

PET INSURANCE CLAIM FORM 寵物保險索償申請表

(Please complete in block letters 請以正楷填寫)

MAKING A CLAIM 索償須知

- 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條件，確保該項索償已納入為承保範圍之內。
- Please **SUBMIT** a completed claim form, together with original copies of invoices, receipts and 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, within 30 days from the date of incident. 請將填妥的索償表格連同有關證明文件之正本，在事故發生後 30 天內，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。
- You **must not** admit any liability, negotiate, promise or make any payment without the Company's prior written consent. 未經本公司許可，您對事件不應向第三者：(i) 承認責任；(ii) 作出商議；(iii) 作出賠償。

Pet Owner's Information 寵物主人資料			
Name of Pet Owner 寵物主人名稱		Policy No. /Cert No. 保單/ 證書號碼	
Address of Pet Owner 寵物主人地址			
Date of loss 意外發生日期		Daytime Contact No. 日間聯絡電話號碼	
Name of Pet 寵物名稱		Microchip No. 晶片編號	
Breed: 品種	<input type="checkbox"/> Dog 狗	<input type="checkbox"/> Cat 貓	Age 年齡
		Colour 顏色	
Have you applied for claims in another insurance company for this event/accident? If "Yes", please specify. 您有否向其他保險公司索償？如「有」，請列明有關詳情。 <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有			

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"/> Local 本地發生		<input type="checkbox"/> Travel 外遊期間發生	
<input type="checkbox"/> Illness 疾病		<input type="checkbox"/> Death (Date of Death) 死亡 (死亡日期)	
<input type="checkbox"/> Injury 受傷			
<u>Circumstances /Cause 事件發生的經過 / 原因</u>		<u>Description of Injury /Illness 受傷 / 疾病的描述</u>	
<u>Reason/Diagnosis & Date First Occurred 原因/診斷及首次發生日期</u>		<u>Currency/Claim Amount (attach original medical report / receipt/ purchase receipt/ original birth certificate) 貨幣 / 索償金額(必須附上正本報告/ 收據/ 購買收據/ 出生證明書)</u>	

<input type="checkbox"/> Theft / Loss 失竊 / 遺失	
Circumstances of Loss / Details of Recovery (please give full details) 遺失 / 尋獲的經過 (請提供詳情)	
<u>Report Date 報案日期</u>	<u>Ref. No. of Police Report 警署報案編號</u>
<u>Police Station and Address 警署名稱及地址</u>	<u>Advertising Reward / Copy of the Advertisement/ Expenses Claimed (attach receipts)</u> 廣告費用 / 廣告印刷副本/ 獎賞金額(必須附上收據)

<input type="checkbox"/> Kennel / Cattery in the Event of Hospitalisation of the Owner more than 4 days 寵物於狗舍 / 貓舍之托管費 (如寵物主人住院多於四天)	
<u>Date admitted into hospital of Pet Owner 寵物主人入院日期</u>	<u>Date discharged from hospital of Pet Owner 寵物主人出院日期</u>
<u>Name /Address of Hospital (attach medical certificate & receipt) 醫院名稱及地址(必須附上醫療證明書及收據)</u>	
<u>Name /Address of Boarding Kennel/Cattery 寵物入住之狗舍 / 貓舍名稱及地址)</u>	
<u>Duration of the pet camped in Kennel/ Cattery</u> 寵物入住之狗舍 / 貓舍期間	<u>Currency/Claim Amount (attach receipt/ invoice of Kennel/ Cattery)</u> 貨幣 / 索償金額 (必須附上狗舍 / 貓舍之收據/ 發票)

For Travel Only: (只限外遊期間的索償)	
<input type="checkbox"/> Cancellation & Curtailment 取消及縮短行程	<input type="checkbox"/> Accommodations / Repatriation Expenses 住宿 / 遣返費用
<u>Reason / Circumstances 意外原因及情況</u>	<u>Currency/Claim Amount 貨幣 / 索償金額</u>

<input type="checkbox"/> Third Party Liability 第三者責任索償部份	
<u>Circumstances of Third Party Claim 第三者索償的情況</u>	<u>Have you reported the incident to the Police 閣下有否報案?</u> <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有
<u>Police Station Address & Ref. No. of Police Report</u> <u>警署名稱地址及報案編號</u>	
<u>Description of Injury / Damage 第三者傷亡或財物損毀的描述</u>	<u>Currency/Claim Amount 貨幣 / 索償金額</u>

Declarations 聲明
<p>I declare to the best of my knowledge and belief that the information given is true in every respect. I agree that any concealment or incorrect statement in connection with this claim may result in prosecution and the policy shall become void. 本人謹此聲明，根據本人所知及所信，本索償表格上填報之資料均實屬無訛。本人並同意，任何蓄意欺騙或隱瞞將構成法律責任並導致保單失效。</p>
<p>Signature of the Insured 受保人簽署 _____ Date 日期 _____</p>
<p>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。</p>

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。

Veterinary Treatment: To be fully completed by the Veterinary Surgeon 獸醫治療詳情: 請由獸醫填寫

Name of Pet 寵物名稱		Microchip No. 晶片號碼	
Name of Pet Owner 寵物主人名稱			

Nature & Cause of Injury or Illness (please give separate cost for each condition) 受傷或患病性質及其原因(請分開列出每個受傷/ 疾病)

Nature of Injury or Illness 受傷或患病性質	Cause of Injury or Illness 受傷或患病原因	Consultation Date 應診日期		Cost Paid (HK\$) 已付金額(港幣)
		From 由	To 至	

In your opinion and based on your records, how long have the above clinical signs been existed before the consultation date?

根據您的意見及病症紀錄, 以上病徵於應診日期前出現了多久? _____

Have any conditions, illnesses or clinical signs occurred previously which are related to the above? Yes No

以往是否有與以上受傷、病徵或病患情況相關的病症出現? 是 否

If yes, please give dates and details of the previous conditions, illnesses or clinical signs.

如「是」, 請提供該病症出現的日期及詳情 _____

Is the above illness / disease chronic?

 Yes No

以上之病症是否為慢性或長期疾病? 是 否

When did the pet first receive consultation at your clinic? 寵物在您的診所首次應診日期? _____

Is the treatment likely to be ongoing? Yes No Are any of the above conditions of a congenital/hereditary nature? Yes No

治療是否繼續進行中? 是 否 以上的疾病 / 受傷徵狀是否先天 / 遺傳的? 是 否

Please provide below a breakdown of Treatment cost for each condition (HK\$)? 請將個別病症之醫療費用分開填寫於下列圖表中(港幣)?

Clinical Consultations 門診診金 \$	Home Visits 獸醫家訪 \$
Medication/Drugs 藥物 \$	X-Ray & other Laboratory Tests X-光及其他化驗 \$
Surgical Procedure 手術程序 \$	Anaesthesia 麻醉 \$
Room & Board 住房費用 \$	Diet Food 獸醫處方之膳食 \$
Euthanasia/Cremation/Disposal 人道毀滅 / 遺體火化 / 遺體處理	Dentistry (please specify) 牙科(請列明)\$
Other (please specify) 其他(請列明)\$	

Confinement (Brief Discharge Summary, including treatments, examination procedure and /or results) 住院(出院紀錄, 包括治療, 檢查程序及 / 或結果)	Date & Time of Admission 入院日期及時間	Date & Time of Discharge 出院日期及時間	Cost Paid (HK\$) 已付金額(港幣)

Date of Death 死亡日期	Cause of Death 死亡原因	If euthanasia, please state reason 如寵物需人道毀滅, 請列明原因	Cost Paid (HK\$) 已付金額(港幣)

Declarations of the Veterinary Practice 獸醫聲明

I/We hereby declare to the best of my knowledge and belief that all information given is true, correct and accurate. 本人謹此聲明, 根據本人所知及所信, 本表格上填報之資料均真實、正確及實屬無誤。

Signature of Veterinary Surgeon 獸醫簽署 _____ Date 日期 _____
(with Company Chop, if any 附公司印鑑, 如有)

Name of Veterinary Surgeon 獸醫姓名 _____

To be completed by Hospital in-patient records department in the event of Hospitalisation of the pet owner for more than 4 days 如寵物主人入院日數超過四天, 請由醫院入院部填寫。

Date Entered 入院日期	Date Discharged 出院日期
Name / Address of Hospital 醫院名稱 / 地址	
Description of Injury / Illness 受傷 / 疾病詳情	
Treated by Doctor 主診醫生	Authorised signature of Hospital 醫院之授權人仕簽署