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 (Macau Branch)
Claims Department
Unit 506, 5/F, AIA Tower, No 251A-301 Avenida Comercial de Macau
Facsimile: 853 2835 5299
Telephone: 853 2835 5602 / 6321 3633
Email address: claim.mo@aig.com
www.aig.com.hk/macau

美亞保險香港有限公司（澳門分行）
賠償部
澳門商業大馬路251 A-301號友邦廣場5樓506室
傳真：853 2835 5299
電話：853 2835 5602 / 6321 3633
電郵地址：claim.mo@aig.com
www.aig.com.hk/macau

Section IA - General Information 第一部份 一般資料

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. (Residential) 電話號碼 (住宅)	Telephone no. (Office) 電話號碼 (辦公室)	Telephone no. (Mobile) 電話號碼 (手提電話)
Mailing address 聯絡地址 (請盡量以英文填寫)		E-mail address 電郵地址
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)
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

Section II A - Medical Expense Reimbursement/Hospital Income/Loss of Income
第二部份(甲) 醫療費用/住院現金/緊急入息援助

Documents required under SECTION IIA: 第二部份 (甲) 所需文件

Medical Expense Reimbursement 醫療費用

- 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. 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

Hospital Income/Loss of Income 住院現金/緊急入息援助

- Medical certificate from a qualified medical practitioner certifying the number of days of hospitalization. 由註冊醫生發出的醫療證書證明住院日數
- Hospital discharge summary. 出院總結
- Letter from employer/company stating that the insured is under employment during sick leave period as a result of injury/sickness and amount of the salary earned, if claiming loss of income. 如屬緊急入息援助索償，請提供由公司/僱主發出之信件，證明受保人在受傷或疾病的病假期間仍然受僱及薪酬金額

Date of injury/sickness 發生意外或疾病的日期 DD 日 MM 月 YYYY 年	Time of injury/sickness 發生意外或疾病的時間 ☐☐ A.M. / 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

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？

☐ Yes 是

☐ No 否

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

Section II B - Accidental Death and Disability 第二部份 (乙) 意外死亡及傷殘

Date of accident 意外發生日期 DD 日 MM 月 YYYY 年	Time of loss 時間 ☐ ☐ A.M. / P.M. 上午 / 下午	Place of accident 地點

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 第二部份 (丙) 家傭責任

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 (Macau Branch) ("AIG Macau Branch") 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 Macau Branch 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 Macau Branch may transfer the personal data to its head office in Hong Kong or to the following classes of persons (whether based in Macau, Hong Kong or other jurisdictions) 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 Macau Branch'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 (Macau Branch) at Unit 506,5/F, AIA Tower, No 251A-301 Avenida Comerical de Macau or enquiry.mo@aig.com. The full version of AIG Macau Branch's Data Privacy Policy can be found at www.aig.com.hk/macau.

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 Macau Branch such information, record and knowledge;
   (b) AIG Macau Branch 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 inm 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 Macau Branch 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 Macau Branch 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 Macau Branch 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（澳門分行）（"美亞保險澳門分行"）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) 美亞保險澳門分行可按列於其私隱政策的用途使用此表格所收集之個人資料，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) 美亞保險澳門分行亦可向其位於香港的總公司或以下類別的人士（不論在澳門、香港或其它地區）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) 其它於美亞保險澳門分行私隱政策所列明的人士，作於私隱政策列明之用途。
   (e) 受保人 / 索償申請人可隨時致函到美亞保險香港有限公司(澳門分行)之私隱事務主任(地址: 澳門商業大馬路251A-301號友邦廣場5樓506室或電郵：enquiry.mo@aig.com) 查閱、或要求修改其個人資料 （美亞保險澳門分行可就查閱及修改要求收取合理費用）美亞保險澳門分行私隱政策的全文載於www.aig.com.hk/macau。

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，向美亞保險澳門分行透露有關資料及記錄；
   (b) 美亞保險澳門分行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肪、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、尼古丁及其代產物之含量等化驗；
   (c) 警方向美亞保險澳門分行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澳門分行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出入境資料紀錄之機構、組織或人士向美亞保險澳門分行透露有關資料及紀錄。

此授權書不得徹回。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