



Blue Cross 藍十字

An AIA Company 友邦保險成員公司



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Blue Cross HK App

DOMESTIC HELPER INSURANCE CLAIM FORM

家傭保險賠償申請表

Enjoy Speedy Claim Submission via eClaim in 3 simple steps

1. Input claim details
2. Upload the scanned copies/photos of receipt
3. Confirm

透過電子索償平台簡單3步遞交索償申請

1. 輸入索償資料
2. 上傳收據之掃描副本 / 相片
3. 確認



Smart eClaims
「智」易 Claims

Please complete and sign this Claim Form, and provide the relevant documents listed in Part V to avoid delay in claim process.

請填妥並簽署此賠償申請表，連同第五部分所列相關文件交回，以免延誤索償進程。

The Company is entitled to request for further information or other specific claim form to be completed, and assign an insurance adjuster for investigation.

本公司有權要求索償者提供更多資料或填寫其他專用索償表格，以及委派保險理算人進行調查。

All submitted documents to the Company will not be returned.

所有遞交予本公司之文件將不獲發還。

Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.

填寫及遞交此賠償申請表並不表示本公司承擔賠償責任。

Claim No. (Office use)

索償編號 (本公司專用)

I. Policy and Personal Particulars 保單及個人資料

Policy No. 保單編號	Name of Policyholder 保單持有人姓名
HKID Card / Passport No. 香港身分證 / 護照號碼	Contact Phone No. 聯絡電話
Correspondence Address 通訊地址	
E-mail Address 電郵地址	

II. Domestic Helper Particulars 家傭資料

Name of Domestic Helper 家傭姓名
HKID Card / Passport No. 香港身分證 / 護照號碼

III. Benefits Claimed 索償保障項目 (Please select the appropriate item(s) 請選擇適當項目)

Employer's Liability 僱主責任	<input type="checkbox"/>	Personal Accident 人身意外	<input type="checkbox"/>	Out Patient Benefit 門診保障	<input type="checkbox"/>
Hospital and Surgical Benefit 住院及手術保障	<input type="checkbox"/>	Loss of Services Cash Allowances 中斷服務現金津貼	<input type="checkbox"/>	Dental Benefit 牙科保障	<input type="checkbox"/>
Replacement Helper Expenses 補聘新家傭費用	<input type="checkbox"/>	Repatriation Expenses 送返費用	<input type="checkbox"/>	Fidelity Protection 家傭誠信保障	<input type="checkbox"/>
Personal Liability 個人責任	<input type="checkbox"/>				

fi For work-related accidents resulting in injury of the insured helper(s), notice must be given in Form 2B (incapacity for a period not exceeding 3 days) or Form 2 (incapacity for a period exceeding 3 days) to the Labour Department within 14 days of the accident. If the accident results in death of the insured helper(s), notice must be given to the Labour Department within 7 days of the accident. Forms 2 and 2B could be obtained from the Labour Department.

fi 如受保家傭因工受傷，請於意外發生後十四天內以表格2B（喪失工作能力不超過三天）或表格2（喪失工作能力超過三天）向勞工處呈報。如因意外導致受保家傭死亡，須於意外發生後七天內向勞工處呈報。表格2及2B可向勞工處索取。

ME511/08.2022

IV. Details of Claim 索償資料

(Please complete where applicable and use a separate sheet if insufficient space 請填寫適當項目。若空位不足，請另頁詳加說明)

Date of Accident/Consultation/Loss 意外 / 診治 / 損失日期		
Diagnosis 診斷	Date of Hospitalisation 住院日期 From 由 _____ to 至 _____	
Place of Accident/Loss 意外 / 損失地點		
Description 詳情		
Has it been reported to Police? 有否向警方報案? Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/>		
Police Station District 警署區域	Police Report No. 報案編號	
Item(s) Claimed 索償項目	Claim Amount 索償金額	
Any other insurance covering this incident / loss? 有否其他保險承保是次事件 / 損失? Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/>		
Name of insurance company 保險公司名稱	Policy No 保單編號	Benefit Type 保障類別

V. Claim Documents 索償文件

Employer's Liability 僱主責任	Copy of Form 2 or Form 2B submitted to the Labour Department, original physician's report & original medical expense receipt 呈報勞工處的表格 2 或 2B 副本、醫生證明書正本、醫療費用收據正本
Personal Accident 人身意外	Medical report 醫療報告
Outpatient Benefit, Hospital and Surgical Benefit, Dental Benefit 門診保障、住院及手術保障、牙科保障	Original medical expense receipt, medical report/laboratory report (if any) 醫療費用收據正本、醫療報告 / 檢驗報告 (如有)
Loss of Service Cash Allowances 中斷服務現金津貼	Hospital discharge report 醫院出院證明
Replacement Helper Expenses 補聘新家傭費用	Medical report, laboratory report, letter of termination of employment contract, employment contract of new helper, original receipt for relevant expenses 醫療報告、檢驗報告、終止僱傭合約證明、新聘家傭的僱傭合約、有關費用收據正本
Repatriation Expenses 送返費用	Medical report, laboratory report, original receipt for helper repatriation costs 醫療報告、檢驗報告、家傭送返原居地費用的收據正本
Fidelity Protection 家傭誠信保障	Police report, statement to police, valuation proof for lost property 警方報告、警方口供記錄、損失物品的價值證明
Personal Liability 個人責任	Police report (if any), statement to police (if any), letter of claim from third parties 警方報告 (如有)、警方口供記錄 (如有)、第三者索償文件
This Claim Form must be submitted within 30 days from the date of accident or date of discovery of the occurrence, even if any of the claim documents is not readily available. 倘若即時未能提供所有索償文件，亦須於意外發生當天或發現事故當天起計 30 天內呈遞賠償申請表。	

VI. Authorisation and Declaration 授權及聲明

I/We hereby authorise any person, party and/or authority to disclose to Blue Cross (Asia-Pacific) Insurance Limited ("the Company") or its authorised representative, any and all information with respect to my/our loss, disability, medical history, police statement made and the like for the purpose of assessing my/our claim request(s). A photocopy of this authorisation shall have the same effect as the original.

本人 / 我們謹此授權任何人士、有關人等、及 / 或有關當局、向藍十字 (亞太) 保險有限公司 (「貴公司」) 或其授權代表提供任何或所有有關本人 / 我們之損失、損傷、病歷、口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

I/We have obtained all necessary authorisation from my/our insured helper(s) to provide the information requested on this request (if applicable) and to deal with, receive or request for information from the Company concerning the insured(s) in relation to any matters arising from this claim. I/We further acknowledged that the insured(s) have been explicitly informed that his/her/their personal data would be transferred to the Company for the purpose of this claim request and his/her/their rights under the Personal Data (Privacy) Ordinance.

本人 / 我們已獲受保家傭授權提供本案債申請所需之一切資料 (如適用) , 並就有關本案債申請之相關事宜, 與貴公司進行交涉, 並向其接收或索取有關之資料。

本人 / 我們並確認受保家傭已獲明確通知, 其個人資料將會轉介予貴公司作辦理本案債申請之用, 同時亦已知會受保家傭在有關個人資料 (私隱) 條例保障下所享有的一切權利。

I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited.

I/We understand that the issuance or completion of this Claim Form does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

本人 / 我們謹此聲明, 上述所有問題的答案包括所有資料及細節均是準確無誤, 真實及為事實之全部, 並且是盡本人 / 我們所知及所信而作答的。本人 / 我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此案債申請之重要資料, 將可能導致貴公司不能接受或處理此案債申請及喪失所有追討保單權益之權利。本人 / 我們明白此案債表格之發出及填妥並不代表貴公司確認責任或保證賠償。

I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form. 本人 / 我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。

Signature of Policyholder (with company

chop if appropriate) 保單持有人簽署 (並公

司蓋章, 如適用) :

Name 姓名 :

Date 日期 (dd/mm/yy 日 / 月 / 年) :

The Chinese version of this Form is for reference only. In case of any discrepancy between the Chinese and English versions, the English version shall prevail.

此表格的中文譯本僅供參考之用, 文義如與英文本有歧異, 概以英文為準。