



Domestic Worker Claim Form

家庭傭工保險索償申請表

This form must be completed truthfully and accurately. If the space is not enough or no applicable field available, please supplement information by attachment.
請正確填寫此申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary.
The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

各部份之「所需文件」只是概括要求，本公司保留權利在有需要時要求閣下提供更多文件以處理有關的索償申請。如所遞交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請有可能會受延誤或被拒絕。

The completed form should be returned to us together with all supporting documents as soon as possible at the following address:

請填妥索償申請表並連同所有有關文件盡快寄回以下地址：

AIG Insurance Hong Kong Limited
Claims Department
7/F, One Island East, 18 Westlands Road, Island East, Hong Kong
Facsimile: 852 2838 9916
Email address: claims.hk@aig.com
www.aig.com.hk

美亞保險香港有限公司
賠償部
香港港島東華蘭路18號港島東中心7樓
傳真：852 2838 9916
電郵地址：claims.hk@aig.com
www.aig.com.hk

Section I - General Information (Required) 第一部份 一般資料 (必須填寫)

Policy/certificate no. 保單號碼	Name of Insured (Chinese & English) 受保人姓名 (中文及英文)	ID card no./passport no. 身份證/護照號碼
Telephone no. (Mobile) 電話號碼 (手提電話) <small>Acknowledgement will be sent to this mobile phone number via SMS upon receipt of this original form. 本公司將會在收到此索償申請表正本後發送確認短訊至此手提電話號碼。</small>	E-mail address 電郵地址	
Mailing address 聯絡地址 (請盡量以英文填寫)		
Name of domestic worker 家傭姓名	ID card no. / passport no. of the domestic worker 家傭身份證/護照號碼	

Please download Form 2/2B from the website of Labour Department for Employees' Compensation Claim.
僱員賠償保障之索償請於勞工署網頁下載表格2/2B以填報。

Claims Payment Method (Required) (Please tick) 賠償支付方式 (請選擇) (必須填寫)

The request for payment mode is not an admission of our liability. If the claim is eligible, the indemnity shall be payable to the relevant Insured only based on the following details provided.
本公司特此聲明此項要求並不代表本公司承認賠償責任。如果索償成功，所有賠償均可支付予此索償之相關受保人如下提供的信息。

Notice:	1. Purpose for collection: (i) Solely to enable AIG HK to effect settlement payment for eligible claim(s). (ii) AIG HK shall only make payment according to the details provided in this section. 2. AIGHK reserves the rights to determine the claim payment method at its absolute discretion.
注意事項:	1. 收集目的：(i) 僅使美亞保險能夠對符合條件的索償進行賠償付款。(ii) 美亞保險將只會根據以下提供的資料進行付款。 2. 美亞保險保留自行決定其索償款項的付款方法的權利。

Please choose one. 請選擇其一	<input type="checkbox"/> Faster Payment System (FPS) 快速支付系統 (「轉數快」) 或 or	**Only applicable for claims payment amount under HKD5,000. **只適用於不超過港幣5,000元的索償支付金額之個案。
	<input type="checkbox"/> Direct credit to Hong Kong Bank Account (HKD account only) 支付到銀行帳戶 (只限港幣戶口)	

If you choose Faster Payment System (FPS) for your claim(s), please complete the followings: 如選擇使用快速支付系統 (「轉數快」) 為你的賠償支付方式，請填寫以下資料：			
Notice:		注意事項:	
1. Please ensure the proxy (phone number/e-mail address/FPS ID) you've provided is already registered with Faster Payment System, otherwise the payment cannot be proceeded.		1. 請確保以下提供的識別代號 (電話號碼/電郵/快速支付系統識別碼) 已在快速支付系統中註冊，否則無法進行付款。	
2. Claims Payment only addresses to Policy Holder /eligible Claimant. Please ensure the registered proxy with bank account holder name is the same as the name of Policy Holder / eligible Claimant(s), otherwise the payment cannot be proceeded.		2. 賠償付款僅支付給保單持有人/符合條件的索償者。 請確保註冊快速支付系統的銀行帳戶持有人姓名與保單持有人/符合條件的索償者姓名相同，否則無法進行付款。	
3. Please provide One (1) of the proxy (phone number /e-mail address/FPS ID) in below field.		3. 請於下面只提供 一個 快速支付系統識別代號 (電話號碼 /或 電子郵件地址 /或 快速支付系統識別碼)。	
4. Please provide e-mail address for sending Claim statement, otherwise the payment cannot be proceeded.		4. 請提供電子郵件地址以發送賠償明細表，否則無法進行付款。	
FPS Account Holder's Name FPS帳戶持有人姓名	E-mail address 電郵地址	Claim statement will be sent to this e-mail address upon payment 賠償明細表將發送到此電郵地址	
(FPS) Telephone no. (轉數快) 電話號碼 +852	或 or (FPS) E-mail address (轉數快) 電郵地址	或 or	FPS ID 快速支付系統識別碼

或 or

If you choose **Direct credit to Hong Kong Bank Account** for your claims, please fill the followings: 如選擇使用 **支付到銀行帳戶**, 請填以下資料:

Notice: 1. Please provide a copy of bank passbook or ATM card, otherwise the payment cannot be proceeded. 2. Claims Payment shall only address to Policy Holder/ eligible Claimant. Please ensure the bank account holder name is the same as the name of Policy Holder/ eligible Claimant(s), otherwise the payment cannot be proceeded. 3. Please provide e-mail address for sending Claim statement, otherwise the payment cannot be proceeded.		注意事項: 1. 請提供 銀行存摺 或 提款卡副本, 否則無法進行付款。 2. 賠償付款僅支付給保單持有人 / 符合條件的索償者。請確保銀行帳戶持有人姓名與保單持有人 / 符合條件的索償者姓名相同, 否則無法進行付款。 3. 請提供電子郵件地址以發送賠償明細表, 否則無法進行付款。	
Account Holder's Name 戶口持有人姓名		Bank Name 銀行名稱	
Bank Code 銀行號碼	Branch Code 分行號碼	Account Number 戶口號碼	
E-mail address 電郵地址		Claim statement will be sent to this e-mail address upon payment 賠償明細表將發送到此電郵地址	

Section II (A)- Medical Expense Reimbursement/Hospital Income 第二部份(甲) 醫療費用/住院現金

Documents required under SECTION II(A): Medical Expense Reimbursement <ul style="list-style-type: none"> Original hospital/medical bill(s)/receipt(s)/medical report stating diagnosis and the date of the injury/sickness commenced and certified by a qualified medical practitioner Hospital Income <ul style="list-style-type: none"> Medical certificate from a qualified medical practitioner certifying the number of days of hospitalization. Hospital discharge summary 	第二部份(甲) 所需文件: 醫療費用 <ul style="list-style-type: none"> 由註冊醫生發出的醫療報告/收據正本, 並註明診斷結果及受傷或疾病發生日期 住院現金/緊急入息援助 <ul style="list-style-type: none"> 由註冊醫生發出的醫療證書證明住院日數 出院總結
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Date of injury/sickness 發生意外或疾病的日期	Time of injury/sickness 發生意外或疾病的時間	<input type="checkbox"/> A.M. / <input type="checkbox"/> P.M. 上午 / 下午	Date of first consultation with doctor/hospital 首次求診日期
DD 日	MM 月	YYYY 年	DD 日
MM 月	YYYY 年	DD 日	MM 月
YYYY 年	DD 日	MM 月	YYYY 年
In the case of injury, where and how did the accident occur? In the case of sickness, what were the symptom(s) and when did the symptom(s) first appear? 如屬受傷個案, 請詳述意外發生的地點及經過。如屬疾病個案, 請詳述疾病的徵狀及首次出現病徵的時間。			
Nature of injury/diagnosis of sickness 傷勢/病況的診斷結果			
Name and address of the attending doctor 主診醫生姓名和地址		If hospitalized, please state the name, address and the period of the hospitalization 如曾住院, 請列出住院地點、地址及期間	
From 由	DD 日	MM 月	YYYY 年
To 至	DD 日	MM 月	YYYY 年
Claim amount (Please indicate the currency): 索償金額(請註明貨幣):			
Was the injury due to any other party's fault? 意外是否第三者的責任?	If yes, please provide the details of the third party, including the name, address and contact number 如是, 請提供第三者的資料, 包括姓名、聯絡地址及電話		
<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否		

Section II(B) - Personal Accident Insurance 第二部份(乙) 人身意外保障

Date of accident 意外發生日期	Time of loss 時間	<input type="checkbox"/> A.M. / <input type="checkbox"/> P.M. 上午 / 下午	Place of accident 地點
DD 日	MM 月	YYYY 年	
Full description of how the accident occurred and the injuries sustained 詳述意外發生的經過及所遭受的損傷			
Name and address of the attending doctor 主診醫生姓名及地址			
Full name and telephone no. of witness(es), if applicable 證人姓名及電話號碼(如適用)			
Cause of death, if applicable 死亡原因(如適用)		Permanent disability (degree and extent), if applicable 永久傷殘的程度(如適用)	
Name of the claimant (Chinese & English) in fatal case 索償申請人姓名(中文及英文), 僅適用於死亡個案		Claimant's relationship to the domestic worker (the deceased) 索償申請人與死者之關係	ID card no. / passport no. of the claimant 索償申請人身份證/護照號碼

Section II(C) - Domestic Worker Liability and/or other claims 第二部份(丙) 家傭責任及/或其他索償

Full description of the incident, including how, when and where it happened, and the extent of the damage/loss
 詳細描述意外發生的時間、地點及經過，以及損失程度

Full name and telephone no. of the third party / claimant
 第三者/索償人姓名及電話號碼

Full name and telephone no. of the witness(es), if applicable
 證人姓名及電話號碼 (如適用)

Remarks: Any lawsuit, demand, claim or proceeding of any types relating to the incident of which becomes aware of, and received from the third party claimant, should be immediately forwarded to us without acknowledgement.
 No liability should be admitted and no settlement or promise of payment should be reached or made to the third party without our prior approval.

備註：如收到任何第三者對有關事件的索償要求、法庭傳票、通告及書面命令，或涉及任何法律訴訟，切勿自行處理，應立即通知及提交本公司處理
 未得本公司事先同意前，不要向第三者承認任何責任或達成和解或付款承諾

Section III - Declaration and Authorization 第三部份 聲明及授權

A. The undersigned Insured(s) / Claimant(s) HEREBY DECLARE that to the best of the Insured(s) / Claimant(s)' knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind.

B. In relation to the personal data collected in this claim form, the Insured(s)/Claimant(s) agree and acknowledge that:

(a) (unless specifically indicated otherwise in this form) the personal data requested in this form (or otherwise provided during the course of the claim process) is necessary for AIG Insurance Hong Kong Limited ("AIG HK") to process the insurance claim and any such data not provided may mean the claim cannot be processed.

(b) the personal data collected in this form may be used by AIG HK for purposes which include 1) assessing, investigation, adjusting and making a decision on this claim; 2) otherwise for the purpose of administering the insured(s)' insurance policy (including pursuing recovery from reinsurers) and 3) for other purposes stated elsewhere in this form.

(c) AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) above:

i) third parties providing services related to the administration of the Insured's policy (including reinsurers);

ii) financial institutions for the purpose of processing this application and obtaining policy payments;

iii) loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;

iv) another member of the AIG group (for all of the purposes stated in (b)) in any country; or

v) other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.

(d) The Insured(s)/Claimant(s) may gain access to, or request correction of their personal data (in both cases, subject to a reasonable fee) at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The same addresses may be used to contact us with any comments on our service. The full version of AIG HK's Data Privacy Policy can be found at www.aig.com.hk.

C. The Insured(s) / Claimant(s) hereby irrevocably authorize:

(a) any organization, institution, or individual that has any information, record or knowledge of the Insured(s)' health and medical history or any treatment or advice rendered thereto to disclose to AIG HK such information, record and knowledge;

(b) AIG HK or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate the Insured(s)' health status in relation to the Claims therein and any matter arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites;

(c) the police that has any of the Insured(s)' information to provide AIG HK with the information including but not limited to the police reports, witness statements, investigation and/or prosecution results;

(d) airline(s) that has/have any of the Insured (s)' information to provide AIG HK with the information including but not limited to flight details, booking details, irregularities reports and all information related to the Insured (s)' bookings; and

(e) any organization institution or individual that has any information, record or knowledge of the Insured(s)' travel record to disclose to AIG HK such information, record and knowledge.

This authorization shall bind the Insured(s) / Claimant(s) successors and assigns and remain valid notwithstanding the Insured(s) / Claimant(s)' death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.

A. 於本索償申請表簽署之受保人/索償申請人謹此聲明盡其所知所信，上述所申報的一切資料均屬正確無誤，並無任何保留。

B. 就有關從此索償申請表所收集的個人資料，受保人/索償申請人同意及確認：

(a) 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)是供美亞保險香港有限公司(“美亞保險”)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；

(b) 美亞保險可按列於其私隱政策的用途使用此表格所收集的個人資料，其用途包括：1)評核、調查、調整及就此索償申請作出決定；2)管理受保人的保單(包括向再保險公司索取賠償)及3)任何於本表格其它位置列明的目的；

(c) 美亞保險亦可向以下類別的人士(不論在香港或海外)轉交該些個人資料，作上述 (b) 項所列明之用途：

- (i) 提供有關本人/吾等保單管理服務的第三者(包括再保險公司)；
- (ii) 財務機構，作處理此申請及收取保費；
- (iii) 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜；
- (iv) 其它在任何國家之AIG集團之成員公司，作上述 (b) 項所有列明之用途；或
- (v) 其它於美亞保險私隱政策所列明的人士，作於私隱政策列明之用途。

(d) 受保人/索償申請人可隨時致函到美亞保險香港有限公司之私隱事務主任(地址：香港郵政總局信箱456號或電郵：cs.hk@aig.com)查閱、或要求修改其個人資料(美亞保險可就查閱及修改要求收取合理費用)。如對美亞保險提供的服務有任何意見，可按上述地址聯絡美亞保險。美亞保險私隱政策的全文載於www.aig.com.hk。

C. 受保人/索償申請人茲授權：

- (a) 任何知悉或擁有受保人之健康狀況及病歷或任何治療或諮詢記錄或資料及曾為或將為受保人診治之機構、組織或人士，向美亞保險透露有關資料及記錄；
- (b) 美亞保險或任何其認可之驗身醫生或化驗所，替受保人進行所需之醫療評估及測試，並對受保人之健康狀況進行審核及評估，作為處理本索償申請及其後與之有關的賠償事宜。此等化驗包括，但並不限於膽固醇及有關之血脂、糖尿病、肝或腎功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代謝產物之含量等化驗；
- (c) 警方向美亞保險提供有關受保人之任何資料包括但不限於警察報告、証人口供、調查及/或檢控結果；
- (d) 航空公司向美亞保險提供有關受保人之任何資料包括但不限於航班資料、訂位資料、違規報告及所有有關受保人之訂位資料；及
- (e) 任何知悉或擁有受保人之之出入境資料紀錄之機構、組織或人士向美亞保險透露有關資料及記錄。

此授權書不得撤回。在法律許可下，即使受保人/索償申請人死亡或喪失能力，此授權書仍然存有法律效力，而受保人/索償申請人之繼承人及轉讓人亦會受此授權書約束。此授權書之副本與正本均屬有效。

Name of insured 受保人姓名	Signature of insured 受保人簽署		
ID card no./passport no. 身份證/護照號碼	Date 日期	DD 日	MM 月 YYYY 年
Name of domestic worker 家傭姓名	Signature of domestic worker 家傭簽署		
ID card no./passport no. 身份證/護照號碼	Date 日期	DD 日	MM 月 YYYY 年

Agent/Brokers information(if applicable) 保單經紀資料(如適用)

Name of agent/broker 經紀姓名	Agent / broker's email address 經紀電郵地址	Agent / broker's telephone no. (Mobile) 經紀電話號碼(手提電話)
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Claim Acknowledgement will be sent to this mobile phone number via SMS upon receipt of this original form.
 本公司將會在收到此索償申請表正本後發送確認短訊至此手提電話號碼。

Important Note 重點注意事項

- If your domestic helper sustains an injury or dies as a result of an accident arising out of and in the course of his Employment, YOU as the Employer is obligated to report his case to Labour Department by completing and submitting **TWO ORIGINAL:**
 - Form 2B (For sick leave(s) not exceeding 3 days) OR
 - Form 2 (For sick leave(s) exceeding 3 days/ For incident resulting in death)
 - Form 2A (For Work Injury)
within the respective time period below:
Work Injury / Occupational Disease: Within 14 days from the date of accident
Death: Within 7 days from the date of accident
- NO admission, offer, promise, payment or indemnity shall be made or given by or on behalf of the Insured without AIG written consent
- Summons, police letter or any formulated claim or correspondence from third party must be forwarded to AIG IMMEDIATELY for handling. DO NOT acknowledge or respond.
- If you discovered a fraud or dishonest act committed by your domestic helper, please report to the Police WITHIN 24 hours
- If you have any changes of employment of your domestic helper(s), please notify us as soon as possible for policy endorsement
- 如果您的家庭傭工在受僱期間因工作遭遇意外而致受傷或死亡，僱主有責任向勞工處呈報相關事件
您應在意外發生後十四天內將填妥的表格2或表格2A或表格2B**正本兩份**連同病假證明書副本送交勞工處。如果該宗意外導致死亡，您應該在意外後七天內將表格2送交勞工處注意：
 - 表格2B - (適用於病假不超過3天的情況)
 - 表格2 - (適用於病假超過3天/事故致死的情況)
 - 表格2A - (適用於職業病的情況)
- 在未得我們書面同意前，請勿向任何第三者承認責任或作出妥協或賠償，這樣會影響你根據保單索償的權利
- 請勿回應任何傳票，警方來函，索償要求或第三者發出的任何信件，並且盡快轉交我們處理
- 如果您發現家傭有欺詐或不誠實行為，請在24小時內向警方報案
- 如果您的家傭有任何僱用情況的更改，請盡快通知我們

Guidelines on General Documents Required for Domestic Helper Claim

家傭保險索償一般所需文件

- In the event of any occurrence which may give rise to a claim under this Policy, **written notice** of claim must be given to us **within thirty (30) days**, together with all relevant documents. If you are unsure, you should still **notify us of the occurrence**.
- The documents listed below are not exhaustive and we may request from you any additional information/documentation, as necessary. **The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.**
- 如發生任何可能引起家傭保險索償的事件，必須在事件發生後三十 (30) 天內向我們遞交書面索償申請，並附上所有相關文件。如果您不確定相關意外事件會否引起家傭保險索償，您仍然應該立即通知我們。
- 以下列出的文件並未包括所有可能出現的情況，我們可在有需要時要求您提供更多文件以處理有關的索償申請。如所遞交的索償申請表未填妥或有關資料或文件不足，您的索償申請有可能會受延誤或被拒絕。

General Documents Required for Domestic Helper Claim 家傭保險所需一般文件

Benefit 保障	Types of Documents 文件種類	Checklist 已提交
Employees' Compensation 僱員賠償保障	<ol style="list-style-type: none"> Copy of Form 2/Form 2B 表格 2 / 2B ORIGINAL sick leave certificate(s) 病假證明書正本 ORIGINAL medical expenses receipt(s), if any 醫療費用收據正本 Certificate of Assessment (Form 7) & Certificate of Compensation Assessment (Form 5), if any 格 5 與表格 7 (如果勞工處已證實僱員永久性傷殘) Employment contract 僱傭合同 Salary payment proof/bank in records for 12 months prior 事故前和事故後 12 個月的工資支付證明/銀行入數記錄 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Clinical Expenses/Dental Expenses 醫療/牙醫費用保障	<ol style="list-style-type: none"> ORIGINAL hospital/ medical bill(s) /receipt(s) &/ medical reports with DIAGNOSIS and the date of the injury/sickness commenced and certified by a registered medical practitioner 由註冊醫務執業者所發出的證明，包括住院 / 醫療賬單 / 收據 / 報告的正本，並註明診斷結果 	<input type="checkbox"/>
Hospitalization and Surgical Expenses 住院入息賠償	<ol style="list-style-type: none"> Payment receipt of the Hospitalization expenses with breakdown 住院費用收據及明細 Medical certificate from a registered practitioner/Discharge summary certifying the number of days of hospitalization & Hospital Discharge summary 由註冊醫務執業者所發出的證明/ 留醫出院概要，包括證明住院日子總數的醫療證書及報告；並註明診斷結果 	<input type="checkbox"/> <input type="checkbox"/>
Repatriation Expenses 送返原居地費用	<ol style="list-style-type: none"> Medical report(s) and death certificate 醫療報告及/或死亡證明書 Consular Mortuary Certificate and Report of Death issued by the Consulate 領事館發出的領事殯葬證明和死亡報告 ORIGINAL payment receipt for repatriation expenses 遺體運送費用的付款收據正本 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

General Documents Required for Domestic Helper Claim 家傭保險所需一般文件

Benefit 保障	Types of Documents 文件種類	Checklist 已提交
Personal Effects 家傭財物保障	<ol style="list-style-type: none"> 1. ORIGINAL purchase receipts for the property(ies) lost or damaged 遺失或損毀財物的購買收據正本 2. An estimate of repair costs. (It should be submitted and approved by AIG Claims Department before making any repair) 修理估價報告 (在作出任何修理前，必須先向我們遞交估價報告並獲得核准) 3. Color photos of the damaged article(s). 損毀物件的彩色照片 4. Police report(s) (Only for loss caused by theft, burglary or robbery) 警方報告 (適用於由盜竊、爆竊或搶劫所引致的損失) 	<input type="checkbox"/> <input type="checkbox"/>
Fidelity Coverage 家傭誠信保障	<ol style="list-style-type: none"> 1. Police report(s) 警方報告 2. ORIGINAL purchase receipts for the property(ies) lost or damaged 遺失或損毀財物的購買收據正本; 	<input type="checkbox"/> <input type="checkbox"/>
Domestic Helper Liability 家傭法律責任保障	<ol style="list-style-type: none"> 1. Colour Photos of the accident scene (if any) 損毀物件及事件現場之彩色照 2. Details of the involved Third Party(ies) including: i) Name of Third Party(ies) and details of damage/injury ii) Telephone Number iii) Address 第三者的詳細聯絡資料包括姓名、電話號碼和地址、以及財物損毀或受傷之詳情 3. Name and Telephone Number of witness(es) (if any) 任何目擊者的姓名、電話號碼 4. Police investigation document and/or report 警方調查文件或報告 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

** This note is for your guidance only and does not vary the terms of the policy or form part thereof.

** 本說明僅供參考，並不會改變任何保單條款個細則或構成其部分。