



Domestic Helper Insurance Claim Procedures

Please submit your insurance claim to Blue Cross (Asia-Pacific) Insurance Limited ("the Company") within 30 days after the incident or event via the following channels.

1. <u>Smart eClaims</u> online platform at Blue Cross website or Blue Cross HK App, or;



Domestic Helper Insurance

2. For the claim of "Personal Liability" under the policy, please complete the Domestic Helper Insurance Claim Form with the required documents and return to Claims Department of The Company by mail or in person.

	Claim Items	Claim Procedures and Required Information/Document(s)
1	Employer's Liability (Employees' Compensation)	✓ All work accident resulted in injury must be reported to the Labour Department within 14 days by completing related forms issued by Labour Department and submit the copies to the Company:
		 If injury is not resulting in permanent loss of earning ability and Sick leave not exceeding 3 days, a copy of Form 2B is required or Sick leave not exceeding 7 days, a copy of Form 2 is required (Section H of Form 2 or Section D of Form 2B shall be duly completed)
		If sick leave exceeds 7 days or assessment by the Employees' Compensation Assessment Board is necessary: - A copy of Form 2 is required
		 A copy of form 2 is required The Certificate of Compensation Assessment (Form 5) is required For those who sustained permanent loss of earning ability, please also submit the Certificate of Assessment (Form 7) issued by the Labour Department after medical assessment (Submit within 30 days from the issuance of the Certificate by the Labour Department)
		 Original sick leave certificate If fatal injury, the employer must report to the Labour Department <u>within</u> <u>7 days</u> from the occurrence. The case will be adjudicated by the Commissioner for Labour or the court of Hong Kong :and submit the copies to the Company: A copy of Form 2 is required
		Important Note:
		- Should the employer receive any other relevant document(s), other than those stated above, he/she must submit them to the Company immediately







0	Outpatient (including have active	
2	Outpatient (including bone-setting treatment/ physiotherapy/ chiropractic treatment) or Dental Benefit	 Original medical expenses receipt stating the injury and/or diagnosis. If laboratory and/or X ray expenses incurred, physician's or dentist's referral letter is required (if applicable)
3	Hospital and Surgical and Loss of Services Cash Allowance	 Original hospital invoice and/or medical expenses receipt Full physician's report stating the diagnosis of the condition treated, the date of sickness and/or injury commenced, and the date, time, duration and place of such hospitalization Summary of the course of treatment including prescribed medicines and services rendered
4	Replacement Helper Expenses	 Physician's report and laboratory report Copy of death certificate (if applicable) Letter of termination of employment contract Employment contract of the new helper Original receipt for relevant expenses
5	Repatriation Expenses	 Physician's report certifying the domestic helper is medically unfit to work Copy of death certificate (if applicable) Original receipt for repatriation costs
6	Personal Accident	 Hospital and/or physician's report giving details on the nature and the extent of the injury and the period of disability If death is as a result of an accident, a copy of the death certificate and the relevant coroner's report are required Original police report and/or copy of statement to police (if applicable)
7	Fidelity Protection	 Report any act of fraud or dishonesty to police within 24 hours upon discovery Original purchase receipt/valuation for the lost property Original police report and/or copy of statement to police Relevant documentary proof on the prosecution and conviction from the police
		 Important Note: Authorisation letter may be required to facilitate the Company to obtain documentary proof from the police
8	Emergency Boarding (if applicable)	 Letter of claim from third parties Original police report and / or copy of statement to police (if any) Photo relevant to the claim (if applicable)
		Important Note:
		 No admission or liability, offer, settlement, promise of payment or payment should be made or agreed without the Company's prior knowledge and written consent

Remarks

1. This material is for reference only. The Company may reasonably further request you to provide supplementary information or evidence. For details of the claims conditions, please refer to the terms and conditions of the relevant insurance policy.

2. All submitted documents to the Company will not be returned.

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