

NOTICE: PLEASE RETURN PROMPTLY

注意

請將報告表內各問題詳細
填寫後速交回本公司

僱員保險意外傷亡報告表
EMPLOYEES' COMPENSATION INSURANCE
NOTICE OF ACCIDENT CLAIM FORM

保險公司填寫 For Office Use

Claim Ref. No.

Received Date

THE POLICY 保單			
1. 保單號碼 Policy Number	2. 到期日 Expiry Date		
THE EMPLOYER 僱主			
3. 保戶 Name of Insured	4. 電話 Tel. No.		
5. 姓名 Name of Employer	6. 職業 Nature of Business		
7. 地址 Address			
THE INJURED PERSON 傷者			
8. 傷者姓名 Name			
9. 國籍 Nationality	年齡 Age	性別 Sex	電話 Tel. No.
10. 地址 Local Address			
11. Whether married or single 已婚或未婚			
12. State occupation in which the injured person is employed 僱用時訂明何種工作			
13. On what work was the injured person engaged at the time of the accident? 受傷時擔任何種工作			
14. Is the injured person in your direct employ? If not please give Name and Address of Contractor 傷者是否直接僱用，否則請列明其判頭姓名及地址			
15. When did the injured person enter your service? 傷者何時始僱用			
16. If taken to hospital please state :- 傷者送往醫院請列明下列各點： (a) Name of Hospital 醫院名稱 (b) Whether still in hospital 是否在留醫？ (c) Whether in or out patient or if discharged date of discharge 傷者出院否？何時出院？			
17. If not taken to hospital, please state whether being medically attended and if so by whom 如未送往醫院，請列明在何處醫治			
18. State whether returned to work, and if so, when? 已復工否？如已復工，請報明日期			
19. Are you satisfied the injured person has met with a bona-fide accident of employment and was not under influence of drink or drugs? 僱主是否認定該傷者絕非因酒後受傷			
20. Is the injured person able to do partial work? 傷者能否局部工作			
21. What is the probable period of disablement (approximate)? 估計停止工作之時間若干			
THE ACCIDENT 肇事時			
22. Date of Accident 出事日期	Place 地點	Time 時間	Date Ceased Work 停止工作日期
23. Date accident reported to you and by whom? 意外發生時何人向僱主報告			
24. Describe in full how accident occurred 列明意外發生之詳細情形			
25. State nature and region of injury 說明受傷傷勢之程度及其部位			

26	Was the injured person guilty of any misconduct or disobedience to orders or rules? If so, please give full particulars 傷者是否因行為不端或不服從指揮並述明其情形	
27.	State through whose neglect the accident occurred, if any 說明如因第三人之忽略而致發生意外	
28.	State the names of any persons who witnessed the accident 請列明當意外發生時，目擊者之姓名	
29.	Has the accident been reported to the Commissioner of labour or the Police? State when and where 有否將此項意外報告勞工處署長或警署?何時及何處	
30.	Has the injured person made any claim / claims for workmen's compensation in respect of any previous injury / injuries? If so please give full particulars 受傷者以前曾否經過同樣受傷情形而向保險公司填報賠償? 若然請註明經過情形及該保險公司名稱	

受傷者

Statement of wages which have fallen due for payment to _____
在 _____ 僱用期內於遇險前六個月
in the employ of _____ for 6 months prior to the date of this

應得之工資若干如遇險前受該僱主用不足六個月請按實數填註明開始受僱之日期

Accident or wages earned during such shorter period as he may have been in the Employer's service, stating the date on which he was engaged.

注意 — 此表格之目的乃查明該受傷者每月所得工資之確數故請謹慎填寫務求真確如受傷者於被僱期內之任何時期曾經停工之期間及其理由

Note: — The object of this form is to ascertain the exact Monthly earnings of the injured person. It is essential that it should be carefully and correctly filled in. If the injured person has been absent from work at any time during the period of his employment, please state the period and cause.

月份 MONTH	工資 WAGES	花紅免租住處之價值及其他津貼等 BONUS, VALUE OF FREE QUARTERS AND ANY OTHER ALLOWANCE ETC.	
	元 \$	元 \$	
共數 TOTAL	(總數包括一切津貼在內) Total including all allowances		

下列各加條款祇適用於死亡案件
Additional particulars for FATAL CASES only

倘死者有任何家屬時則請列明其各該姓名住址及與死者為何種親屬 Has the deceased any dependant? State Name, Addresses and relationship	
對死亡是否將舉行調查? 倘經調查, 請速將紀錄副本送來倘無需調查則須提供醫生或驗屍證明書 Will an enquiry into the death be held? If so, please supply a copy of the notes as soon as possible. If no enquiry will be held, a Medical or the Post-Mortem Certificate is required.	

聲明及授權書 DECLARATION AND AUTHORIZATION

1. 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,中國交銀保險有限公司("貴公司")不須受其約束。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) China BOCOM Insurance Co., Ltd. ("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.

2. 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中國交銀保險有限公司;(2)中國交銀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。I/We, HEREBY AUTHORIZE (1) any employer, medical practitioner, paramedical examiners, hospital, clinic, insurance company, bank, financial institution, police, government institution, or other organization, institution or person, that has any records or knowledge of me/us to disclose such information to China BOCOM Insurance Co., Ltd. ("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 authorization shall bind the successors of and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

3. 本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明,而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述,本人/我們特此確認並同意中國交銀保險有限公司根據該聲明使用及轉移本人/我們的個人資料。I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by China BOCOM Insurance Co., Ltd. in accordance with the PICS.

日期

Date _____

僱主簽字及公司蓋章 Signature of Employer with Company Chop

本公司詢問上述各項並非因受傷者已要求或擬要求賠償又本公司發出此表格於保險單內所列之條件並無任何影響

Answering the above question does not imply that the injured person is making, or will make, a claim and this form is sent without prejudice to the terms and conditions of the policy

注意 — 如消息不詳請仍即將此表格送還本公司待詳細情形得知後另行報告所有一切函件報告等均應直接寄交本公司收

NOTE: — If any detail of information is not readily available, please do not delay despatch of this Form, but await further advice. All written communications should be forwarded to the Company

In the event the Insurance claims application consisting of personal information, such application will not be processed unless this personal information collection statement is duly read and signed by the Policyholder/Insured Person.

PERSONAL INFORMATION COLLECTION STATEMENT (“PICS”)

COLLECTION AND USE OF PERSONAL DATA

China BOCOM Insurance Co., Ltd. (hereafter called “the Company”) may use the personal data collects from you (whether contained in this application or otherwise) for the purposes of

- (i) investigating, processing and paying claims made under your insurance policy;
- (ii) collecting deductibles for claim settlement and/or any outstanding amounts from you;
- (iii) conducting market research for statistical or other purposes;
- (iv) matching any data held which relates to you from time to time for any of the purposes listed herein;
- (v) conducting identity and/or credit checks and/or debt collection;
- (vi) carrying out other services in connection with the operation of the Company’s business;
- (vii) contacting you for any of the above purposes;
- (viii) other ancillary purposes which are directly related to the above purposes; and
- (ix) complying with applicable laws, regulations or any industry codes or guidelines.

Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The Company may disclose your personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers, bank for executing direct debit payment and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) your insurance broker (if you have one);
- (g) our legal and professional advisors;
- (h) our related companies;
- (i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- (j) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (k) government agencies and authorities as required or permitted by law.

The Company may also use and disclose your personal data otherwise with your consent.

“Related companies” in this form means the holding company of the China BOCOM Insurance Co., Ltd (Bank of Communications Co., Ltd.) which includes branches, subsidiaries, representative offices and/or any corporations or legal entity under the effective management control by the Bank of Communications Co., Ltd. and/or any subsidiaries and/or representative offices of China BOCOM Insurance Co., Ltd, wherever situated.

DIRECT MARKETING

Unless with your consent, the Company MAY NOT use any extra information obtained under this form for any direct marketing purpose except for those information obtained from you before for processing the insurance application.

In the event you DO NOT WISH the Company and/or its affiliated companies to use your personal data in direct marketing and receive the direct marketing materials, you may inform us in writing to the address in the section on “ACCESS AND CORRECTION OF PERSONAL DATA”. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

ACCESS AND CORRECTION OF PERSONAL DATA:

Under the Personal Data (Privacy) Ordinance (Cap. 486) (“PDPO”), you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: Data Privacy Officer of China BOCOM Insurance Co., Ltd. 18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.

保單持有人/受保人必須閱讀及簽署此收集個人資料聲明後有關的索償申請將會被處理 收集個人資料的聲明

收集及使用個人資料

中國交銀保險有限公司（下稱“本公司”）可能會使用客戶提供的個人資料（不論是否此表格所載或從其他途徑所取得）作以下用途：

- (i) 調查、處理及支付 閣下保單有關的索償；
- (ii) 向 閣下收取自負額及欠款；
- (iii) 為統計或其他目的進行市場研究；
- (iv) 不時就本條款所列的任何目的核對所持有的與 閣下有關的任何資料；
- (v) 進行身份和/或信用核查和/或債務追收；
- (vi) 開展與本公司業務經營有關的其他服務；
- (vii) 就以上用途聯絡 閣下；
- (viii) 其它與上述用途有直接關係的附帶用途；及
- (ix) 遵循適用法律、條例及業內守則及指引。

本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

本公司亦可因應上述用途披露 閣下的個人資料予下列各方：

- (a) 就上述用途，向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商、執行直接付款方式繳付保費之銀行及數據處理服務商）；
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- (c) 追討欠款的收數公司或索償代理；
- (d) 保險資料服務公司及信貸資料服務公司；
- (e) 再保公司及再保經紀；
- (f) 閣下的保險經紀（若有）；
- (g) 本公司的法律及專業業務顧問；
- (h) 本公司的關連公司；
- (i) 香港保險業聯會（或同類的保險公司聯會）及其會員；
- (j) 保險索償投訴局及同類的保險業機構；
- (k) 法例要求或許可的政府機關。

經 閣下同意，本公司可能會以其它方式使用及披露 閣下的個人資料。

“關連公司”是指本公司的控股公司「交通銀行股份有限公司」其中亦包括交通銀行股份有限公司屬下之分行、附屬公司及代表處及/或任何被交通銀行股份有限公司在管理上控制的公司及/或中國交銀保險有限公司的附屬公司及代表處，不論其所在地。

直銷促銷

若非經 閣下同意，本公司不可能使用 閣下在索償申請書中提供的額外聯絡資料用作任何直接促銷用途。這並不包括早前在投保申請處理時提供的資料。若閣下不願意本公司及與本公司關聯的公司使用及將閣下的個人資料提供予其他人士作任何形式的直接促銷用途。請閣下請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正

根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可要求本公司告知閣下本公司所持個人資料的種類。查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：中國交銀保險有限公司位於香港中環紅棉路8號東昌大廈18樓個人資料保護主任收。

香港中環紅棉路8號東昌大廈18樓
18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.
電話 Tel (852) 2591 2938 傳真Fax : (852) 2831 9192