



中國交銀保險有限公司
CHINA BOCOM INSURANCE CO., LTD.

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ISO 9001 : 2000
Certificate No. 202608

人身意外保險索償表
PERSONAL ACCIDENTAL INSURANCE CLAIMS FORM

被保險人姓名 Name of Insured		保險單編號 Policy No.	
保期期限 Period of Insurance			
地址及電話號碼 Address & Telephone No.			
索償人名稱 Name of Claimant		性別 Sex	
職業 Occupation		出生日期 Date of Birth	

(1) 是次醫療 / 住院 / 手術是否由於一宗意外引致?
Was the Medical Treatment / Hospitalization / Surgery a result of an Accident ?

否 No

是 Yes

日期 Date	時間 Time	State nature and region of injury 說明受傷傷勢之程度及其部位
地點 Place		
意外經過 Brief Description		
目擊者資料 Witness Information		
警方資料 Police Information		

是次意外，是否有任何人仕需要負上責任？如獲悉，請詳述該人仕之姓名及資料。
Is anyone responsible for this accident? If known, please provide details.

(2) 有關是次醫療 / 住院 / 手術，閣下有否申請其他保險賠償？
Are you making any other insurance claim as a result of this medical treatment / hospitalization / surgery ?

否 No.

是 Yes

保險公司名稱 Name of Insurance Company
保險單編號 Policy No.

聲明及授權書：
Declaration and Authorization

本人現聲明上述所填報資料，均屬正確及真實無訛。
本人茲授權於任何替本人作診療之醫生、醫務人員、醫院或診所提供有關有本人病歷之資料予中國交通保險有限公司，此授權書之影印本與正本具同等效力。
I hereby declare that the above information given by me in this form is true and correct to the best of my knowledge.
I hereby authorize any physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated, to give full particulars about my health including my whole medical history, to China Communications Insurance Co., Ltd. A photocopy of this authorization shall have full effect of the original authorization.

日期 Date _____ 被保險人簽署 Signature of Insured _____

收集個人資料聲明
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