / 或安盛關聯方提供的任何產品 / 服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；5. 偵測和防止欺詐行為（無論是否與就由本公司及 / 或安盛關聯方提供的任何產品 / 服務有關）；6. 評估閣下的財務需求；7. 為客戶設計產品 / 服務；8. 為統計或其他目的進行市場研究；9. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；10. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；11. 進行身份和 / 或信用核查和 / 或債務追收；12. 遵守任何適用的司法管轄區的法律；13. 開展與本公司業務經營有關的其他服務；及 14. 與上述任何目的直接有關的其他目的。
個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：
1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；2. 與就本公司和 / 或安盛關聯方提供的任何產品 / 服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士（包括私家偵探）；3. 在香港或香港以外其他地方向本公司和 / 或安盛關聯方提供行政，技術或其他服務並對個人資料負有保密義務的任何代理、承包商或第三方；4. 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；5. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；6. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關；及 7. 在有合理需要履行任何上述有關目的段落 2, 3, 4 及 5 之情況下，以下人士：保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、防欺詐組織、其他保險公司 (無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。
閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。
個人資料的查閱和更正：根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。
查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

香港黃竹坑黃竹坑道 38 號安盛匯 5 樓

安盛保險有限公司

個人資料保護主任

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

C-CF-PA-1122

6. DECLARATION AND AUTHORISATION 聲明及授權

1. I/WE HEREBY DECLARE AND AGREE that (1) all statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true; (2) AXA General Insurance Hong Kong Limited (the "Company") is not bound by and is not required to rely on any statement which I/We may have made to any person if not written or printed here.
2. I/WE, HEREBY AUTHORIZE (1) any employer, medical practitioner, paramedical examiners, hospital, clinic, insurance company, bank, financial institution, police, government institution, or other organization, institution or person, that has any records or knowledge of me/us to disclose such information to the Company; (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessments and tests to evaluate in relation to this claim. This authorization shall bind the successors of and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.
3. I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS.

1. 本人 / 我們謹此聲明及同意 (1) 上述一切陳述及問題的所有答案，不論是否本人 / 我們親手所寫，就本人 / 我們所知所信，均為事實全部並確實無訛；(2) 本人 / 我們對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，安盛保險有限公司（「貴公司」）不須受其約束。
2. 本人 / 我們茲授權 (1) 任何僱主、註冊西醫、醫療人員、醫院、診所、保險公司、銀行、財務機構、警察、政府機構、或其他組織、機構或人士、凡知道或持有任何本人 / 我們之紀錄者，均可將該等資料提供給貴公司；(2) 貴公司或任何其指定之醫生或化驗所，可就此賠償申請替本人 / 我們進行所需之醫療評估及測試，作為審核本人 / 我們之索償。此授權對本人 / 我們之繼承人具有約束力；即使本人 / 我們身故或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。
3. 本人 / 我們確認本人 / 我們已閱讀並明白收集個人資料的聲明《該聲明》。本人 / 我們確認本人 / 我們已被通知本人 / 我們須詳細閱讀《該聲明》，而本人 / 我們已詳細閱讀《該聲明》對貴公司所收集或持有之本人 / 我們的個人資料的影響（不論是否此表格所載或從其他途徑所取得）。根據以上所述，本人 / 我們特此確認並同意貴公司根據《該聲明》使用及轉移本人 / 我們的個人資料。

Signature of Policyholder 保單持有人簽署	Date (DD/MM/YYYY) 日期 (日/月/年)

7. DOCUMENT CHECKLIST 所需文件指引

Below is a list of documents required to proceed with your claim. In certain circumstances, more information may be required to substantiate the claim. 請提供下列文件。本公司有可能就個別情況要求進一步文件證明，以處理索償申請。

Documents Required (Please ✓ against the documents you have submitted)
所需文件（請 ✓ 您所提交的文件）

All Claims ☐ Duly completed and signed Claim Form ☐ Copy of HK Identity Card of the Policyholder and Insured Person (i.e the injured) ☐ Police Report (if any) ☐ Form 2, 5, 7 & 9 submitted to Labour Department (applicable to work-related injury) ☐ Sick Leave Certificate (if any)	**任何索償** ☐ 填妥及已簽署的索償表 ☐ 保單持有人和受保人之身份證副本 ☐ 警方報告（如適用） ☐ 已遞交給勞工處的表格 2, 5, 7, 9 (只適用於工傷) ☐ 病假證明（如適用）
Part A – Core Cover	**A 部份 – 主要保障**
1. Accidental Death and Permanent Disablement ☐ Death Certificate ☐ Autopsy Report ☐ Disability Assessment Report and other medial reports issued by a qualified and registered medial practitioner	1. 意外死亡及永久傷殘 ☐ 死亡證 ☐ 解剖報告 ☐ 由合資格註冊醫生發出殘障評估報告或醫療報告
2. Accidental Medical Expenses ☐ Medical certificate / medical reports ☐ Medical referral letters ☐ Hospital and medical bills /receipts	2. 意外醫療費用 ☐ 醫療證明 / 醫療報告 ☐ 醫療治療轉介信 ☐ 住院及醫療費用收據
3.1 Broken Bone (applicable for Elderly only) ☐ Medical report issued by an Orthopaedic surgeon ☐ Diagnosis of Broken Bone must be supported by imaging evidence	3.1 骨折（僅適用於長者） ☐ 由骨科醫生提供的醫療報告 ☐ 骨折診斷必須提供影像檢查報告
3.2 Daily Hospital Cash and Home Nursing Allowance ☐ Hospital bill showing the confinement in excess of five (5) consecutive days ☐ Discharge Summary/slip ☐ Payment receipt for Home Nursing	3.2 每日住院現金津貼及私家看護津貼 ☐ 連續五日以上之住院證明 ☐ 出院紙 ☐ 私家看護收據

3.3 Recovery Aids ☐ Payment receipt for recovery aids ☐ Payment receipt for residential home or motor vehicle facilities installation or modification ☐ Letter issued by a qualified and registered medical practitioner for the necessity of recovery aids.	3.3 復康輔助器材 ☐ 購置復康輔助器材收據 ☐ 安裝或改造住宅設備或機動車輛設施收據 ☐ 需要復康輔助器材由合資格的註冊醫生之證明
3.4 Annual Leave Compensation ☐ Letter issued by the employer for annual leave approval	3.4 年假補償 ☐ 僱主發出年假批核書
3.5 (a) Trauma or Psychological Counseling Expenses ☐ Medical report issued by a qualified and registered medical practitioner for trauma or psychological counseling ☐ Police report or report from the Social Welfare Department, Against Child Abuse or any relevant licensed service unit of a non-governmental organization in Hong Kong. ☐ Payment receipt for trauma or psychological counseling	3.5 (a) 創傷或心理諮詢費用 ☐ 由合資格的註冊醫生建議而接受創傷或心理諮詢報告 ☐ 警方報告或社會福利署、防止虐待兒童會或香港非政府組織的任何相關持牌服務單位的報告 ☐ 接受創傷或心理輔導收據
3.5 (b) Subsidy for Recruiting a New Domestic Helper ☐ Termination letter of the existing foreign domestic helper ☐ Payment receipt for recruiting a new foreign domestic helper ☐ Copy employment contract of a new foreign domestic helper ☐ Police report or report from the Social Welfare Department, Against Child Abuse or any relevant licensed service unit of a non-governmental organization in Hong Kong.	3.5 (b) 新家庭傭工招聘津貼 ☐ 終止聘用現有外籍家庭傭工之證明 ☐ 聘請新的外籍家庭傭工的費用收據 ☐ 新聘外籍家庭傭工合約條款副本 ☐ 警方報告或社會福利署、防止虐待兒童會或香港非政府組織的任何相關持牌服務單位的報告
3.6 Job changing subsidy ☐ Proof of termination of employment ☐ Payment receipt for necessary training course or specific license required to fulfill the requirements of a new job	3.6 轉職津貼 ☐ 終止僱傭證明 ☐ 必須有關培訓課程或符合其新工作要求所需而投考的特定牌照費用收據
4. Personal Liability	**4. 個人責任**
☐ Any Correspondence received from the third party, Summons, Writ in relation to the Incident (Please do not make any promise, offer or admission of liability to third party without AXA prior consent) ☐ Incident Report from the relevant authority (e.g. Police Report)	☐ 所有法庭傳票、 告票或第三者發出文件 (在未得到本公司同意前， 請勿對第三方作出任何承諾) ☐ 警方 / 有關機構之事故報告
Part B – Optional Cover	**B 部份 – 自選保障**
5 (a) Income protection ☐ Disability Assessment Report and other medical reports issued by Registered Medial Practitioner ☐ Monthly payroll record or Tax Return prepared by a employer ☐ Income record with MPF statement or tax return record for self-employed	5 (a) 收入保障 ☐ 由合資格的註冊醫生建議而接受創傷或心理諮詢報告 ☐ 每月薪金證明 / 糧單或僱主發出的報稅表 ☐ 自僱人士須提交連同強積金結單的入息紀錄或報稅紀錄
5 (b) Payment protection ☐ Credit card bank statement ☐ Payment receipt for household utilities bills, including electricity, water, internet, mobile phone services ☐ Personal loan statement or payment slip ☐ Mortgage loan statement ☐ Tenancy agreement	5 (b) 付款保障 ☐ 銀行信用卡月結單 ☐ 家用賬單，包括電費、水費、互聯網及手提電話服務付款費用之收據 ☐ 個人貸款結單或付款收據 ☐ 按揭貸款結單 ☐ 租賃協議
6. Personal Sports Equipment and Sportswear protection (A claim for this benefit must be submitted together with the claim for Section 2 - Accidental Medical Expenses) ☐ Photos of the damaged personal sports equipment and sportswear ☐ Copy purchase receipt of the damaged personal sports equipment and sportswear ☐ Repair quotation and receipt for the damaged sports equipment	6. 個人運動器材及運動服裝保障 (這項保障的索償必須連同第 2 節－意外醫療費用的索償一併提交) ☐ 受損毀運動器材、運動服飾相片 ☐ 受損毀運動器材、運動服飾購買單據 ☐ 受損毀運動器材維修報價單及收據

8. TRACK YOUR CLAIM STATUS 了解您的索償進度

Once your claim is registered, you will be updated through Email. If you have any query on your claim, please reach us at
當我們收到您的索償申請，您將收到電子郵件了解索償進度。如果您對您的索償有任何疑問，請聯絡我們

(852) 2523 3061 | www.axa.com.hk (Claims Section) | anh.claims@axa.com.hk

AXA is committed to making your Personal Accident insurance claim process as easy and stress-free as possible.
Thank you for insuring with us. We are always glad to be of service.
安盛致力使您的人身意外保險索償過程輕鬆簡單。感謝您與我們投保。我們很高興為您服務的。

Certificate of Medical Attendant

(applicable to Section 1 - Personal Accident and Section 8.1 Accidental Death and Permanent Disablement and Section 2 - Accidental Medical Expenses when required)

No claims can be admitted unless medical certificate from a duly qualified and registered medical practitioner on the form below be furnished at the expense of the Insured.

Patient's name			Identity Card no.	Age
Date of accident (DD/MM/YYYY)				
Causes of injury				
Part of the body injured				
Nature and extent of the injuries (Describe complications, if any)				
Is the condition due to pregnancy?		☐Yes ☐No		
Date on which the patient first consulted you for this condition				
State whether there is an evidence of a visible bruise or wound at 1st consultation				
About the Treatment (e.g. suturing, physiotherapy, type of dressing etc.)	Date: (DD/MM/YYYY)	Time:	Treatment:	
Did injury require (If "Yes", please give details)	Hospitalization? (If "Yes", please enter hospitalised dates)	☐Yes ☐No		
	Date Admitted/Discharged (DD/MM/YYYY)		Date Discharged (DD/MM/YYYY)	
	X-rays? If yes, please provide particulars	☐Yes ☐No		
	Special diagnostic procedures? If yes, please provide particulars	☐Yes ☐No		
	Surgery? If yes, please provide particulars	☐Yes ☐No		

AXA General Insurance Hong Kong Limited ("AXA"/"The Company")
安盛保險有限公司 ("AXA 安盛 "/ 本公司)
5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong 香港黃竹坑黃竹坑道 38 號安盛匯 5 樓

Bearing in mind the patient's occupation as stated overleaf, do you feel that the injuries would have prevented him/her from performing his/her duties? If "Yes", please give details	☐ Yes ☐ No			
	Total and absolutely disable (unable to work)		Partially disabled	
	From:		From:	
	To:		To:	
Give details of any circumstances, such as physical impairments, medical history or intoxication which may have contributed to the accident and/or lengthen the period of disability.				
Names and addresses of other doctors who have treated Insured for the same injury.	Name		Date (DD/MM/YYYY)	
	Address			

I hereby certify that I have personally examined/treated the Patient mentioned above for the above injuries and that the facts as given above present my opinion of his/her condition.

Signature		Name of Physician	
Date		Qualification	
Tel. no			
Address			

8. DECLARATION AND AUTHORISATION

Signature of Medical Attendant	Date (DD/MM/YYYY)

For identity purpose, the Patient mentioned above must sign below in the presence of the Physician.

Signature of Patient mentioned above	Date (DD/MM/YYYY)