Personal Accident Claim Form (A) 個人意外索償申請表 (A)

Please send the completed claim form to claims.hk@bolttechinsurance.com
請將填妥的理賠表格發送至 claims.hk@bolttechinsurance.com

It is important that a complete answer be given to every applicable question. If insufficient space is provided for your answers, please continue on a separate sheet.
請詳細填報表格上每一個適用的項目。如空位不足，請自備補充頁填寫。

Policy number 保單號碼	Name of Agent 保險代理人

Insured 保户

Full name
姓名 _____

Correspondence address#
通訊地址 # _____

_____

Tel no.#
電話 # _____

E-mail address#
電郵地址 # _____

Insured Person 受保人

Same as above 同上 ☐

Full name
姓名 _____

Occupation
職業 _____

Correspondence address#
通訊地址 # _____

_____

Tel no.#
電話 # _____

E-mail address#
電郵地址 # _____

For the use of this claim only 只限於此索償之用

Details of the Accident 意外情況

Date and time of accident 意外發生日期及時間 _____

Place of accident 意外發生地點 _____

State how the accident occurred 意外發生經過

_____

_____

Nature of claim 索償項目 (please put a "✓" in the appropriate box 請在格內用 "✓" 選擇適合項目)

☐ Medical expenses 醫療費用

☐ Chinese bonesetter / acupuncturist treatment expenses 中國跌打 / 針灸費用

☐ Total amount claimed 索償總額

_____

Details of the Injury 受傷情形

Nature of injury 受傷之性質 _____

Part(s) of body injured 受傷部位 _____

Has the insured person fully recovered? Yes/No*
受保人是否已完全康復？ 是 / 否 *
If NO, please give details 若否，請詳述 : _____

*Please delete whichever is inapplicable 請刪去不適用者

Other Insurance or Compensation 其他保險或賠償

Is/Are any other insurance policy (ies) covering the expenses involved? YES/NO*
上述項目是否受保於其他保險合約？ 是 / 否 *

If Yes, please provide the following information 如是，請提供以下資料：
Name of Insurance company 保險公司名稱

_____

Class of Insurance 保險種類 _____ Policy no. 保單號碼 _____

Amount claimed 索償金額 _____ Currency 貨幣 _____

*Please delete whichever is inapplicable 請刪去不適用者

Claim Payment Method 賠償款項方式

Subject to the terms and conditions of your policy, the Claimant may select to receive the claim payable amount by way of direct credit or cheque. If you do not provide payment preference as below, a cheque will be issued for any claim payment.

在保單條款許可情況下，閣下可選擇以銀行轉賬或支票方式收取賠償款項。如閣下沒有提供以下銀行轉帳資料作收取賠償款項方式，而索償案件申請被核准後 , 將視作選擇以支票收取賠償款項。

Option (1) 選擇 (一)

☐ By direct credit 銀行轉賬 – for HKD account only 只限港幣戶口

Please provide the Insured Person's bank account details. A copy of bank book or bank statement showing the name and bank account number of the Insured Person MUST be provided. 請提供受保人的銀行資料，並必須提供顯示受保人的姓名及銀行賬戶口號碼的銀行存摺或月結單副本。

Important Notes for direct credit 銀行轉賬重要事項

a. The claim payment shall be credited to the bank account in the name of Insured Person in accordance with the terms and condition of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.
有關之賠款將按其保單條款，存入該受保人名下之銀行賬戶。請確保賬戶號碼及賬戶持有人名稱正確，以免引致不必要之延誤。

b. If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and / or account holder name, we shall not be liable to make any further payment and any other extra banking handling charges regardless of whether the claim payment can be recovered.
如閣下提供之銀行賬戶號碼及 / 或戶口持有人名稱不正確，而導致本公司將相關賠款存至第三者戶口，無論有關賠款能否取回，本公司無任何責任再支付該賠款及其引致之相關銀行手續費用。

Bank Account Information 銀行賬戶資料

銀行名稱 Bank name	銀行編號 Bank code	銀行分行編號 Branch code	銀行賬戶口號碼 Bank A/C no.

賬戶持有人姓名 (英文及大楷寫) Name of account holder (In English & Block Letter)	

Option (2) 選擇 (二)

☐ Hong Kong Dollar Cheque 港幣支票

Declaration 聲明

I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.

本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。 透過以下簽名，本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。

Claimant's signature 索償人簽名	H.K.I.D. Card no. 香港身份證號碼	Date 日期
Insured's signature (& Company Chop, if applicable) 保户簽名 (及公司蓋章，如適用)	HKID Card No./B.R. no. 香港身份證號碼 / 商業登記號碼	Date 日期

The following document should be submitted (if applicable) 請呈交以下相關文件 :

1. Please attach the relevant medical report, original medical expenses receipt, sick leave certificate and Doctor's referral letter to certify the expenses.
   請附交有關之醫療報告、收條正本、病假證明及醫生轉介信等以證明索償金額。
2. For accidental death, please submit your claim with the supporting documents (e.g. Accident Report, Police Report, Death Certificate and/or any relevant documents.) If the next of kin(s) is/are minors (persons not yet 18 years of age) please give particulars of the Official Administrator(s) and provide copies of the documentation authorizing that person to act in this capacity.
   若為意外身亡索償，請附交有關資料如意外報告、警方報告、死亡證及有關文件等，如受益人為未成年人士，請提供其代理人之資料，以及有關之授權代理證明文件。
3. For compensation relating to Temporary Total Disablement, please provide the relevant income statement stating gross income for previous 12 months.
   若是有關暫時性完全喪失工作能力索償，請附上列明最近 12 個月總收入的文件。

Notes 注意 :

1. Submission of this form does not constitute admission of any liability by bolttech Insurance.
   呈上此表格並不代表保特保險承認相關責任。
2. Completed claim form together with supporting documents should be forwarded to bolttech Insurance within the time stipulated in the insurance policy.
   請將已填妥之表格及有關證明文件，在保單指定日期內呈上保特保險。
3. Claims will not be processed unless declaration is signed by the claimant.
   保特保險只接受已簽署之索償申請表。
4. If you are claiming for reimbursement of medical or other expenses, full details and documentary evidence must be provided.
   若要申索醫療或其他費用的賠償，請提供詳細資料及證明文件。

It is important that the Certificate of Medical Attendant be completed by a fully qualified and registered medical practitioner at the expense of the Insured.
醫生證明書必須由政府註冊及批准執業之醫師填寫 , 所需費用由受保人承擔。

Certificate of Medical Attendant 醫生證明書					
1. Name of Patient		ID Card No.		Age	
2. Date of accident					
3. Cause of injury					
4. Diagnosis					
5. When did you first consult for these injuries?					
6. Treatment given (e.g. suturing, physiotherapy, type of dressing, etc) Date: Treatment:					
7. Other medical treatment or examination required (if yes, please give details) (a) Hospitalization? ..... Yes/No* Date admitted ..... Date discharged ..... (b) X-rays? ..... Yes/No* Please specify..... (c) Special diagnostic procedures? ..... Yes/No* (d) Surgery? ..... Yes/No* Please specify.....					
8. How long has the Patient been totally disabled from engaging in or attending to his usual employment or occupation as a result of these injuries or illnesses?			From .....to		
9. How long do you think such disability will last?			From .....to		
10. Does the Patient have any other disease or physical defect? Yes/No* If YES, (a) What is the nature? .....(a) (b) To what extent may recovery be affected thereby? (b)					
Signature:			Qualifications:		
Address:			Date		

*Please delete whichever is inapplicable 請刪去不適用者

Personal Information Collection Statement ("PICS")
收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited's (the "Company") PICS. You can also request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.

請掃描以下二維碼查看保特保險 (香港) 有限公司 （「 本公司」） 的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。

English

中文