

D. Claim Items and Required Documents 索償項目及所需文件

Please the relevant section(s), submit the required documents together with this form to speed up the claim processing.
請於相關的部分填上 ，遞交此表格及所需文件以加快索償申請。

We have the discretion to require more information/documents for claim assessment for the below claim items:
我們或需要更多的資料以處理以下索償申請。

<input type="checkbox"/> Personal Accident 個人意外	<ol style="list-style-type: none"> Boarding passes, air tickets etc. that confirming the departure and return dates 登機證、機票等證明出發及回程日期 Medical Certificate / Medical Report 醫療證明/醫療報告 Death Certificate in case of death, if applicable 死亡證 (如適用) Medical Certificate confirming the Insured Person is permanently disabled, if applicable 醫療證明以確認受保人是永久性殘疾 (如適用) ID or passport copy of Insured Person 受保人的身份證或護照副本
<input type="checkbox"/> Medical and Other Expenses 醫療及其他費用 <input type="checkbox"/> Hospital Cash 住院津貼	<ol style="list-style-type: none"> Boarding passes, air tickets etc. that confirming the departure and return dates 登機證、機票等證明出發及回程日期 Medical Certificate / Medical Report 醫療證明/醫療報告 Original Hospital and Medical Bills / Receipts showing the period of hospitalisation 住院及醫療單據正本顯示入院與出院日期 ID or passport copy of Insured Person 受保人的身份證或護照副本
<input type="checkbox"/> Baggage and Personal Effects 行李及個人財物	<ol style="list-style-type: none"> Boarding passes, air tickets etc. that confirming the departure and return dates 登機證、機票等證明出發及回程日期 Loss or damage report from relevant authorities e.g. police, airline or hotel, if applicable 有關機構 (例如: 警局, 航空公司或酒店) 發出的遺失或損毀報告 (如適用) Photos showing the extent of the damaged item 受損物品的相片 All original receipts and / or warranties 所有單據及/或保用證正本 ID or passport copy of Insured Person 受保人的身份證或護照副本
<input type="checkbox"/> Delayed Baggage 行李延誤	<ol style="list-style-type: none"> Boarding passes, air tickets etc. that confirming the departure and return dates 登機證、機票等證明出發及回程日期 Confirmation from the airline/carrier certifying the number of hours of delay & the reason(s) of delay 航空公司/客運機構延遲時間及原因證明 Original Receipts for purchase of necessities 購買必需品的收據正本 ID or passport copy of Insured Person 受保人的身份證或護照副本
<input type="checkbox"/> Personal Money and Travel Documents 個人錢財及旅遊證件	<ol style="list-style-type: none"> Boarding passes, air tickets etc. that confirming the departure and return dates 登機證、機票等證明出發及回程日期 Loss or damage report from relevant official organisations e.g. police, airline or hotel, if applicable 有關正規機構 (例如: 警局, 航空公司或酒店) 發出的遺失或損毀報告 (如適用) All exchange slip / withdrawal records, if applicable 兌換收據/提款記錄 (如適用) The original replacement receipts for the lost travel documents 補領旅遊證件的收據正本 ID or passport copy of Insured Person 受保人的身份證或護照副本 Copy of credit card statement showing the unauthorized use transactions 信用卡月結單副本以顯示未授權使用交易 Documents from the issuer of the lost card to confirm the transactions were unauthorized use 由有關發卡銀行發出的文件以確認交易是未獲授權下使用
<input type="checkbox"/> Personal Liability 個人責任	<ol style="list-style-type: none"> Boarding passes, air tickets etc. that confirming the departure and return dates 登機證、機票等證明出發及回程日期 Loss or damage report from relevant official organisations e.g. police, airline or hotel, if applicable 有關正規機構 (例如: 警局, 航空公司或酒店) 發出的遺失或損毀報告 (如適用) Compensation invoice or payment receipt for the damaged item(s), if applicable 補償損毀物品的發票或付款收據 (如適用) Relevant documents, e.g. summons, court documents, solicitors' correspondences, if applicable 其他有關之文件副本, 如法院傳票、法院文件、律師函件等 (如適用) ID or passport copy of Insured Person 受保人的身份證或護照副本
<input type="checkbox"/> Travel Delay 旅程延誤	<ol style="list-style-type: none"> Boarding passes, air tickets etc. that confirming the departure and return dates 登機證、機票等證明出發及回程日期 Confirmation from the airline/carrier certifying the number of hours of delay & the reason(s) of delay 航空公司/客運機構延遲時間及原因證明 Original Receipt(s) for the prepaid of transport cost and/or accommodation, if applicable 預繳交通及/或住宿費用的收據正本 (如適用) Original Receipt(s) for the additional transport cost and/or accommodation, if applicable 額外交通及/或住宿費用的收據正本 (如適用) Confirmation from the hotel / Travel agent / airline / carrier / certifying the amount of refund on the unused expenses 酒店/旅行社/航空公司/客運機構發出的退款證明 ID or passport copy of Insured Person 受保人的身份證或護照副本

<input type="checkbox"/> Loss of Deposit 損失訂金 <input type="checkbox"/> Cancellation or Curtailment of Trip 取消或提早結束旅程 <input type="checkbox"/> Missed Event 行程誤點	1. Boarding passes, air tickets etc. that confirming the departure and return dates 登機證、機票等證明出發及回程日期 2. Original Receipt for the prepaid transport cost and/or accommodation 預繳交通及 / 或住宿費用的收據正本 3. Original Receipt for the additional transport cost and/or accommodation 額外交通及 / 或住宿費用的收據正本 4. Confirmation from the hotel / Travel agent / airline / carrier / certifying the amount of refund on the unused expenses 酒店 / 旅行社 / 航空公司 / 客運機構發出的退款證明 5. ID or passport copy of Insured Person 受保人的身份證或護照副本 ID copy of Insured Person 受保人的身份證副本
<input type="checkbox"/> Rental Vehicle Excess 租用車輛自負額	1. Boarding passes, air tickets etc. that confirming the departure and return dates 登機證、機票等證明出發及回程日期 2. Incident report from the relevant authority 由有關機構發出的事件報告 3. Original vehicle rental agreement with detailed terms and conditions 租車合約正本 4. Original payment receipt for the rental charges and excess paid 租車費用及自負額費用的收據正本 5. ID or passport copy of Insured Person 受保人的身份證或護照副本

Personal Accident 個人意外			
(a)	Date & time of accident 意外發生的日期及時間	_____ DD 日 _____ MM 月 _____ YYYY 年, _____ Time 時間 AM / PM 上午 / 下午	
	Place of accident 意外發生的地點		
(b)	Describe how the accident occurred and the injuries sustained 請描述意外怎樣發生及所遭受的損傷		
(c)	Witness of the accident 意外目擊者	<input type="checkbox"/> Yes (please specify below) 有 (請於以下說明) <input type="checkbox"/> No 沒有	
		(1) Name 姓名	(1) Contact No. 聯絡號碼
		(2) Name 姓名	(2) Contact No. 聯絡號碼
(d)	Attending doctor 主診醫生	(1) Name 姓名	
		(2) Name 姓名	
(e)	Amount claimed (please state the currency) 索償金額 (請說明貨幣)		

Medical and Other Expenses / Hospital Cash 醫療及其他費用 / 住院津貼			
Note: If claim is resulted from accidental bodily injury, please also complete Personal Accident (a), (b) & (c) above. 注意: 倘因身體意外受傷而索償, 亦請填妥上文個人意外 (a)、(b) 及 (c) 部分。			
(a)	Date of sickness 生病日期	_____ DD 日 _____ MM 月 _____ YYYY 年	
(b)	Diagnosis of sickness 疾病的診斷		
(c)	Attending doctor 主診醫生	Name 姓名	
		Address 地址	

(d)	Hospitalisation 住院	<input type="checkbox"/> Yes (please specify below) 有 (請於以下說明) <input type="checkbox"/> No 沒有	
		Name of Hospital 醫院名稱	
		Address of Hospital 醫院地址	
(e)	Period of hospitalisation 住院日期	From 由	____ DD 日 ____ MM 月 ____ YYYY 年, ____ Time 時間 AM / PM 上午 / 下午
		To 至	____ DD 日 ____ MM 月 ____ YYYY 年, ____ Time 時間 AM / PM 上午 / 下午
(f)	Amount claimed (please state the currency) 索償金額 (請說明貨幣)		
(g)	For claims made under Medical and Other Expenses, please provide detail of the expenses. 如索償是關於醫療及其他費 用, 請提供索償開支的詳 情。		

Baggage and Personal Effects 行李及個人財物			
Note: Please submit the police report / Property Irregularity Report evidencing the notification. 注意: 請提交警察報告書/財物損失報告書, 證明已向有關方面報失。			
(a)	Date & time of loss / damage 遺失/損壞的日期及時間	____ DD 日 ____ MM 月 ____ YYYY 年, ____ Time 時間 AM / PM 上午 / 下午	
	Place of loss / damage 遺失/損壞的地點		
(b)	Describe the lost / damaged item(s) 請描述所遺失/損壞的物件		
(c)	Describe how the loss / damage occurred 請描述如何遺失/損壞物件		
(d)	Did the loss / damage arise from delay or confiscation or detention by customs or other official? 物件遺失/損壞是否因海關或其 他官員延誤或充公或扣留所致?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有	
(e)	Reported to police / airline / hotel 向警方/航空公司/ 酒店報失	<input type="checkbox"/> Yes (please specify below) 有 (請於以下說明) <input type="checkbox"/> No 沒有	
		Date & Time 日期及時間	____ DD 日 ____ MM 月 ____ YYYY 年, ____ Time 時間 AM / PM 上午 / 下午
		Name of the police station/ airline/ Hotel 報案警署/航空公司/酒店	
		Reference No. 檔案編號	
(f)	Loss / damage occurred whilst in the custody of airline or carrier 物件的遺失/損壞是在航空公 司保管期間	<input type="checkbox"/> Yes (please specify below) 有 (請於以下說明) <input type="checkbox"/> No 沒有	
		Date & Time 日期及時間	____ DD 日 ____ MM 月 ____ YYYY 年, ____ Time 時間 AM / PM 上午 / 下午
(g)	Amount claimed (please state the currency) 索償金額 (請說明貨幣)		

Delayed Baggage 行李延誤

Note: Please submit the Property Irregularity Report evidencing the notification.
 注意：請提交財物損失報告書，證明已向有關運輸公司方面報失。

(a)	Flight no. / Name of ocean carrier & name of vessel 航班編號／遠洋貨船公司和船舶名稱	
(b)	Destination 目的地	
(c)	Date & time of arrival 預定抵達日期及時間	_____ DD 日 _____ MM 月 _____ YYYY 年, _____ Time 時間 AM / PM 上午 / 下午
(d)	Date & time of the baggage available for collection 收取行李的實際日期和時間	_____ DD 日 _____ MM 月 _____ YYYY 年, _____ Time 時間 AM / PM 上午 / 下午
(e)	Date & time of reporting the delay to airline / carrier 向航空公司／貨船公司報告行李延誤的日期和時間	_____ DD 日 _____ MM 月 _____ YYYY 年, _____ Time 時間 AM / PM 上午 / 下午
(f)	Amount claimed (please state the currency) 索償金額（請說明貨幣）	
(g)	Please provide detail of the expenses 請提供索償開支的詳情	

Personal Money and Loss of Travel Documents 個人錢財及遺失旅遊證件

Note: Please submit the police report / Property Irregularity Report evidencing the notification.
 注意：請提交警察報告書／財物損失報告書，證明已向有關方面報失。

(a)	Date & time of loss 遺失的日期及時間	_____ DD 日 _____ MM 月 _____ YYYY 年, _____ Time 時間 AM / PM 上午 / 下午	
	Place of loss 遺失的地點		
(b)	Describe how the loss occurred 請描述如何遺失		
(c)	Describe the lost item(s) 請描述遺失的物件		
(d)	Reported to police / airline / hotel 向警方／航空公司／酒店報失	<input type="checkbox"/> Yes (please specify below) 有（請於以下說明） <input type="checkbox"/> No 沒有	
		Date & Time 日期及時間	_____ DD 日 _____ MM 月 _____ YYYY 年, _____ Time 時間 AM / PM 上午 / 下午
		Name of the police station / airline / Hotel 報案警署／航空公司／酒店	
		Reference No. 檔案編號	
(e)	Amount claimed (please state the currency) 索償金額（請說明貨幣）		

Personal Liability 個人責任

Note: For any third party correspondence, summons or writs received in relation to the incident, please do not answer and submit them to us immediately.
 注意：對於與事件有關的任何第三者發出的信件、法院傳票或令狀，請不要回覆並盡快交給我們。

(a)	Date & time of incident 發生事故的日期及時間	_____ DD 日 _____ MM 月 _____ YYYY 年, _____ Time 時間		AM / PM 上午 / 下午
	Place of incident 發生事故的地點			
(b)	Describe the incident in detail 請詳述事故的經過			
(c)	Third party claimant 第三者索償人	Name 姓名		
		Address 地址		
(d)	Extent of injuries / damage caused, with estimated claim amount and state the currency (if possible) 估計第三者索償人所遭受的損傷/財物損壞程度；若許可的話，請估計其索償金額並說明貨幣			
(e)	Your own view on liability 你對該責任的意見			
(f)	Has a formal claim been received from the third party claimant? 是否曾收到第三者索償人作出正式的索償？	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有		

Travel Delay 旅程延誤

Note: Please submit the carrier's written confirmation as to the number of hours for the delay and the reason for such delay.
 注意：請提交運輸公司的書面確認書，列明延誤的時間和原因。

(a)	Flight no. / name of ocean carrier & name of vessel 航班編號/遠洋貨船公司和船舶名			
(b)	Place of departure 離境地點			
(c)	Schedule date & time of departure 預定離境日期及時間	_____ DD 日 _____ MM 月 _____ YYYY 年, _____ Time 時間		AM / PM 上午 / 下午
	Actual date & time of departure 實際離境日期和時間	_____ DD 日 _____ MM 月 _____ YYYY 年, _____ Time 時間		AM / PM 上午 / 下午
(d)	Reason for delay 延誤原因			
(e)	Amount claimed (please state the currency) 索償金額 (請說明貨幣)			

Trip Cancellation / Curtailment of Trip / Missed Event 取消旅程 / 提早結束旅程 / 行程誤點

Note: Please submit the relevant deposits receipt and booking invoice.

注意：請提交有關訂金收據和預訂發票。

The loss is due to: Loss of Deposit or Cancellation (please skip (f) below) Curtailment of Trip Missed Event
是次損失是由於： 損失訂金或取消旅程（請省略以下 (f) 部分） 提早結束旅程 行程誤點

(a)	Name of travel service provider 旅行服務供應商名稱	
	Address of travel service provider 旅行服務供應商地址	
(b)	Date of travel arrangement made 安排旅程日期	_____ DD 日 _____ MM 月 _____ YYYY 年
	Date of deposits paid 支付訂金日期	_____ DD 日 _____ MM 月 _____ YYYY 年
(c)	Scheduled itinerary & duration of booked journey 旅程的預定行程和時間	
(d)	Reason for cancellation / curtailment of trip 取消 / 提早結束旅程的原因	
(e)	Date of occurred event which result in cancellation or curtailment 事件發生導致取消或提早結束旅程的日期	_____ DD 日 _____ MM 月 _____ YYYY 年
	Date of notifying the travel service provider to cancel or curtail the travel arrangement 通知旅行服務供應商取消或提早結束旅程的日期	_____ DD 日 _____ MM 月 _____ YYYY 年
(f)	Place of curtailment 提早結束旅程的地點	
	Date of curtailment 提早結束旅程的日期	_____ DD 日 _____ MM 月 _____ YYYY 年
(g)	Amount claimed (please state the currency) 索償金額（請說明貨幣）	

Rental Vehicle Excess 租用車輛自負額

Note: Please submit the incident report from relevant authority.

注意：請提交有關機構發出的事件報告書。

(a)	Date & time of incident 發生事故的日期及時間	_____ DD 日 _____ MM 月 _____ YYYY 年, _____ Time 時間	AM / PM 上午 / 下午
	Place of incident 發生事故的地點		
(b)	Describe the incident in detail 請詳述事故的經過		
(c)	Amount claimed (please state the currency) 索償金額（請說明貨幣）		

E. Claim Payment Method 賠償支付方式

- If the claim payment method "Autopay to bank account" is chosen,
 - Please provide Insured Person's/Parent's or Legal Guardian's (only applicable to Insured Person under aged 18 years old) bank account proof showing account holder name and account number (e.g. copy of bank book, ATM card or bank statement etc.).
 - For Insured Person/Parent or Legal Guardian (only applicable to Insured Person under aged 18 years old) who is an individual, only personal banking saving/current accounts will be accepted by AXA General Insurance Hong Kong Limited ("AXA").
 - For Insured Person who is a corporate entity, only commercial banking saving/current accounts will be accepted by AXA.
 - AXA will only pay/transfer Hong Kong Dollars to the designated bank account.
 - If the bank transfer payment is rejected, declined or unsuccessful, a cheque will be issued to Insured Person/Parent or Legal Guardian (only applicable to Insured Person under aged 18 years old) and posted to address stated on the claim form instead without further notice.
 - If the claim payment amount is over HK\$ 20,000, a cheque will be issued to Insured Person/Parent or Legal Guardian (only applicable to Insured Person under aged 18 years old) and posted to the address stated on the claim form.
- If the claim payments are settled in currencies other than the policy currency(ies), the payment amounts would be subject to change according to the prevailing exchange rate determined by AXA from time to time. The fluctuation in exchange rates may have impact on the payment amounts. You are subject to exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values as a result of the exchange rate fluctuations.
- AXA reserves the right to determine the claim payment method at its absolute discretion.

- 凡選擇以「自動轉賬至銀行戶口」方式收取索償款項，
 - 請同時提交印有受保人 / (只適用於未滿 18 歲之受保人) 父母或監護人全名及銀行戶口號碼之戶口證明 (如銀行存摺或自動櫃員機卡或銀行月結單副本等)。
 - 受保人 / (只適用於未滿 18 歲之受保人) 父母或監護人是個人客戶，安盛保險有限公司 (「AXA 安盛」) 只接受個人銀行儲蓄 / 支票戶口。
 - 受保人是公司客戶，AXA 安盛只接受公司銀行儲蓄 / 支票戶口。
 - AXA 安盛將支付 / 轉賬港幣到指定的銀行賬戶。
 - 如銀行轉賬被拒絕或不成功，款項將以支票形式寄予受保人 / (只適用於未滿 18 歲之受保人) 父母或監護人於索償書上所提供的地址，而恕不另行通知。
 - 當索償金額超過 20,000 港元，款項將以支票形式寄予受保人 / (只適用於未滿 18 歲之受保人) 父母或監護人於索償書上所提供的地址。
- 如索償款項的貨幣不是保單貨幣，該款項可能會受 AXA 安盛不時釐定的匯率而改變。匯率之波動會對索償款項構成影響。您須承受匯率風險。匯率會不時波動，您可能因匯率之波動而損失部分的利益價值。
- AXA 安盛保留權利自行決定其索償款項的付款方式。

Declaration 聲明：

I/WE hereby request and authorise AXA General Insurance Hong Kong Limited to pay benefit due in respect of this claim by any of the following payment methods (Please "✓" the appropriate box to indicate your choice): 我 / 我們在此要求並授權安盛保險有限公司用以下方式支付索償款項 (請以 "✓" 作出選擇)：

E1. Claim Payment Method 賠償支付方式

Cheque (to be drawn in Hong Kong Dollar)
支票 (以港幣結算支付款項)

Autopay* to bank account (by Hong Kong Dollar and only applicable to claim amount not over HK\$20,000)
自動轉賬 * 至銀行戶口 (以港幣結算及只適用於索償金額不超過港幣 \$ 20,000)

* Please fill in Part E2 below 請填妥以下 E2 部分

E2. Bank Account Information 銀行戶口資料

Name of Bank 銀行名稱																										
Full Name in English of Account Holder(s) 銀行戶口持有人的英文姓名	(1)							(2)																		
Bank Account No. 銀行戶口號碼								-								-										
	Bank Code 銀行編號			Branch Code 分行編號			Account No. 戶口號碼																			

Declaration and Authorisation 聲明及授權書

- I/WE HEREBY DECLARE AND AGREE that (1) all statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true; (2) AXA General Insurance Hong Kong Limited (the "Company") is not bound by and is not required to rely on any statement which I/We may have made to any person if not written or printed here.
- I/WE HEREBY AUTHORISE (1) any employer, medical practitioner, paramedical examiners, hospital, clinic, insurance company, bank, financial institution, police, government institution, or other organisation, institution or person, that has any records or knowledge of me/us to disclose such information to AXA General Insurance Hong Kong Limited ("the Company"); (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessments and tests to evaluate in relation to this claim. This authorisation shall bind the successors of and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.
- In relation to the personal data collected in this form and provided during the course of the claim process, I/WE ACKNOWLEDGE AND CONFIRM that:
 - (unless specifically indicated otherwise in this form) the personal data requested in this form (or otherwise provided during the course of the claim process) ("Personal Data") is necessary for AXA General Insurance Hong Kong Limited (the "Company") to process the insurance claim and any such data not provided may mean the claim may not be able to be processed;
 - the Personal Data may be used by the Company for purposes which include a) providing to me/us the products / services of the Company, other companies of the AXA Group ("your affiliates") or your business partners, and administering, maintaining, managing and operating such products / services; b) processing and evaluating any applications or requests made by me/us for products / services offered by the Company and your affiliates; c) providing subsequent services to me/us, including but not limited to administering the policies issued; d) any purposes in connection with any claims made by or against or otherwise involving me/us in respect of any products / services provided by the Company and / or your affiliates, including investigation of claims; e) evaluating my/our financial needs; f) designing products / services for customers; g) conducting market research for statistical or other purposes; h) matching any data held which relates to me/us from time to time for any of the purposes listed herein; i) making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere; j) conducting identity and / or credit checks and / or debt collection; k) complying with the laws of any applicable jurisdiction; l) carrying out other services in connection with the operation of the Company's business; and m) other purposes directly relating to any of the above.
 - the Personal Data will be kept confidential but, subject to the provisions of any applicable law, may be provided to: a) any of your affiliates, any person associated with the Company, any reinsurance company, claims investigation company, my/our broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard my/our consent to the transfer of my/our data outside of Hong Kong; b) any person (including private investigators) in connection with any claims made by or against or otherwise involving me/us in respect of any products / services provided by the Company and / or your affiliates; c) any agent, contractor or third party who provides administrative, technology or other services to the Company and / or your affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same; d) credit reference agencies or, in the event of default, debt collection agencies; e) any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and f) any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.
 - I/WE may gain access to, or request correction of my/our personal data (in both cases, may be subject to a reasonable fee) at any time by writing to: Data Privacy Officer of AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) /AXA General Insurance Hong Kong Limited at 23/F, One Kowloon, 1 Wang Yeun Street, Kowloon Bay, Kowloon, Hong Kong.
- I/WE ACKNOWLEDGE AND CONFIRM that the Personal Data may be provided to *The Hongkong and Shanghai Banking Corporation Limited ("HSBC") for any of the purposes listed above in 3.(2) and for the following additional bank related purposes: ensuring ongoing credit worthiness of customers, creating and maintaining credit and risk related models, providing the personal data to credit reference agencies for the purposes of conducting credit checks and other directly related purposes, determining the amount of indebtedness owed to or by customers and collection of amounts outstanding from customers and those providing security for customers' obligations.

* This is applicable only if you are applying for a product and/or service of, or making a request to, the Company through HSBC as the Company's distribution agent. The Personal Data will not be provided to HSBC for any of the purposes listed above in 3.(2) if you do not apply for the product and/or service of, or make a request to, the Company through HSBC as the Company's distribution agent.

- 本人/我們謹此聲明及同意 (1) 上述一切陳述及問題的所有答案，不論是否本人/我們親手所寫，就本人/我們所知所信，均為事實全部並確實無訛；(2) 本人/我們對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，安盛保險有限公司(「貴公司」)不須受其約束。
- 本人/我們茲授權 (1) 任何僱主、註冊西醫、醫療人員、醫院、診所、保險公司、銀行、財務機構、警察、政府機構、或其他組織、機構或人士，凡知道或持有任何本人/我們之紀錄者，均可將該等資料提供給安盛保險有限公司；(2) 安盛保險有限公司或任何其指定之醫生或化驗所，可就此賠償申請替本人/我們進行所需之醫療評估及測試，作為審核本人/我們之索償。此授權對本人/我們之繼承人具有約束力；即使本人/我們身故或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。
- 就有關從此索償表及於處理索償時所收集的個人資料，本人/我們知悉及確認：
 - 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)(「個人資料」)是供安盛保險有限公司(「貴公司」)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；
 - 貴公司所收集之個人資料之用途包括：a) 提供貴公司、安盛集團的其他公司(「安盛關聯方」)或貴公司的商業合作夥伴之產品/服務，以及提供、維持、管理和操作該等產品/服務；b) 處理和評估本人/我們就貴公司及安盛關聯方所提供之產品/服務提出的任何申請或要求；c) 向本人/我們提供後續服務，包括但不限於執行/管理已發出的保單；d) 與就貴公司和/或安盛關聯方提供的任何產品/服務而由本人/我們或針對本人/我們提出的或者其他涉及本人/我們的任何索賠相關的任何目的，包括索賠調查；e) 評估本人/我們的財務需求；f) 為客戶設計產品/服務；g) 為統計或其他目的進行市場研究；h) 不時就此處所列的任何目的核對所持有的與本人/我們有關的任何資料；i) 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；j) 進行身份和/或信用核查和/或債務追收；k) 遵守任何適用的司法管轄區的法律；l) 開展與貴公司業務經營有關的其他服務；及 m) 與上述任何目的直接有關的其他目的。

- (3) 個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：a) 位於香港或香港以外其他地方的任何安盛關聯方、貴公司的任何相關聯人士、任何再保險公司、索賠調查公司、本人／我們之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，本人／我們同意將本人／我們的資料轉移至香港境外；b) 與就貴公司和／或安盛關聯方提供的任何產品／服務而由本人／我們或針對本人／我們提出的或者其他涉及本人／我們的任何索賠相關的任何人士（包括私家偵探）；c) 在香港或香港以外其他地方向貴公司和／或安盛關聯方提供行政、技術或其他服務並對個人資料負有保密義務的任何代理、承包商或第三方；d) 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；e) 貴公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；及 f) 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。
- (4) 本人／我們可隨時致函致安盛保險（百慕達）有限公司（於百慕達註冊成立的有限公司）／安盛保險有限公司之個人資料保護主任（地址：香港九龍九龍灣宏遠街 1 號壹號九龍 23 樓）查閱、或要求修改本人／我們的個人資料（貴公司可能就查閱及修改要求收取合理費用）。
4. 本人／我們知悉及確認個人資料可提供給 * 就任何有關關於 3.(2) 之目的和下列與銀行有關的額外目的提供給香港上海滙豐銀行有限公司（“滙豐”）：確保客戶信貸信譽度持續良好，建立和維持信貸及風險的相關模型，為進行信用核查以及其他直接相關的目的而向信貸資料服務機構提供個人資料，確定尚欠客戶的債務或客戶所欠債務的金額以及向客戶和為客戶的欠款提供擔保之人追收未償款項。
- * 此僅適用於閣下透過滙豐（作為本公司的分銷代理人）申請本公司的產品和 / 或服務或者透過滙豐（作為本公司的分銷代理人）向本公司提出要求的狀況。如果閣下並未透過滙豐（作為本公司的分銷代理人）申請本公司的產品和 / 或服務或者透過滙豐（作為本公司的分銷代理人）向本公司提出要求，閣下的個人資料將不會因上文 3.(2) 所述的任何有關目而提供給滙豐。

**Signature of Insured Person (Policyholder) or
 Signature of Parent/Legal Guardian (if insured person aged
 under 18 years old)**
 受保人 (保單持有人) 簽署 或
 父母 / 監護人簽署 (只適用於未滿 18 歲之受保人)

Date (DD/MM/YYYY)
 日期 (日/月/年)

**Signature of Insured / Policy Applicant (only applicable to
 the ATM policy)**
 投保人 / 保單申請人簽署 (只適用於使用自動櫃員機投保單)

Date (DD/MM/YYYY)
 日期 (日/月/年)

Important Notes 重要事項：

The above policy is underwritten by **AXA General Insurance Hong Kong Limited ("AXA")**, which is authorised and regulated by the Insurance Authority of the Hong Kong SAR. AXA will be responsible for providing your insurance coverage and handling claims under your policy. The Hongkong and Shanghai Banking Corporation Limited is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agent of AXA for distribution of general insurance products in the Hong Kong SAR. 以上保單由**安盛保險有限公司**（「AXA 安盛」）承保，AXA 安盛已獲香港保險業監管局授權並受其監管。AXA 安盛將負責按保單條款為您提供保險保障以及處理索償申請。香港上海滙豐銀行有限公司乃根據保險業條例（香港法例第 41 章）註冊為 AXA 安盛於香港特別行政區分銷一般保險產品之授權保險代理商。

Issued by AXA General Insurance Hong Kong Limited 由安盛保險有限公司刊發