

MAIDGUARD – DOMESTIC HELPER INSURANCE CLAIM FORM 持家樂 – 家傭保險索償申請表

(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** your claim within 30 days from the date of medical consultation/hospitalization. 投保人須於 30 天內為其傭工在門診 / 住院接受治療申報索償。
3. 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 保單持有人姓名(僱主)		Policy No. 保單編號	
Corresponding Address 通訊地址			
Date of loss 意外發生日期		Employer's HK Identity Card No. 僱主之香港身份證號碼	
Name of Domestic Helper 受保家傭姓名			
Daytime Contact No. 日間聯絡電話號碼			

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，並列明所述之項目名稱。)

<input type="checkbox"/> Employees' Compensation 僱傭保障	
<u>Circumstances 意外情況</u>	<u>Description of Damage 受傷情況</u>
Documents Attached 附加文件 (Can be collected from Labour Department 可於勞工處索取) <input type="checkbox"/> Form 2B 表格 2B <input type="checkbox"/> Form 2 表格 2 <input type="checkbox"/> Form 5 表格 5 <input type="checkbox"/> Form 7 表格 7 <input type="checkbox"/> <u>Original Medical Receipt 醫療費用單據正本</u> <input type="checkbox"/> Others (Please specify) 其他 (請註明): _____ <input type="checkbox"/> <u>Original Receipts of Travel Expenses and Air Ticket 旅程費用及機票之收據正本</u> <input type="checkbox"/> Others (Please specify) 其他 (請註明) _____	
<input type="checkbox"/> Personal Accident 人身意外	
<u>Circumstances 意外情況</u>	<u>Description of Damage 受傷情況</u>
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): _____	
<input type="checkbox"/> Temporary Helper Expenses 臨時家傭津貼保障	
Reason/Diagnosis period for hospitalization or repatriation 原因/病情及住院期或返原居地	

Documents Attached 附加文件	
<input type="checkbox"/> <u>Original</u> Hospitalization Receipt 住院收據正本	<input type="checkbox"/> Identity Card Copy of the Temporary Helper 臨時家傭身份證副本
<input type="checkbox"/> Discharge Summary/Medical Certificate 出院紙/醫療報	
<input type="checkbox"/> Letter Signed by Temporary Helper for Wages Received 臨時家傭簽收之收入證明	
<input type="checkbox"/> Clinical Expenses 門診醫療費用	
<u>Reason/Diagnosis & Date First Occurred</u> 原因/病情及首次發現日期	<u>Currency/Claim Amount 索償金額</u>
Documents Attached 附加文件	
<input type="checkbox"/> <u>Original</u> Medical Receipt 醫療費用之單據正本	<input type="checkbox"/> Others (Please specify) 其他 (請註明) _____
<input type="checkbox"/> Dental Expenses 牙科費用	
<input type="checkbox"/> Surgical and Hospitalization Expenses 外科手術及住院費用	
<u>Reason/Diagnosis & Date First Occurred</u> 原因/病情及首次發現日期	<u>Currency/Claim Amount 索償金額</u>
Documents Attached 附加文件	
<input type="checkbox"/> <u>Original</u> Medical Certificate showing the Period of Sick-Leave 醫生批准之病假證明書正本	
<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): _____
<input type="checkbox"/> Repatriation Expenses 送返原居地費用	
<u>Circumstances 意外情況</u>	<u>Description of Injury 受傷情況</u>
Documents Attached 附加文件	
<input type="checkbox"/> Medical Report 醫療報告	<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): _____	
Declarations 聲明	
We declare to the best of my knowledge and belief that the information given is true in every respect. We agree that any concealment or incorrect statement in connection with this claim may result in prosecution and the policy shall become void. 本公司謹此聲明，根據本公司所知及所信，本索償表格上填報之資料均實屬無訛。本公司並同意，任何蓄意欺騙或隱瞞將構成法律責任並導致保單失效。	
Signature of the Insured 受保人簽署 _____ Date 日期 _____	
For claims assistance, please call our CLAIMS HOTLINE at 2968 3221 (9:00am to 5:30pm) every Monday to Friday. 如有任何查詢，請於星期一至五上午九時至下午五時半，致電索償熱線 2968 3221。	

Notice of Personal Information Collection 個人資料收集聲明

Any person from whom the Company has collected personal information shall have the right to enquire the purpose of using the information, the right of access to and the right to request correction of the personal information concerning themselves. Such request can be made to the Compliance Officer of the Company via, mail to 32/F., Dorset House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong, or fax to +852 2968 5111, or email to hk_compliance@hk.rsagroup.com. 任何人士若曾經提供個人資料給本公司，均可查詢其資料用途、查閱及更改有關資料。有關查詢及申請可循下列途徑向本公司之條例事務主任提出：郵寄至香港鰂魚涌英皇道 979 號太古坊多盛大廈 32 樓，或傳真至 +852 2968 5111，或電郵至 hk_compliance@hk.rsagroup.com。