



ACCIDENT CLAIM FORM 意外賠償申請表



If claim application can be done through AIA+ mobile app, then there is no need to complete the PART I of this claim form.
Please further contact your attending doctor to complete PART II of this claim form.

若透過 AIA+ 手機程式遞交申請索償，無需填寫此賠償申請表的第一部分。閣下可進一步安排主診醫生填寫賠償申請表第二部分。

PART I (TO BE COMPLETED BY INSURED / CLAIMANT) 第一部分 (由受保人或申請人填寫)

Policy Number 保單號碼	Name of Insured 受保人姓名	ID Card Number / Passport Number 身份證號碼 / 護照號碼
<input type="text"/>	<input type="text"/>	<input type="text" value="XXXX"/>

Please indicate who to follow up this claim 請指示由以下哪位人士跟進此索償申請

- By Servicing Agent as policy record 保單記錄中的營業員
 By other agent / broker of below details 其他營業員 / 經紀業務代表資料如下

Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼
<input type="text"/>	<input type="text"/>	<input type="text"/>
Agency Code 營業員組別編號	Agent / TR's Name 營業員 / 業務代表姓名	Agent / TR's Tel. No. 營業員 / 業務代表聯絡電話
<input type="text"/>	<input type="text"/>	<input type="text"/>



00652139

TR Membership Number 業務代表會員號碼 IA ANG

- By own self of policyowner 保單持有人親自跟進

For proper follow up on your claims progress, your AIA financial planner / broker / IFA of your latest inforce policy can view this claim's information if no specific agent / broker / IFA / TR information is provided at above. 為了妥善地跟進您的賠償進度，若於以上沒有提供指定營業員 / 保險或理財顧問 / 業務代表資料，您最新生效保單的友邦財務策劃顧問 / 保險或理財顧問將能夠查閱是次申請資料。

- If you do not agree on the above arrangement, please mark a "X" in the box. 如果您不同意上述安排，請於空格內劃上「X」號。

Benefits to Claim 索償類別

- Accident Medical Reimbursement 意外醫療費用賠償 Medical Reimbursement 醫療費用賠償 Health Wallet 健康賞
 Accident / Weekly Indemnity 意外 / 每週賠償 Hospital Income / Benefit 住院入息 / 惠益
 Broken Bone 骨折惠益 Voluntary Group Assurance 自選團體保障

Remarks: Please select the appropriate box; otherwise we will apply this claim to all of your eligible benefits.

註：請選擇適用者，否則我們將會把申請應用於您的所有同類保障。

CLAIMS SEQUENCE 理賠次序

Please use 1, 2, and 3 to indicate the order of claim 請以 1, 2, 3 表示你所選擇的理賠順序

AIA Individual Life 友邦個人壽險	AIA Group Insurance 友邦團體醫療保險	Other Insurance Company 其他保險公司
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Please further provide the below information and relevant settlement advice, if applicable :
請提供以下資料及遞交有關的賠償金額通知書 (如適用) :

- (I) AIA Group insurance policy: 1) group policy no. & employer name, 2) member/certificate no., 3) employee name & 4) relationship with employee

友邦團體醫療保險保單：1) 團體保單號碼 & 僱主名稱、2) 會員 / 證書編號、3) 員工姓名 & 4) 與員工的關係

- (II) Other insurance company: 1) name of other insurance company, 2) policy no., 3) name of insured & 4) name of policyowner
其他保險公司：1) 其他保險公司名稱、2) 保單號碼、3) 受保人姓名 & 4) 保單持有人名稱

If the insured or the policyholder is holding both AIA International Limited and AIA Everest Life Company Limited policies, the claims (including registration of FPS / eBank-in services) will be processed together. In addition, the "Declaration and Authorization" and "Personal Information Collection and Use" in the claim form will be also applicable to AIA International Limited and AIA Everest Life Company Limited.

若受保人或保單持有人同時持有友邦保險(國際)有限公司及友邦雋峰人壽有限公司之保單，相關賠償 (包括登記「轉數快」或「電子入賬服務」) 將會一併處理。此外，賠償表格內之「聲明及授權」及「個人資料收集及使用」亦同時適用於友邦保險(國際)有限公司及友邦雋峰人壽有限公司。

- If you do not agree on the above arrangement, please mark a "X" in the box. 如果您不同意上述安排，請於空格內劃上「X」號。

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ACCIDENT / TREATMENT / HOSPITALIZATION PARTICULARS 意外 / 治療 / 入院詳情

Please provide the below information 請提供以下資料：

- (I) Accident details (e.g. date of accident, injured area and cause of accident)
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- 意外受傷詳情 (即意外日期, 受傷部位和意外原因) :

MM月		DD日		YYYY年					

- (II) Treatment / Hospitalization (i.e., type of medical treatment, name of doctor, clinic / hospital name, admission period, surgery name).
-
- 治療 / 入院資料 (即治療類型, 醫生姓名, 診所 / 醫院名稱, 入院和出院日期, 手術名稱等)

- (III) For the aforementioned treatment(s), please provide the name(s) of the relevant healthcare practitioner(s), such as physiotherapist, traditional Chinese medicine practitioner, chiropractor, etc.
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- 就上述治療, 請提供相關醫療人員 (例如物理治療師、中醫、脊醫等) 的姓名。

- (IV) Besides service provider / patient, please elaborate if insured has other relationship with the attending doctor e.g. immediate family, employer / employee, business partners or insurance agent / broker.
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- 除醫生與病人關係外, 請說明受保人與醫生的其他關係, 例如: 直系親屬、僱主或僱員、商業合夥人或本公司保險代理人 / 受保人的保險代表。

CLAIMS PAYMENT OPTION 支付賠償方法：**IMPORTANT NOTE 重要事項：**

For customers who have registered Faster Payment System (FPS) to bank accounts in Hong Kong Dollars (HKD), or eBank-in to bank accounts in Hong Kong Dollars (HKD) or Macau Patacas (MOP), claims payment will be remitted to the designated bank account. 如客戶已登記使用「轉數快」並連結至港元幣銀行戶口, 或已登記使用「電子入賬服務」並連結至港元或澳門幣銀行戶口, 賠償款項將會自動存入指定銀行戶口。

For customers who have registered eBank-in to bank accounts in United States Dollars (USD), claims payment will be made by cheque in USD by default. 如客戶已登記「電子入賬服務」並連結至美元銀行戶口, 賠償款項將預設以美元支票支付。

To receive claims payment easily and conveniently, please register FPS / eBank-in by completing the following:

為更方便快捷收到賠償款項, 請填妥以下資料以即時登記「轉數快」或「電子入賬服務」:

Owner's Mobile Number

持有人流動電話號碼:

If the telephone number provided differs from our company records, we will update it to all or selected policies as indicated in the following section. You will receive an SMS notification upon the completion of the registration.

如所提供的電話號碼與公司的紀錄不同, 我們將根據您於以下部分提供的指示, 將該號碼更新至您於公司持有的所有或指定的保單。完成登記後, 您將收到短訊通知。

Identity proof must be provided for registration of FPS / eBank-in if you have not submitted a **valid Identity Card / Passport** before. 如未曾提供有效的身份證 / 護照, 需遞交身份證明文件作登記「轉數快」或「電子入賬服務」之用。

Complete this section if applying for Hong Kong Policy(ies) 請填妥以下部分如申請涉及香港保單：

- Apply to all your Hong Kong policies held with our Company. 是次申請應用於您於公司所持有之所有香港保單。

Remark: If the stated AIA financial planner / broker / IFA on this form is not my current servicing AIA financial planner / broker / IFA of other policies, I give consent to him / her to follow up my request for all Hong Kong policies.

備註: 倘若表格上填寫的財務策劃顧問 / 經紀 / 獨立理財顧問並不是本人其他保單的財務策劃顧問 / 經紀 / 獨立理財顧問, 本人同意他 / 她一併跟進我就所有香港保單的要求。

- Apply to the following Hong Kong policy / policies. 是次申請只應用於下列之香港保單：

Please select the appropriate box; otherwise we will apply to all of your Hong Kong policies held with our Company. 請選擇適用者, 否則我們將會把是次申請應用於您於公司所持有之所有香港保單。

Use "FPS / eBank-in" to transfer policy benefits paid under the above policy to the below designated bank account. The transferred amount will not exceed the maximum limit set by the Company. 使用「轉數快」或「電子入賬服務」將以上保單號碼所支付的保單利益轉入下列指定之銀行戶口, 轉入之金額將不超過公司所定的上限。

Please select transferring policy benefits paid to **either FPS OR eBank-in**. 請選擇「轉數快」或「電子入賬服務」其中一項以轉入以上保單號碼所支付之保單利益。

- a. FPS* (Applicable to HKD payment only)
轉數快* (只適用於港元付款)

Please select **either ONE** of the "Proxy ID" below by marking a "X" on appropriate box and provide relevant information. **More than one selection** will be treated as **invalid** application. Your FPS account must also be registered under the policy owner. 請以「X」號選擇下列其中一種「識別代號」及提供以下相關資料。若多過一個選擇將被視為申請無效。「轉數快」的用戶註冊名稱必須同樣為保單持有人。

- Email 電郵地址:

- FPS Identifier 「轉數快」識別號碼:

- Mobile Number 手機號碼:

()
Country Code Telephone No
國際電話區號 手機號碼

* "FPS Service" means the services provided by us to you from time to time to facilitate payments and funds transfer using the Faster Payment System and related systems and services from time to time provided by Hong Kong Interbank Clearing Limited, together with its successors and assigns.
「快速支付系統服務 (轉數快)」指我們不時向您提供的服務, 以讓我們使用由香港銀行同業結算有限公司及其繼承人及受讓人不時提供的快速支付系統及相關系統及服務。

"Proxy ID" means an identifier which may be accepted by HKICL for the registration of an account in the HKICL Addressing Service, including your mobile phone number, email address or FPS Identifier.
「識別代號」指結算公司接納用作結算公司賬戶綁定服務賬戶登記的識別資料, 包括您的手機號碼, 電郵地址或「轉數快」識別號碼。

- b. eBank-in (Applicable to HKD payment only)
電子入賬服務 (只適用於港元付款)

Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件:

- 1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何列有戶口持有人及銀行賬戶號碼最近期的銀行存摺 / 信件 / 月結單 (包括電子結單) / 有效銀行卡副本。
- 2) Joint account is not allowed. 不接受聯名戶口。
- 3) eBank-in account must also be registered under the policy owner. 電子入賬服務的戶口必須同樣為保單持有人。
- 4) Please ensure the bank account holder name is the same as the policyowner name, otherwise the payment will be rejected by banks. 請確保銀行戶口持有人姓名與保單持有人姓名一致, 否則入賬指示將不被銀行接納。

Bank Name and Branch in Hong Kong 香港銀行及分行之名稱

Bank No. 銀行編號	Branch No. 分行編號	My Account No. 本人之賬戶號碼

Name as recorded on Bank Passbook / Correspondence / Statement / Bank card (must be same as the Owner of the above Policy)

銀行存摺 / 信件 / 月結單 / 銀行卡上所記錄之戶口持有人姓名 (必須與上述保單

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NO CLAIM DISCOUNT (NCD) (ONLY APPLICABLE TO PRODUCT WITH NCD)**無索償折扣（只適用於享有無索償折扣的產品）****Important Note 重要通知**

If a claim that arose in any previous Policy Year is eventually payable or paid by the company after the policy owner has earned the NCD and thereby paid a discounted premium, the company will use the actual number of Claims Free Years and its corresponding NCD to recalculate the actual eligible discounted premium.

若保單持有人獲得無索償折扣並已支付折扣後的保費，及後本公司若須就以往任何保單年度所出現的索償而作出應付或已付賠償，本公司將會按照實際的無索償年度及其相應的無索償折扣重新計算實際之合資格的折扣後保費。

Declaration and Authorization 聲明及授權

I / We represent that I am / We are the Owner / Assignee / Trustee / Beneficiary (as the case may be) under the policy(ies) as given on this form. Unless marking a "X" in the above box, I / We hereby give my / our irrevocable consent to the company to deduct any balance in excess of the actual eligible discounted premium recalculated in accordance with the eligible NCD and related levy (if any) from any insurance proceeds.

本人/我們聲明，本人/我們為此索償申請表中列明的保單之持有人/受讓人/信託人/受益人（視情況而定）。除非於上列空格劃上「X」號，否則本人/我們完全同意，公司會從保險賠償金中扣除超出根據實際合資格無索償折扣所重新計算的保費金額及有關保費徵費（如適用）。

PERSONAL DATA COLLECTION AND USE 個人資料收集及使用

I / We confirm that I / we have read, understood and agreed to the Personal Information Collection Statement(s) of my / our policy issuer(s) and / or pension scheme provider(s), i.e. AIA International Limited (Hong Kong Branch), AIA International Limited (Macau Branch), AIA Company Limited and / or AIA Everest Life Company Limited, where applicable, (the "PICS") which is available for download: <https://www.aia.com.hk/en/privacy-statement-main>.

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies), account(s) or investments contained in this application or collected, obtained, compiled or held by my / our policy issuer(s) and / or pension scheme provider(s) by any means from time to time may be collected and utilized in accordance with the PICS.

I / We acknowledge and consent to the transfer of my / our personal data to parties within or outside Hong Kong (for policy(ies) / pension scheme(s) issued in Hong Kong) or Macau (for policy(ies) / pension scheme(s) issued in Macau), as the case may be, for the purposes as set out in the PICS.

The latest version of the PICS which complies with the relevant rules and regulations is / are available for download from the above website and upon request.

我 / 我們確認我 / 我們已閱讀、明白及同意我 / 我們的保單繕發人及 / 或退休金計劃服務提供者（即友邦（國際）有限公司（香港分行）、友邦（國際）有限公司（澳門分行）、友邦保險有限公司及 / 或友邦雋峰人壽有限公司（如適用））的個人資料收集聲明（「該聲明」），該聲明可在以下網址下載

<https://www.aia.com.hk/zh-hk/privacy-statement-main>。

我 / 我們聲明及同意在本申請所載或我 / 我們的保單繕發人及 / 或退休金計劃服務提供者不時以任何方法收集、獲得、編製或持有的任何個人資料及關於我 / 我們的保單、帳戶或投資的其他資料，可根據該聲明收集及使用。

我 / 我們知悉及同意就該聲明所述目的轉移我 / 我們的個人資料至香港境外 / 境內（如保單 / 退休金計劃在香港繕發）或澳門境外 / 境內（如保單 / 退休金計劃在澳門繕發）（視乎情況而定）予該聲明所載的資料承讓人。

該聲明的符合相關守則及法規之最新版本可於以上網址下載及可供索取。

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PART II TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES
第二部分申請人自費由主診醫生 / 手術醫生填寫

1. (a) Name of patient 病人姓名 <input type="text"/>		(b) ID Card / Passport Number 身份證 / 護照號碼 <input type="text"/>	
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(c) Age 年齡 <input type="text"/>	(d) Sex 性別 <input type="text"/>	(e) Accident date 意外日期 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM月 DD日 YYYY年	
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2. Please describe any external and visible evidence of injury at your first consultation. 請描述於首次求診時的表面受傷痕跡

3. Condition of injury at latest consultation. 最近求診日之受傷情況 <input type="text"/>	latest consultation date 最近求診日： <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM月 DD日 YYYY年
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4. All treatments that you had prescribed to patient for this injury: 請列出所有治療項目	
Date日期 (MM/DD/YYYY) <input type="text"/>	Treatments 治療詳情 <input type="text"/>

5. (a) Was the injury induced from or affected by any of the following? 受傷是不是因下列情況導致或受下列情況影響? Yes 是 No 不是

Degenerative changes 退化轉變	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or drugs 酒精或藥物	<input type="checkbox"/>	<input type="checkbox"/>

(b) Please give details if any of the above is "yes". 如以上任何一項為「是」, 請提供詳情。

6. Please provide details if there were any complications during healing. 如果有任何因素影響痊癒進度, 請提供詳情

7. With reference to patient's occupation, in what way do you think the injuries would totally prevent the patient from working? Please describe in detail.
參考病人所報稱的職業, 閣下認為此傷勢會不會令病人完全不能工作? 請列明原因。

I / We hereby declare that the information given on this form is true to the best of my / our knowledge and belief.
本人 / 我們現聲明此申請表上所填資料皆為本人 / 我們所知及所信之事實。

<input type="text"/>	<input type="text"/>
Name of Attending Physician / Specialist (with qualifications) 主診 / 專科醫生的姓名 (資歷)	Signature (with chop) 簽名 (蓋印)

<input type="text"/>	<input type="text"/>
Address and Telephone No. 地址及電話	Date 日期