Guidance for completing an Accident Claim Form Part I

Note:

- **all dates in claim form are in the format of mm/dd/yy**
- **please reply (e.g. "NIL" or "NA") for the answers of non-applicable questions**
- **please complete and sign for "Declaration and Authorization" on page 2 of claim form part I**
- **the claim form part I should be fully completed. Missing of information may lengthen the claims assessment process**
- **please countersign with date for any amended information**

Please state exact injured area
(e.g. left elbow, right knee)

Type of Injury
(e.g. sprain, contusion)

Please provide how incident happened in details

A. INSURED INFORMATION 受保人資料

Policy no. 保單號碼	Name of Insured 受保人姓名	ID card no. 身份證號碼	Age 年歲 Sex 性別	Mobile no. 手提電話號碼
Correspondence address 通訊地址				☐ New claim 首次索償 ☐ Further claim 再度索償
Present occupation 現職	Name & address of employer 僱主名稱及地址			☐ Reply document 回覆文件 ☐ Review / Appeal 重審 / 覆核

B. DETAILS OF ACCIDENT 意外詳情

1. Date, time and place of accident 意外日期、時間及地點
   MM/DD/YY 月/日/年 ☐ AM 上午 ☐ PM 下午 Place 地點
2. Part of body injured 受傷部位
3. Type of injury(e.g. sprain, contusion, cut injury) 傷勢 (例如：扭傷、挫傷、切傷)
4. How did the accident happen 意外發生經過
5. Did the Insured admit into a hospital for this accident 有否就是次意外住院
   ☐ No 沒有
   ☐ Yes 有 From 由 MM/DD/YY 月/日/年 To 至 MM/DD/YY 月/日/年 Name of hospital 醫院名稱
   Period of home leave during hospitalization 住院期間請假外出日期
   ☐ No 沒有
   ☐ Yes 有 From 由 MM/DD/YY 月/日/年 To 至 MM/DD/YY 月/日/年
6. Was the accident reported to the police 有否就是次意外報警
   ☐ No 沒有
   ☐ Yes 有，please provide name of the police station, reference number and copy of police report / statement 請提供報案警署名稱、報案號碼及警察報告 / 口供紙
7. Consultation details 就診詳情
   Consultation date (MM/DD/YY) 就診日期 (月/日/年) — Name and address of doctor / hospital 醫生 / 醫院名稱及地址
   (a) The doctor / hospital first consulted for this injury 首次就診此傷患之醫生 / 醫院資料
   (b) Other doctor / hospital seen for this injury 其他曾診治此傷患之醫生 / 醫院資料
8. Did you submit a claim for any Social Welfare compensation for this accident 有否因此意外申請社會保障賠償
   ☐ No 沒有
   ☐ Yes 有，please give details 請提供詳情
9. Are you making any other insurance claim regarding this accident 有否向其他保險公司就是次意外提出索償
   ☐ No 沒有
   ☐ Yes 有，please provide 請提供 name of the insurance company(ies) 保險公司名稱 policy number(s) 保單號碼