



Blue Cross 藍十字

An AIA Company 友邦保險成員公司



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PET INSURANCE CLAIM FORM

寵物保險賠償申請表

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. 上載收據之掃描副本 / 相片
3. 確認



Smart eClaims
「智」易 Claims

Please fill in all details and return this Claim Form to Claims Department of Blue Cross (Asia-Pacific) Insurance Limited (the "Company") within 30 days after the happening of the incident. In addition, relevant claims documents as specified in Section V shall be submitted to the Company as soon as possible to avoid delay in claim process. For claim of third party liability under Section 2 of the Policy, please immediately complete this form to notify the Company.

請填妥此賠償申請表，並於事故發生後 30 日內將此表格交回藍十字（亞太）保險有限公司（「本公司」）的理賠部。此外，為免延誤賠償進程，閣下亦須盡快提交第五部分列明的相關文件致本公司。如屬保單中的第三者責任索償，請立即填妥此表格通知本公司。

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。

I. Particulars of Policyholder 保單持有人資料

Claim No. (Office use)

賠償編號 (本公司專用)

Policy No. 保單編號	Name of Policyholder 保單持有人姓名
Correspondence Address 通訊地址	
E-mail Address 電郵地址	Contact Phone No. 聯絡電話號碼

II. Particulars of Insured Pet 受保寵物資料 (Please tick the following box(es), if appropriate 請選擇適當項目)

Name of the Pet 受保寵物名稱	
Breed of the Pet 受保寵物品種	Sex 性別
Microchip No. 晶片號碼	Species 種類 <input type="checkbox"/> Dog 狗 <input type="checkbox"/> Cat 貓
Age 年齡	Colour 顏色

III. Claimed Items 索償項目 (Please tick the appropriate item(s) 請選擇適當項目)

Medical Coverage Benefit 醫療保障 <input type="checkbox"/>	Third Party Liability Benefit 第三者責任保障 <input type="checkbox"/>	Funeral Service Benefit 身故服務保障 <input type="checkbox"/>
Holiday Cancellation Benefit 假日行程取消保障 <input type="checkbox"/>	Advertising Expenses Benefit 廣告費用保障 <input type="checkbox"/>	Overseas Cover Benefit 海外保障 <input type="checkbox"/>
Emergency Boarding 緊急寄宿 <input type="checkbox"/>		

ME509/02.2023

IV. Claim Information 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 and time of Consultation/Incident 診治/事發日期及時間	Place of Consultation/Incident 診治/事發地點
Full description of Illness/Injury/Incident (cause and manner) 疾病/受傷/事故詳情 (怎樣發生及細節)	
Who took care of the Pet at material time of Incident 事發時，誰人照顧受保寵物	
Relationship with Policyholder 與保單持有人關係	
Amount claimed for Benefit of "Medical Coverage/Funeral Service /Holiday Cancellation/Advertising Expenses/Emergency Boarding" (HK\$) 「醫療保障/身故服務/假日行程取消/廣告費用/緊急寄宿」保障的索償金額 (港幣)	
Third Party Liability 第三者責任 (Please tick the following boxes, if appropriate 請選擇適當項目)	
1. Nature of Incident 事故性質 <input type="checkbox"/> Bodily Injury 身體受傷 <input type="checkbox"/> Property Damage 財物損毀	
2. Name of Injured/ Property Owner 傷者/ 物主姓名 _____ Age 年齡 _____ Sex 性別 _____	
3. Nature & extent of injuries/ damage 受傷/ 損毀性質及程度 _____	
4. Has the third party claimed? <input type="checkbox"/> No 沒有 If Yes, what is the amount? 如有，要求賠償金額若干? _____ 第三者有否要求賠償? <input type="checkbox"/> Yes 有	
5. Has the Policyholder/anyone admitted liability to the third party? <input type="checkbox"/> No 沒有 If Yes, who admitted? How? 如有，誰人承認? 什麼方式? _____ 保單持有人/任何人有否向第三者承認責任? <input type="checkbox"/> Yes 有	
Has it been reported to Police? 有否向警方報案? <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有 Police Report No. 報案編號 _____	
Any other insurance covering this incident? 有否其他保險承保是次事件? <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有 If yes, please provide the following details. 如有請提供詳情	
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

Claim documents to be submitted to the Company must include, but are not limited to the following documents. The Company may reasonably further request you to provide supplementary information or evidence. For details of the Claims Provisions, please refer to the Terms and Conditions of the Policy. 閣下須提交包括但不限於以下列明的索償文件致本公司。本公司可能會在合理的情況下要求閣下提供補充資料及證明。有關詳細索償條件，閣下可參閱保單條款及細則。	
Applicable to All Claim Items Listed Below 適用於下列所有索償項目	Proof of identity of the insured pet by means of 受保寵物身份證明 (i) Microchip number (applicable to insured dogs and cats); or 微型晶片號碼 (適用於受保狗隻和貓隻) ; 或 (ii) Vaccination record or medical report to prove the identity of the insured pet and the name of its owner (only applicable to cats without microchip) and below claim documents 疫苗接種注射記錄卡或醫療報告以確認受保寵物身份及其擁有人姓名 (只適用於未有植入微型晶片的貓隻) 及以下索償證明文件
Medical Coverage (include Overseas Cover) -Veterinary Consultation Fee and Prescribed Medication 醫療保障 (包括海外保障) -獸醫診金及處方藥物	Veterinary consultation (including prescribed medication) receipt(s) with the signature of the vet and the company chop of the licensed vet clinic containing:- 獸醫診金 (包括處方藥物) 收據，收據須由獸醫簽署及所屬註冊診所公司蓋印，並列明以下資料： - The names of the insured pet's owner and the insured pet with the microchip number of the insured pet (if any), breed, date of birth/age, sex, colour and marking as verified by the vet 受保寵物擁有人姓名及受保寵物的微型晶片號碼 (如有)，寵物的姓名、品種、出生日期/年齡、性別、顏色及斑紋，並須由獸醫核實證明 - Diagnosis of the insured pet and veterinary consultation fee 受保寵物診斷結果以及獸醫診金 - The fees of itemised prescribed medication and medical examination(s), including dressings and injection, prescribed medication, x-rays, ultrasound and laboratory tests incurred 每項處方藥物及醫療檢查 (包括包裝及注射、處方藥物、X-光檢查、超聲波檢查及化驗) 的費用 - Medical report / veterinarian certificate containing particulars of the claim, if appropriate 列明有關索償詳情 (如適用) 的醫療報告/獸醫證明書 - Other related medical proof which can support the claim, if appropriate 其他與索償相關的醫學證明 (如適用)
-Room and Board, Clinical and Surgical Expense -住房、門診及手術費用	- Itemised medical invoice stating the diagnosis and expenses, original receipt and medical report (if any) 列明診斷結果及費用分項的醫療賬單、收據正本及醫療報告 (如有)

Third Party Liability (include Overseas Cover) 第三者責任 (包括海外保障)	Local police report or statement to police, if any 警方報告或警方口供記錄副本 (如有) Medical report containing particulars of the claim 列明索償詳情的醫療報告 Letter of claim from third parties, any impending prosecution, inquest or fatal injury, indicating the claim nature and circumstances; 第三者索償文件、任何臨近之檢控、研訊或致命事故、並提供有關事件或事故的索償性質及情況 Written confirmation from the policyholder and the family members to confirm that no admission of liability has been made, no promise of payment and no settlement has been made or agreed to 保單持有人及家屬書面確認未有承認任何責任、作出或協議作出任何賠償承諾或協定 Immediate submission of all relevant documentations including but not limited to copies of the summons, court documents, solicitors' and other legal correspondence 任何與第三者的往來書信、擬檢控通知書、死因研訊、致命意外、可能引致索償之事件或事故之性質及詳情、傳票、法庭文件、律師及其他法律書信
Funeral Service (include Overseas Cover) 身故服務 (包括海外保障)	Original receipt for the expenses of cremation, funeral service and / or handling charges from the Veterinarian or funeral provider 火化、身故服務費用及/或獸醫或殮葬服務提供者的手續費正本收據
Holiday Cancellation 假日行程取消	Veterinarian's confirmation to certify the insured pet required emergency life-saving surgery 由獸醫發出受保寵物須接受緊急且與生死攸關手術的證明 Original travel tickets, receipts, and agreements relevant to the claim and documentary proof of trip cancellation or curtailment with non-refundable amount 交通票據、收據及此項索償之協議書、及旅程取消或縮短旅程 (須列明不獲退回之金額) 之證明文件正本
Advertising Expenses 廣告費用	Original receipt for the cost of advertising for finding the stolen / lost insured pet in the local newspaper, magazine or mass media 因受保寵物失竊/失蹤而涉及的本地報章、雜誌或大眾傳媒刊登尋找廣告的費用收據正本
Overseas Cover 海外保障	In addition to the relevant items 2, 3 and 4, provide travel record of the policyholder or family members and the insured pet 除上述第 2、3 及 4 所需相關文件外, 同時提供保單持有人或家屬及受保寵物的外遊記錄
Emergency Boarding (if applicable) 緊急寄宿 (如適用)	Hospital invoice and discharge report of policyholder 保單持有人住院賬單及出院報告 Original invoice and receipt for pet sitting expenses 寵物托管費用賬單及收據正本

VI. Authorisation and Declaration 授權及聲明

I/We hereby authorise any veterinary facility, veterinarian, authority, or any third party to disclose to Blue Cross (Asia-Pacific) Insurance Limited ("the Company") or its authorised representative, any and all information with respect to the medical history of the insured pet, my/our loss or police statement made relevant to the insured pet 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/我們謹此授權任何獸醫診所、獸醫、有關機構或任何第三方, 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受保寵物的病歷、本人就有關受保寵物引起之損失、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 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賠償申請之重要資料, 將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人/我們明白此索償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 保單持有人簽署 : _____

Date 日期 : _____
(dd/mm/yy 日/月/年)

Name 姓名 : _____

Veterinarian Certificate 獸醫證明

(To be completed by Veterinarian at the expenses of the Policyholder 由獸醫填寫·所需費用由保單持有人承擔。)

Particulars of the Insured Pet

Name of the Pet	Microchip No.
Breed of the Pet	Pet Owner's Name

Information about Illness / Injury / Death of the Insured Pet

Nature of injury/diagnosis	Treatment / Operation	Date of Service
Confinement (Brief discharge summary, including treatments, examinations and results)	Period of Confinement	
	From (dd/mm/yy) :	
	To (dd/mm/yy) :	
Cause of Death (please state reason if euthanasia)	Date of Death	

Breakdown of treatment costs for each condition (HK\$)

Consultation \$	Medication \$
Room and Board \$	Surgery \$
X-Ray & Laboratory \$	Anaesthesia \$
Euthanasia \$	Dentistry \$
Vaccination \$	Food \$
Others (please specify) \$	Total \$

Veterinarian's Notes (case summary)

1. With respect to the insured pet, how long has this pet owner been a client of your clinic?
 Less than 6 months More than 6 months

2. Have any conditions or symptoms occurred previously which are related to the above illness/ injury/ death of the insured pet? No Yes, please give dates (dd/mm/yy): _____

3. According to your record of the insured pet, how long were the symptoms present before the first consultation:

4. Is the treatment received by the insured pet likely to be ongoing? No Yes

5. Is any condition specified above of a congenital nature? No Yes

6. Was the treatment / operation rendered to the insured pet regarded as an emergency life saving measures?
 No Yes

Declaration of the Veterinarian

I hereby declare the information and particulars stated as above to be true, correct, accurate and to the best of my knowledge and belief.

Signature of Veterinarian _____ Date : _____
(with Company Chop of the Veterinary Facility) (dd/mm/yy)

Name of Veterinarian _____