

TRINITY GENERAL INSURANCE COMPANY LTD.

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三聯保險有限公司

香港干諾道西 188 號香港商業中心 10 樓 1001 室

GENERAL AGENTS: SHERIC UNDERWRITING AGENCY LTD

PERSONAL ACCIDENT INSURANCE CLAIM REPORT

個人意外保險索償報告

IMPORTANT

注意事項

1. The following supporting documents when applicable should be submitted with this report:-

- a) Original Sick Leave Certificates;
- b) Original Medical Expenses Receipts;
- c) Copy of the Insured Person's identity card;
- d) Employer's confirmation of sick leaves taken during the claimed period;
- e) Copies of *Form 2, Form 5* etc., if the Insured Person is entitled to claim under Employees' Compensation Ordinance.

在呈交本報告時，下列文件需一併交回：

- a) 病假證明書正本；
- b) 醫療費收據正本；
- c) 受保人之身份證副本；
- d) 由僱主發出之病假證明；
- e) 如受保人可獲僱員補償條例之賠償，則需呈交表格二、表格五等文件。

2. For "PERSONAL ACCIDENT BENEFITS FOR TAXI DRIVERS", all accident must be reported to police for handling and the following supporting documents when applicable should be submitted with this Report:-

- a) Original Sick Leave Certificates issued by the Hospital Authority or other subsidised hospital;
- b) Original Medical Expenses Receipts;
- c) Copy of the Hire Contract;
- d) Copy of the Vehicle Registration Document of the Insured Taxi;
- e) Copy of the Insured Person's identity card and driving licence.

有關“的士司機個人意外保險”，所有意外必須報警。在呈交本報告時，下列文件需一併交回：

- a) 由醫院管理局或資助醫院發出之病假證明書正本；
- b) 醫療費收據正本；
- c) 租車合約副本；
- d) 受保的士之車輛登記文件副本；
- e) 受保人之身份證及駕駛執照副本。

3. Further Sick Leave Certificates are required at four-week intervals during periods of disablement for effecting of interim payments.

病假證明書祇需每四星期遞交一次，以作賠償。

4. The Insured Person may be required to submit to Medical Examination on behalf and at the expenses of the Company in connection with any claim.

本公司可能就有關之索償要求受保人作醫學檢驗，而費用將由本公司支付。

5. You are recommended to ask your Medical Attendant(s) to complete a Medical Certificate our retention after you have fully recovered.

當你康復後，請要求你的主診醫生為你填寫一份醫學報告以作存錄。

6. Referral Letter from your medical Attendant should be submitted to the Company when X Ray, Physiotherapy, ECG, Laboratory Test, etc are recommended.

所有醫生推薦信，包括 X 光、物理治療、心電圖、化驗等，需一併呈交。

PARTICULARS OF THE INSURED 投保人資料

The Insured: _____ Policy No: _____ Tel No: _____
投保人 保單號碼 電話
Correspondence Address: _____
通訊地址

PARTICULARS OF THE INSURED PERSON 受保人資料

Insured Person: _____ Sex: _____ Date of Birth: _____ I.D. Card No.: _____
受保人 性別 出生日期 身份証號碼
Correspondence Address: _____ Tel No.: _____
通訊地址 電話
Occupation: _____ Office Tel. No.: _____
職業 公司電話
Employer's Name: _____
僱主名稱
Employer's Address: _____
僱主地址

DETAILS OF THE ACCIDENT 意外詳情

Date: _____ Time: _____ Place: _____
日期 時間 地點
Detailed Description: _____
詳細描述
Police File Reference: _____ Reporting Police Station: _____
警署檔案編號 報案之警署
Witness's Name: _____ Tel. No.: _____
證人姓名 電話
Address: _____
地址
Relation with the Insured Person: _____
與受保人關係

THE INJURY 受傷情況

Nature of Injury: _____
受傷情況
Hospitalized at: _____ Treatment: _____
曾留院於 曾接受治療
Period unable to attend normal duties: From _____ to _____
不能工作日期 由 至
Fully recovered? Yes No
完全康復 是 否
If Yes, please specify the date: _____
如是，請陳述日期
If No, please state any further treatment require: _____
如否，請陳述日後所需的治療
Name(s) of Doctor(s) in attendance: _____ Tel. No. _____
醫生姓名 電話
Doctor(s)'s address(es): _____
醫生地址

OTHER INSURANCE / COMPENSATION 其他保險 / 保障

Whether the Insured Person is entitled to claim from other source?
投保人是否有權要求其他賠償
Yes Please specify: _____
是 請詳述之
No
否
If the report accident occurred in the course of the Insured Person's employ, whether the injury has been reported to Labour Department.
如果意外是發生在受僱期間，可有將意外情況報告上勞工處
Yes Please submit Form 2, Form 5 etc.,
是 請提交表格二、表格五等文件
No Please give reason(s): _____
否 請詳述理由

DECLARATION 聲明

I/We hereby declare that the information given on this report is true to the best of my/our knowledge and belief.
上述所填報之資料乃盡本人/我們所信而提供，而且全部屬實

Insured Person's Signature _____
受保人簽名
Date: _____
日期

Insured's Signature _____
投保人簽名
Date _____
日期