



**人身意外索償表格 PERSONAL ACCIDENT CLAIM FORM**

閣下必需就每條問題提供完整答案。若表格上沒有足夠空位填寫答案, 請使用另一張紙補充。  
It is important that a complete answer be given to every question. If insufficient space is provided for your answers please continue on a separate sheet.

保單號碼 POLICY NUMBER

**| 投保人或保單持有人 • Insured or Policyholder |**

全名 Full Name \_\_\_\_\_  
 郵寄地址 Postal Address \_\_\_\_\_  
 \_\_\_\_\_  
 電話號碼 Tel. No. \_\_\_\_\_ 傳真機號碼 Fax No. \_\_\_\_\_  
 電郵地址 Email Address \_\_\_\_\_ @ \_\_\_\_\_  
 聯絡人 Contact Person \_\_\_\_\_

**| 受傷學生/學校僱員 • Injured Person |**

全名 Full Name \_\_\_\_\_ 年齡 Age \_\_\_\_\_  
 學生 / 教師 / 文職 / 其他 : \_\_\_\_\_  
 STUDENT / TEACHER / CLERICAL STAFF / OTHERS :

**| 意外詳情 • Accident |**

日期 Date \_\_\_\_\_ 時間 Time \_\_\_\_\_ 上午/下午\* am/pm\*  
 地點 Place \_\_\_\_\_  
 請詳細說明意外經過 State fully what happened \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*刪去不適用者 \*DELETE AS REQUIRED

CL 8 - 10/05

### | 索償項目 · Nature of Claim |

醫療費用 Medical expenses

中國跌打及針灸費用

Chinese bonesetter / acupuncturist treatment expenses

### | 受傷情況 · Injury |

■ 受傷性質 Nature of injury \_\_\_\_\_

■ 該受傷學生/學校僱員之受傷部份以往是否曾經受傷。 是 / 否\*  
Has he/she previously suffered from an injury to the same part? YES / NO\*

如是,請詳述: If YES, please give details : \_\_\_\_\_

■ 主診醫生姓名及地址 Name and address of the Doctor attending the injured person : \_\_\_\_\_

■ 該醫生是否傷者經常求診之醫生。 Is he/she the injured person's usual doctor? 是/否\* YES/NO\*

■ 傷者是否已完全康復? Has the insured person fully recovered? 是/否\* YES/NO\*

若否,請詳述: If NO, please give details : \_\_\_\_\_

### | 其他保險或補償 · Other Insurance or Compensation |

■ 受傷學生/學校僱員現時是否就是次受傷於其他保險計劃索償或正接受其他來源之補償。 是 / 否\*  
Is the injured person claiming under any other insurance or receiving compensation YES / NO\*  
from any other source?

■ 如是,請詳述: 保險公司名稱  
If YES, give details : Name of Insurer \_\_\_\_\_

保險種類 保單號碼  
Class of Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_

已索償金額(港幣)  
Amount Claimed(HK\$) \_\_\_\_\_

### | 聲明 · Declaration |

就我/我們所知, 以上所列乃屬真實。

I/We declare that these particulars are true to the best of my/our knowledge and belief.

根據香港個人資料(私隱)條例, 本人, 簽署如下, 同意招商永隆保險有限公司得到或持有之本人個人資料(該等資料可能在此表格提供或從其他途徑得到)可透露予本港或海外之個人或組織機構以作為處理任何索償分析之用途。

In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong, by signing below, I/we consent that the personal information collected or held by CMB Wing Lung Insurance Company Limited (whether contained in this Application or otherwise obtained) is provided and may be disclosed to individuals or organisations within or outside of Hong Kong for the purpose of administration of claim or analysis of it.

\_\_\_\_\_  
學校簽署及蓋章 School Signature & Chop

\_\_\_\_\_  
日期 Date

\*刪去不適用者 \*DELETE AS REQUIRED

#### 注意 Note :

1. 呈上此表格非視為本公司承認有關責任。 By submission of this form this Company makes no admission of liability.
2. 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本公司。 Completed claim form together with supporting documents should be forwarded to this Company within the time stipulated in the insurance policy.
3. 本公司只接受已簽署之索償申請表。 Claims will not be processed unless declaration is signed by the claimant.
4. 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。 If you are claiming for reimbursement of medical or other expenses, full details and documentary evidence must be provided.