



MSIG Insurance (Hong Kong) Limited - Macau Branch
三井住友海上火災保險（香港）有限公司 - 澳門分公司
Avenida Da Praia Grande No.693, Edif Tai Wah 13 Andar A & B, Macau
Tel +853 2892 3329, Fax +853 2892 3349
msig.com.hk

Helper Insurance Claim Form 家傭保障索償表格

M992

- You can report a claim anytime, anywhere around the world, simply click on the following for online claim lodgement:-
您可以隨時隨地在世界各地申請索賠，只需點擊以下網址提出申請：
URL : <https://forms.msig.com.hk/Forms/ClaimHelper> QR : 
- Please complete and submit this Claim Form to us within 30 days from the date of accident, together with relevant supporting documents. Further information may be needed in the future.
 - Post: MSIG Insurance (Hong Kong) Limited - Macau Branch, Claims Division
Avenida Da Praia Grande, No. 693 Edif. Tai Wah 13 Andar A & B, Macau
請將填妥之索償表格連同有關證明文件，並於事發後30天內呈交本公司。稍後可能需要提供進一步資料。
 - 郵寄地址：三井住友海上火災保險（香港）有限公司 澳門分公司 理賠部
澳門南灣大馬路693號 大華大廈13樓A & B座
- For all medical reports and original medical receipts, please provide the treatment date, patient's name, diagnosis and countersigned by the attending physician with stamp on it.
請提供治療日期、病者姓名、病症及由主診醫生之印鑑及簽署在所有醫療報告及醫療費用之正本收據上。
- For inquiry, please call our Claims Services Hotline at (853) 2892 3329.
如有任何查詢，請致電我們的賠償服務熱線(853) 2892 3329。

Policyholder's Information 投保人資料

* Compulsory 必須填寫

Name of Policyholder 投保人（僱主）姓名*		Policy No. 保單號碼*	
ID No. 身份證號碼	()	Mobile No. 流動電話號碼*	
Name of Domestic Helper 家傭姓名*		Email 電子郵件	

Claim Settlement Method 賠償方法 (Available for Bank of China Macau Branch, Banco Nacional Ultramarino or Industrial and Commercial Bank of China only只適用於中國銀行澳門分行、大西洋銀行或中國工商銀行(澳門)客戶)

To quicken our settlement for any valid claim, please provide your banking details if you prefer direct credit.
在成功審批賠償後，本公司可以將賠款直接過戶。如閣下選擇此項服務，敬請提供銀行存款戶口號碼。

Bank Name 銀行名稱	<input type="checkbox"/> Bank of China Macau Branch 中國銀行澳門分行	<input type="checkbox"/> Banco Nacional Ultramarino 大西洋銀行	<input type="checkbox"/> ICBC(Macau) 工銀澳門
Account Holder's Name 戶口持有人姓名 (Must be the same as the Policyholder/ Insured Person 必須與保單持有人/受保人相同)			
Bank A/C No. 銀行帳戶號碼			<input type="checkbox"/> MOP 澳門幣 <input type="checkbox"/> HKD 港幣

Clinical Expenses / Bonesetter Expenses / Dental Expenses 門診/跌打/牙科費用

Date of Treatment 診治日期	Please put a "✓" in the appropriate item(s) 請在適用的項目內填上“✓”			Claim Amount 索償金額	Diagnosis 診斷
DD/MM/YY 日/月/年	Registered medical practitioner 普通科醫生	Bonesetter Fee 跌打費用	Dental Fee 牙科費用		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Surgical and Hospitalisation Expenses and/or Service Interruption 手術及住院費用 及/或 服務中斷

Period of Confinement 住院日期	From 由	To 至
	DD/MM/YY 日/月/年	DD/MM/YY 日/月/年
Name of Hospital 醫院名稱		
Diagnosis 診斷		Claim Amount 索償金額

Repatriation Expenses and/or Replacement Helper Expenses 送返費用 及/或 更換家傭費用

Date of Repatriation 送返日期	DD/MM/YY 日/月/年	Claim Amount 索償金額	
Reason of Repatriation 送返原因			
<input type="checkbox"/> Death 身故	Cause of Death 身故原因	Date of Death 身故日期	DD/MM/YY 日/月/年
<input type="checkbox"/> Medically unfit to complete the term of contract of employment 因疾病或受傷而未能繼續履行工作	Diagnosis 診斷	Date of Diagnosis 確診日期	DD/MM/YY 日/月/年
<input type="checkbox"/> Other, please specify 其他原因，請詳述		Date of Incident 事件日期	DD/MM/YY 日/月/年
Do you need to claim for Replacement Helper Expenses? 閣下是否需要申請更換家傭費用？		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other 其他

Date of Incident 事件日期	DD/MM/YY 日/月/年	Place of Incident 事件發生地點	
Full description of how the incident occurred, and the losses sustained 請詳述事件之發生經過及索償細節			

Declaration & Authorisation 聲明及授權書

I/ We declare that the above information is in all respect true and complete to the best of my/ our knowledge and belief;
I/ We hereby declare and agree that any hospital, clinic, physician, insurance company, organisation or any person that has any records or knowledge of my health, or that of the above named patient, to furnish such information to MSIG Insurance (Hong Kong) Limited - Macau Branch. A photocopy of this authorisation shall be considered as effective and valid as the original.

本人（等）就此作出聲明，以上所述事項均根據本人（等）所知及所信的情況下提供，並且為正確及並無遺漏；

本人（等）謹此聲明並同意任何擁有本人或上述病者之健康資料和記錄之醫院、診所、醫生、保險公司或任何機構之人士向三井住友海上火災保險（香港）有限公司 澳門分公司提供有關資料。此授權書之影印本與正本具有同等之效力。

Signature of Policyholder/Insured Person 投保人／受保人簽署
(with company chop if applicable 如屬公司請蓋章)

Date Signed (DD/ MM/ YY)
簽署日期 (日/ 月/ 年)



PRIVACY POLICY

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read these terms and conditions carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

PERSONAL INFORMATION COLLECTION STATEMENT

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any document in relation to the Product or any claim made under the Product.

Your personal data may be used for the purpose of:

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- any sales, marketing, promotion of other general insurance services and products provided by us;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- our related, subsidiary or affiliated companies within the MSIG Group or MS&AD Insurance Group in or out of Macau;
- any other company carrying out insurance or reinsurance related business in or out of Macau;
- any association or federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to MSIG or any member of the MSIG Group or MS&AD Insurance Group.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the Macau Personal Data Protection Act, you have the right to request access to and to request correction of your personal data held by us, and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer.

*The Data Protection Officer
MSIG Insurance (Hong Kong) Limited
Avenida Da Praia Grande No. 693
Edif. Tai Wah 13 Andar A & B, Macau*

Nothing in this statement shall limit your rights under the Personal Data Protection Act.



私隱政策

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、「我們」或「本公司」）請你仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧義，將以英文版本為準。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，你須向我們不時供給與我們提供之一般保險服務及產品（下稱「產品」）相關的個人資料，讓我們可向你提供客戶服務及改善服務質素。當中包括但不限於你在申請表填寫或任何與產品有關之文件上或任何透過產品索償上所載之個人資料。

你的個人資料可被用於以下用途：

- 向你提供與產品及設施相關之日常運作及行政用途；
- 任何我們提供的其他一般保險服務及產品之銷售、市場營銷及推廣用途；
- 產品變動、取消或更新用途；
- 評估及處理透過產品索償及任何繼後法律訴訟之用途；或
- 由本公司行使代位權利之用途。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 在三井住友保險集團或MS&AD保險集團內，在澳門或海外與本公司有關之機構、子公司或附屬公司；
- 任何其他在澳門或海外經營有關保險或再保險業務之公司；
- 任何現存或不時成立的協會或保險公司聯會；或
- 任何提供行政服務、索償處理或其他與三井住友保險集團或MS&AD保險集團成員相關產品服務之代理、承辦商或第三者。

為了確保你的個人資料之準確性，你同意授權本公司查閱並核實任何由保險業內保險公司聯會所收集有關你的個人資料。

根據澳門個人資料保護法，你有權查閱及更正本公司所持的任何載有你的個人資料之記錄，以及要求選擇拒收任何本公司的直銷通訊。如你欲行使以上權利，請以書面形式通知我們的資料保護主任。

資料保護主任
三井住友海上火災保險（香港）有限公司
澳門南灣大馬路693號
大華大廈13樓A&B座

此聲明所述之條文並不限制你就個人資料保護法可行使之權利。