Domestic Worker Claim Form
家庭傭工保險索償申請表

This form must be completed truthfully and accurately. If the space is not enough or no applicable field available, please supplement information by attachment.
請正確填寫此申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary.
The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denia of your claim.
各部份之「所需文件」只是概括要求，本公司保留權利在有需要時要求閣下提供更多文件以處理有關的索償申請。如所遞交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請有可能會受延誤或被拒絕。

The completed form should be returned to us together with all supporting documents as soon as possible at the following address:
請填妥索償申請表並連同所有有關文件盡快寄回以下地址：

Prestige International Wealth Management Limited
Room E, 35/F, Tower B, Billion Centre,1 Wang Kwong Road,
Kowloon Bay, Hong Kong
Facsimile: 852 3759 6800
Email address: insurance@prestigegroup.com.hk
www.pi-wealth.com

天譽國際財富管理有限公司
香港九龍灣宏光道1號億京中心B座35樓E室
傳真：852 3759 6800
電郵地址：insurance@prestigegroup.com.hk
www.pi-wealth.com

Section I - General Information 第一部份 一般資料（必須填寫）

Policy/certificate no. 保單號碼	Name of Insured (Chinese & English) 受保人姓名(中文及英文)	ID card no./passport no. 身份證/護照號碼
Telephone no. (Mobile) 電話號碼(手提電話) Acknowledgement will be sent to this mobile phone number via SMS upon receipt of this original form. 本公司將會在收到此索償申請表正本後發送確認短訊至此手提電話號碼。	E-mail address 電郵地址	
Mailing address 聯絡地址(請盡量以英文填寫)		
Name of domestic worker 家傭姓名	ID card no. / passport no. of the domestic worker 家傭身份證/護照號碼	

Please download Form 2/2B from the website of Labour Department for Employees' Compensation Claim.
僱員賠償保障之索償請於勞工署網頁下載表格2/2B以填報。

Claims Payment Method (Required) (Please tick) 賠償支付方式 (請選擇) (必須填寫)

The request for payment mode is not an admission of our liability. If the claim is eligible, the payment shall be payable to the relevant Insured only based on the following details provided.
本公司特此聲明此項要求並不代表本公司承認賠償責任。如果索償成功，所有賠償均只可支付予此索償之相關受保人如下提供的信息。

Notice: 1Purpose for collection: (i) Solely to enable Prestige Insurance to effect settlement payment for eligible claim(s). (ii) Prestige Insurance shall only make payment according to the details provided in this section. 2We will facilitate payment by HKD cheque delivered to the Policy Holder's/eligible Claimant's mailing address if we cannot proceed with the selected payment method.3. Prestige Insurance reserves the right to determine the claim payment method at its absolute discretion.

注意事項: 1. 收集目的：(i) 僅使天譽保險能夠對符合條件的索償進行賠償付款。 (ii) 天譽保險將只會根據以下提供的資料進行付款。
2.如無法使用以下所選擇的支付方式，天譽保險會以港幣支票作為賠償方式並郵寄往受保人/ 符合條件的索償者的通訊地址。
3.天譽保險保留自行決定其索償款項的付款方法的權利。

Please choose one.
請選擇其一

☐ Faster Payment System (FPS) 快速支付系統 (「轉數快」) — **Only applicable for claims payment amount under HKD5,000.
**只適用於不超過港幣5,000 元的索償支付金額之個案。

或 or

☐ Direct credit to Hong Kong Bank Account (HKD account only) 支付到銀行帳戶 （只限港幣戶口）

或 or

☐ Hong Kong Dollar Cheque 港幣支票 — ** Deliver to the Policy Holder's/eligible Claimant's mailing address.
** 郵寄往受保人/ 符合條件的索償者的通訊地址。

If you choose Faster Payment System (FPS) for your claim(s), please complete the following: 如選擇使用 快速支付系統 (「轉數快」) 為你的賠償支付方式，請填寫以下資料：

Notice:
1. Please ensure the proxy (phone number/e-mail address/FPS ID) you've provided is already registered with Faster Payment System, otherwise the payment cannot proceed.
2. Claims Payment can only be addressed to Policy Holder /eligible Claimant. Please ensure the registered proxy with bank account holder's name is the same as the name of Policy Holder/ eligible Claimant(s), otherwise the payment cannot proceed.
3. Please provide **One (1)** of the proxy (phone number /e-mail address/FPS ID) in below field.
4. Please provide **e-mail address** for sending Claim statement, otherwise the payment cannot proceed.

注意事項:
1. 請確保以下提供的識別代號（電話號碼/電郵/快速支付系統識別碼）已在快速支付系統中註冊，否則無法進行付款。
2. 賠償付款僅支付給保單持有人/ 符合條件的索償者。請確保註冊快速支付系統的銀行帳戶持有人姓名與保單持有人/ 符合條件的索償者姓名相同，否則無法進行付款。
3. 請於下面只提供 **一個** 快速支付系統識別代號（電話號碼 /或 電子郵件地址 /或 快速支付系統識別碼）。
4. 請提供**電子郵件地址**以發送賠償明細表，否則無法進行付款。

(FPS) Telephone no. (轉數快) 電話號碼 +852	或 or	(FPS) E-mail address (轉數快) 電郵地址	或 or	FPS ID 快速支付系統識別碼

E-mail address
電郵地址
Claim statement will be sent to this e-mail address upon payment
賠償明細表將發送到此電郵地址

或 or

If you choose Direct credit to Hong Kong Bank Account for your claims, please fill the following: **如選擇使用 支付到銀行帳戶，請填以下資料：**

Notice:
1.Please provid廿e a **copy of bank passbook or ATM card**, otherwise the payment cannot proceed.
2.Claims Payment shall only be addressed to Policy Holder/ eligible Claimant. Please ensure the bank account holder's name is the same as the name of Policy Holder/ eligible Claimant(s), otherwise the payment cannot proceed.
3. Please provide **e-mail address** for sending Claim statement, otherwise the payment cannot proceed.

注意事項:
1. 請提供 **銀行存摺 或 提款卡副本**，否則無法進行付款。
2. 賠償付款僅支付給保單持有人 / 符合條件的索償者。請確保銀行帳戶持有人姓名與保單持有人/ 符合條件的索償者姓名相同，否則無法進行付款。
3. 請提供**電子郵件地址**以發送賠償明細表，否則無法進行付款。

Account Holder's Name 戶口持有人姓名	Bank Name 銀行名稱
Bank Code 銀行號碼 ☐☐☐ Branch Code 分行號碼 ☐☐☐ Account Number 戶口號碼 ☐☐☐☐☐☐☐☐☐☐	
E-mail address 電郵地址	Claim statement will be sent to this e-mail address upon payment 賠償明細表將發送到此電郵地址

Section II (A)- Medical Expense Reimbursement/Hospital Income 第二部份(甲) 醫療費用/住院現金

Documents required under SECTION II(A):

Medical Expense Reimbursement

- Original hospital/medical bill(s)/receipt(s)/medical report stating diagnosis and the date of the injury/sickness commenced and certified by a qualified medical practitioner

Hospital Income

- Medical certificate from a qualified medical practitioner certifying the number of days of hospitalization.
- Hospital discharge summary.

第二部份(甲) 所需文件:

醫療費用

- 由註冊醫生發出的醫療報告/收據正本，並註明診斷結果及受傷或疾病發生日期

住院現金/緊急入息援助

- 由註冊醫生發出的醫療證書證明住院日數
- 出院總結

Date of injury/sickness 發生意外或疾病的日期 DD 日 MM 月 YYYY 年	Time of injury/sickness 發生意外或疾病的時間 ☐☐ A.M. / P.M. 上午 / 下午	Date of first consultation with doctor / hospital 首次求診日期 DD 日 MM 月 YYYY 年
In the case of injury, where and how did the accident occur? In the case of sickness, what were the symptom(s) and when did the symptom(s) first appear? 如屬受傷個案，請詳述意外發生的地點及經過。如屬疾病個案，請詳述疾病的徵狀及首次出現病徵的時間。		
Nature of injury/diagnosis of sickness 傷勢/病況的診斷結果		
Name and address of the attending doctor 主診醫生姓名和地址	If hospitalized, please state the name, address and the period of the hospitalization 如曾住院，請列出住院地點、地址及期間	
From 由 DD 日 MM 月 YYYY 年	To 至 DD 日 MM 月 YYYY 年	Claim amount (Please indicate the currency) : 索償金額(請註明貨幣) :
Was the injury due to any other party's fault? 意外是否第三者的責任？ ☐ Yes 是 ☐ No 否	If yes, please provide the details of the third party, including the name, address and contact number 如是，請提供第三者的資料，包括姓名、聯絡地址及電話	

Section II(B) - Personal Accident Insurance 第二部份 (乙) 人生意外保障

Date of accident 意外發生日期 DD 日 MM 月 YYYY 年	Time of loss 時間 ☐☐ A.M. / P.M. 上午 / 下午	Place of accident 地點
Full description of how the accident occurred and the injuries sustained 詳述意外發生的經過及所遭受的損傷		
Name and address of the attending doctor 主診醫生姓名及地址		
Full name and telephone no. of witness(es), if applicable 證人姓名及電話號碼 (如適用)		
Cause of death, if applicable 死亡原因(如適用)	Permanent disability (degree and extent), if applicable 永久傷殘的程度(如適用)	
Name of the claimant (Chinese & English) in fatal case 索償申請人姓名(中文及英文)，僅適用於死亡個案	Claimant's relationship to the domestic worker (the deceased) 索償申請人與死者之關係	ID card no. / passport no. of the claimant 索償申請人身份證/護照號碼

Section II(C) - Domestic Worker Liability and/or other claims 第二部份(丙) 家傭責任及/或其他索償

Full description of the incident, including how, when and where it happened, and the extent of the damage/loss 詳細描述意外發生的時間、地點及經過，以及損失程度	
Full name and telephone no. of the third party / claimant 第三者/索償人姓名及電話號碼	Full name and telephone no. of the witness(es), if applicable 證人姓名及電話號碼 (如適用)

Remarks: Any lawsuit, demand, claim or proceeding of any types relating to the incident of which becomes aware of, and received from thethird party claimant, should be immediately forwarded to us without acknowledgement.
No liability should be admitted and no settlement or promise of payment should be reached or made to the third party without our prior approval.

備註： 如收到任何第三者對有關事件的索償要求、法庭傳票、通告及書面命令，或涉及任何法律訴訟，切勿自行處理，應立即通知及提交本公司處理
未得本公司事先同意前，不要向第三者承認任何責任或達成和解或付款承諾

Section III - Declaration and Authorization 第三部份　聲明及授權

A. The undersigned Insured(s) / Claimant(s) HEREBY DECLARE that to the best of the Insured(s') / Claimant(s') knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind.

B. In relation to the personal data collected in this claim form, the Insured(s)/Claimant(s) agree and acknowledge that:
(a) (unless specifically indicated otherwise in this form) the personal data requested in this form (or otherwise provided during the course of the claim process) is necessary for Prestige International Wealth Managemnet Limited("Prestige Insurance") to process the insurance claim and any such data not provided may mean the claim cannot be processed.
(b) the personal data collected in this form may be used by Prestige Insurance for purposes which include 1) assessing, investigation, adjusting and making a decision on this claim; 2) otherwise for the purpose of administering the insured(s') insurance policy (including pursuing recovery from reinsurers) and 3) for other purposes stated elsewhere in this form.
(c) Prestige Insurance may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) above:
i) third parties providing services related to the administration of the Insured's policy (including reinsurers);
ii) financial institutions for the purpose of processing this application and obtaining policy payments;
iii) loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
iv) another member of the AIG group (for all of the purposes stated in (b)) in any country; or
v) other parties referred to in Prestige Insurance's Data Privacy Policy for the purposes stated therein.
(d) The Insured(s)/Claimant(s) may gain access to, or request correction of their personal data (in both cases, subject to a reasonable fee)at any time, by writing to Prestige International Wealth Managemnet Limited at Room E, 35/F, Tower B, Billion Centre,1 Wang Kwong Road, Kowloon Bay, Hong Kong or insurance@prestigegroup.com.hk. The same addresses may be used to contact us with any comments on our service. The full version of Prestige Insurance's Data Privacy Policy can be found at www.pi-wealth.com.

C. The Insured(s) / Claimant(s) hereby irrevocably authorize:
(a) any organization, institution, or individual that has any information, record or knowledge of the Insured(s') health and medical history or any treatment or advice rendered thereto to disclose to Prestige Insurance such information, record and knowledge;
(b) Prestige Insurance or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate the Insured(s') health status in relation to the Claims therein and any matter arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome(AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites;
(c) the police that has any of the Insured(s') information to provide Prestige Insurance with the information including but not limited to the police reports, witness statements, investigation and/or prosecution results;
(d) airline(s) that has/have any of the Insured (s') information to provide Prestige Insurance with the information including but not limited to flight details, booking details, irregularities reports and all information related to the Insured (s') bookings; and
(e) any organization institution or individual that has any information, record or knowledge of the Insured(s') travel record to disclose to Prestige Insurance such information, record and knowledge.
This authorization shall bind the Insured(s') / Claimant(s') successors and assigns and remain valid notwithstanding the Insured(s') / Claimant(s') death or incapacity in so far as legally permissible.
A photocopy of this authorization shall be as valid as the original.

D. 於本索償申請表簽署之受保人/索償申請人謹此聲明盡其所知所信，上述所申報的一切資料均屬正確無誤，並無任何保留。

E. 就有關從此索償申請表所收集的個人資料，受保人/索償申請人同意及確認：
(a) 除非於本表格上另有訂明 ，本表格所要求提供的個人資料(或於處理索償時所要求提供的個人資料)是供天譽國際財富管理有限公司(“天譽保險”) 處理保險索償申請的所需資料，若未能提供任何所需資料索償申請則可能不被處理；
(b) 天譽保險可按列於其私隱政策的用途使用此表格所收集之個人資料，其用途包括:1)評核、調查、調整及就此索償申請作出決定; 2)管理受保人的保單(包括向再保險公司索取賠償) 及3)任何於本表格其它位置列明的目的；
(c) 天譽保險亦可向以下類別的人士 (不論在香港或海外)轉交該些個人資料，作上述（b） 項所列明之用途:
(i) 提供有關本人/吾等保單管理服務的第三者（包括再保險公司）；
(ii) 財務機構，作處理此申請及收取保費；
(iii) 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜；
(iv) 其它在任何國家之天譽保險之成員公司，作上述（b） 項所有列明之用途；或
(v) 其它於天譽保險私隱政策所列明的人士，作於私隱政策列明之用途。
(d) 受保人/索償申請人可隨時致函到天譽國際財富管理有限公司(地址:香港九龍灣宏光道1號億京中心B座35樓E室或電郵:insurance@prestigegroup.com.hk) 查閱、或要求修改其個人資料（天譽保險可就查閱及修改要求收取合理費用）。如對天譽保險提供的服務有任何意見，可按上述地址聯絡天譽保險。天譽保險私隱政策的全文載於www.pi-wealth.com。

C. 受保人/索償申請人茲授權:
(a) 任何知悉或擁有受保人之健康狀況及病歷或任何治療或諮詢記錄或資料及曾為或將為受保人診治之機構、組織或人士，向天譽保險透露有關資料及記錄;
(b) 天譽保險或任何其認可之驗身醫生或化驗所，替受保人進行所需之醫療評估及測試，並對受保人之健康狀況進行審核及評估，作為處理本索償申請及其後與之有關的賠償事宜。此等化驗包括，但並不限於膽固醇及有關之血脂肪、糖尿病、肝或腎功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代產物之含量等化驗;
(c) 警方向天譽保險提供有關受保人之任何資料包括但不限於警察報告、証人口供、調查及/或檢控結果;
(d) 航空公司向天譽保險提供有關受保人之任何資料包括但不限於航班資料、訂位資料、違規報告及所有有關受保人之訂位資料;及
(e) 任何知悉或擁有受保人之出入境資料紀錄之機構、組織或人士向天譽保險透露有關資料及紀錄。

此授權書不得徹回。在法律許可下，即使受保人/索償申請人死亡或喪失能力，此授權書仍然存有法律效力，而受保人/索償申請人之繼承人及轉讓人亦會受此授權書約束。此授權書之副本與正本均屬有效。

Name of insured 受保人姓名	Signature of insured 受保人簽署
ID card no./passport no. 身份證/護照號碼	Date 日期　DD 日　MM 月　YYYY 年
Name of domestic worker 家傭姓名	Signature of domestic worker 家傭簽署
ID card no./passport no. 身份證/護照號碼	Date 日期　DD 日　MM 月　YYYY 年

Agent/Brokers information(if applicable)　保單經紀資料（如適用）

Name of agent/broker 經紀姓名	Agent / broker's email address 經紀電郵地址	Agent / broker's telephone no. (Mobile) 經紀電話號碼(手提電話) Claim Acknowledgement will be sent to this mobile phone number via SMS upon receipt of this orginal form. 本公司將會在收到此索償申請表正本後發送確認短訊至此手提電話號碼。

04/2020