

# 受傷索償表格

## Injury claim form



所有問題均須由受保人完全作答  
All questions must be answered by insured person

保單號碼  
Policy No. \_\_\_\_\_

1. 保戶姓名英文／中文  
Name of Insured in full (English/Chinese) \_\_\_\_\_ 年齡  
Age \_\_\_\_\_  
地址  
Address \_\_\_\_\_ 聯絡電話(日間)  
Tel no. (Daytime) \_\_\_\_\_  
職業  
Occupation (describe fully) \_\_\_\_\_ 身份證號碼  
Identity Card No. \_\_\_\_\_

2. 意外在何時何地發生  
When and where did the accident occur?  
(a) Date 日期 \_\_\_\_\_ (b) Time 時間 \_\_\_\_\_  
(c) Place 地點 \_\_\_\_\_

3. 請詳述意外如何發生  
How did the accident occur? (Please state fully) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. 受傷部位  
Part of body injured  
手 hand 腳 leg  
頭 head 眼 eye  
其他 others \_\_\_\_\_  
(請說明 please specify)

受傷性質  
Nature of injury  
扭傷 sprain 折骨 fracture 燒傷 burn  
撞傷 contusion 割傷 laceration  
其他 others \_\_\_\_\_  
(請說明 please specify)

5. 病假完畢後會否繼續應診?  
After the sick leaves, do you need to attend follow up treatment/consultation: 會/否  
Yes/No  
若然, 何時  
If yes, when \_\_\_\_\_

6. 估計何時完全康復, 並可繼續工作?  
When do you anticipate being able to recover completely and resume your duties or attend to your business? \_\_\_\_\_

7. 意外後首位診症醫生之姓名及地址  
Give name and address of the Doctor who attended you immediately after the accident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. 對是次意外有否向其他保單索償(包括勞工, 醫療及團體/公司醫療保險)?如有, 請述保險公司名稱  
Are you claiming under any other Policy or Policies (including employees compensation, medical and group/employers medical scheme) in respect of this Accident? If so, state name of Insurance Company or Companies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 聲明:

本人特此聲明本人以上所述之受傷事件是表面可見並因劇烈意外引起。而本人現依以上保單索償。本人在此重申以上所述事實之真確及本人對有關此項要求賠償事件並無對保險公司作重要資料之保留。

### DECLARATION:

I hereby declare that I have sustained the injuries described above by violent, accidental, external and visible means, and I claim compensation under the above policy in respect thereof. I hereby warrant that the above statements and facts are true, and that I have not withheld from the Company any material information connected with this claim.

本人/吾等再在此聲明及同意由蘇黎世保險(本公司)所收集或持有的個人資料, 不論包含在這意外報告表或以其他方式獲取, 均可供本公司使用或向在香港境內或境外之任何人或機構披露作以下用途: (1)評核此項申請, (2)提供保險及客戶服務, (3)處理保險的索償或有關之分析。

I/We further hereby declare and agree that the personal information collected or held by Zurich Insurance Company (the "Company"), whether contained in this accident report form or otherwise obtained, may be used by the Company or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis.

Signature of Policy Holder 保單持有人簽署

Signature of Insured Person 受保人簽署

Date 日期