

BODYGUARD – PERSONAL ACCIDENT INSURANCE CLAIM FORM 平安樂 – 個人意外索償申請表

(Please complete in block letters 請用正楷填寫)

MAKING A CLAIM 索償須知

1. Please **READ** your policy and relevant documents to check if your claim is covered under the policy terms and conditions. 請查閱保單細則及有關文件，確保該項索償已納入為承保範圍之內。
2. Please **SUBMIT** a completed claim form, together with original copies of all relevant documents supporting your claim, to Claims Div., RSA at 32/F., Dorset House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. 請將填妥的索償表格連同有關證明文件之正本，寄回香港鰂魚涌英皇道 979 號太古坊多盛大廈 32 樓 RSA 索償管理部收。

Insured's Information 受保人資料			
Name of Insured 受保人姓名		Policy No. 保單號碼	
Corresponding Address 通訊地址			
Date of loss 意外發生日期		Daytime Contact No. 日間聯絡電話號碼	
Name of Employer 僱主名稱		Business Address 辦公室地址	
Present Business or Occupation 現時業務			
Present (a) Age (b) Height (c) Weight 現時之(a)年齡 (b)高度 (c)重量	a)	b)	c)
			HKID No. 香港身份證號碼
Have you applied for claims in another insurance company for this event/accident? If "Yes", please specify. 就此事件/意外，你有否向其他保險公司索償？如「有」者，請列明有關詳情。			
Please indicate your current status. 請指出你現在的情況	Fully recovered from this injury 完全康復/Still under treatment 治療中* *Please delete the inappropriate one (請刪除不適用者)		

Please put a ✓ in the appropriate box of your claim below. Please list items & indicate the amount of your claim in details.
請在格內用✓選擇索償之項目及詳細列出索償之內容及數目。(If there is insufficient space on the claim form, please specify the details on a separate sheet clearly and indicate which section the information relates to. 如空位不足，請另附紙張填寫，並列明所述的項目名稱。)

<input type="checkbox"/> Accidental Death 意外死亡	
Date, Time, Location and Circumstances of the Accident 日期，時間，地點及事件發生的經過	
Documents Attached 附加文件 <input type="checkbox"/> Medical Report 醫療報告 <input type="checkbox"/> Police Report 警方報告(case no. 檔案編號: _____) <input type="checkbox"/> Death Certificate 死亡證明書 <input type="checkbox"/> Others (Please specify) 其他 (請註明): _____ <input type="checkbox"/> Original Receipts of Travel Expenses and Air Ticket 旅程費用及機票之收據正本 <input type="checkbox"/> Others (Please specify) 其他 (請註明) _____	
<input type="checkbox"/> Loss of Limbs or Sight or Hearing or speech 四肢傷殘或失明或失聰或喪失說話能力 <input type="checkbox"/> Permanent Total Disablement 永久完全傷殘	
Circumstances of Accident 意外情況	Description of Injury 受傷情況
Documents Attached 附加文件 <input type="checkbox"/> Medical Report 醫療報告 <input type="checkbox"/> Police Report 警方報告 (case no. 檔案編號: _____) <input type="checkbox"/> Consent Letter for Medical Record 索取醫療報告的授權信 <input type="checkbox"/> Others (Please specify) 其他 (請註明): _____	

