



聯豐亨保險有限公司

Luen Fung Hang Insurance Company Limited

家傭保障保險 索償申請書  
Domestic Helper Insurance Claim Form

本公司專用 FOR OFFICE USE ONLY

賠案編號 Claim No. \_\_\_\_\_

**填表須知 Instructions** 請在適當方格內加「✓」號。Please tick the box where appropriate.  
本公司只接受已簽署聲明及授權的索償申請書。此索償申請書僅供申報用途，並不代表本公司已承認任何責任。Claims will not be processed unless declaration and authorization is signed by the Insured. The acceptance and processing of this form is NOT an admission of liability by any party.

**僱主及受保非本地家傭資料 Insured Employer and Non-resident Domestic Helper Information**

保戶名稱 Name of Insured	保單號碼 Policy no.
地址 Address	聯絡人電話/電郵 Contact no./Email

僱員姓名 Name of Employee	外地僱員身份認別證號碼 Non-resident worker ID no.
出生日期 Date of Birth	受僱日期 Date of employment
<small># dd/月 mm/年 yyyy</small> / /	<small># dd/月 mm/年 yyyy</small> / /
國籍及護照發出地點 Nationality & Passport issued Place	

**索償資料 Particulars of Claim**

1. 門診費用、住院及手術費用或牙科費用 Clinical Expenses, Hospital and Surgical Expenses or Dental Expenses

病因 Diagnosis	診症日期 Date of Consultation (由 From 至 to)	診費金額 Consultation Fee Incurred
	<small># dd/月 mm/年 yyyy</small> 由 / / 至 / /	

2. 工作意外、人身意外保障或其他 Employees' Compensation, Personal Accident Benefit or others

工作意外保障 Employees' Compensation   
  人身意外保障 Personal Accident Benefit   
  運返遺體/骨灰回國 Emergency Assistance Service for Repatriation of Mortal Remains   
  臨時替工津貼 Temporary Domestic Helper Allowance   
  補聘家傭費用 Replacement of Domestic Helper Expenses

意外發生時是否從事工作職務? Employment duties served at the time of the accident?	意外發生日期及地點 Date and Place of Accident	受傷部位、受傷類型及嚴重程度 Please state which part(s) of body injured, nature and severity
<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<small># dd/月 mm/年 yyyy</small> / /	
意外發生的詳細經過 How did the accident happen?		

**賠款發放方式 Claim Payment Method: 自動轉賬 Auto-pay (只適於發放門診費用的賠款 For Clinical Expenses settlement only)**

請在適當的方格內填上“✓” Please tick the appropriate box:

本人不同意以自動轉賬方式接受賠款。 I do not agree that the claim payment be made by auto-pay.  
 本人同意以自動轉賬方式發放賠款，並提供以下資料（帳戶持有人名稱必須與保戶名稱相符）（請附上銀行存摺影印本）。 I agree that the claim payment be made by auto-pay and provide the following information (Name of Account Holder must be same as Insured) (Please attach account passbook copy):

銀行名稱 Name of Bank	帳戶號碼 Account No.	帳戶持有人 Name of Account Holder

**聲明及授權 Declaration and Authorization**

本人/我們聲明此表格內填報的資料，就本人/我們所知所信全部正確無訛，並無任何保留。本人/我們同意如為處理有關本索償事宜，聯豐亨保險有限公司可使用所收集及持有關於受保人的個人資料（包括在此索償表格內或其他地方之資料）或將該等資料給予有關之人士或機構（包括在澳門境內或境外之再保公司、賠償調查公司、保險業協會/聯會及其他提供保險業有關服務之公司等）。

本人/我們並授權持有任何關於受保人的健康或醫療記錄或資料之人士或機構，向聯豐亨保險有限公司或其代理人，提供與本索償事宜或與保險公司的追償權有關之記錄或資料。即使本人/我們/受保人死亡或在法律上失去能力，對本人/我們/受保人的繼承人及受託人而言，本授權將繼續生效。本授權書之影印本將與正本具有同等效力。

I/We hereby declare that to the best of my/our knowledge and belief the above statement and particulars contained herein are in all respects true and complete and are made without reservation of any kind. I/We agree that any of the Insured's personal information collected or held by Luen Fung Hang Insurance Company Limited (whether contained in this claim form or otherwise obtained) is provided and may be held, used and disclosed by the Company to individuals/organization associated with the Company or any selected third party (within or outside Macau, including reinsurance and claim investigation companies and industry associations/federations and other service provider providing services relevant to insurance business) for the purpose of processing this claim.

I/We further authorize any organization, institute or individual that has any records or knowledge or the Insured's health and medical history or any treatment or advice and that has been or may hereafter be consulted to disclose to Luen Fung Hang Insurance Company Limited on its authorized representatives such information which is/are relevant to the settling of this claim and/or the Insurer's rights of recovery. This authorization shall bind my/our/the Insured's successors and assigns and remain valid notwithstanding my/our/the Insured's death or incapacity in so far as legally possible. A photostat of this authorization shall be considered as effective and valid as the original.

日期 Date 日 dd/月 mm/年 yyyy	受保非本地家傭簽署 Signature of Insured Domestic Helper	保戶簽署 Signature of Insured
/ /		

公司專用 FOR OFFICE USE ONLY	Submitted by	Date received	Signature verified by	Checked by	Approved by	Remarks