

**CARD REPAYMENT PLAN CLAIM FORM 信用卡償還計劃索償書**
**PERSONAL DETAILS OF THE INSURED 投保人個人資料**

Full name 全名		Sex 性別	<input type="checkbox"/> M 男	<input type="checkbox"/> F 女	Age 年齡	
I.D. no. 身份証號碼		Mortgage Loan a/c no. 貸款賬戶號碼			Policy no 保單編號	
Occupation 職業		Position and industry 職位及行業				
Telephone no. 電話	Home 住宅		Mobile 手提			
Home address 住宅地址						

**Optional items for statistical analysis purpose only  
下列各項資料僅供統計分析之用，閣下可選擇填寫**

(1) Number of year(s) of service with present employer(s)/ex-employer(s) 現職/前職的任職年期	
(2) Educational level (Please choose one of the following) 教育程度 (請選擇下列其中一項)	
<input type="checkbox"/> Secondary 中學	<input type="checkbox"/> Post Secondary 專上
<input type="checkbox"/> University 大學	<input type="checkbox"/> Others _____ 其他
(3) Professional qualification(s), if any 專業資格 (如有)	
(4) Do you hold a Premier account with HSBC? 閣下是否持有滙豐卓越理財賬戶?	<input type="checkbox"/> Yes 是
	<input type="checkbox"/> No 否

**Please complete only one of the appropriate sections below:  
只需填寫下列適用的一部份：**

<b>Section 1 – Disability/Premium waiver/Personal accident 第一部份 – 傷病保障/保費豁免/個人意外保障</b>	
(1) Date, time and place of occurrence 傷病發生的日期、時間和地點	
(2) Describe how the accident occurred and the injuries sustained 描述意外怎樣發生及所遭受的損傷	
(3) Describe the nature and extent of disability 描述受傷的性質及程度	
(4) Name(s) and address(es) of any witness(es) of the accident 任何意外目擊者的姓名和地址	
(5) Name and address of the attending doctor 主診醫生的姓名和地址	
(6) Is he/she your usual medical attendant? 上述醫生是否閣下慣常就醫的醫生?	<input type="checkbox"/> Yes 是
	<input type="checkbox"/> No 否
(7) Have you been able to attend business or engage in any occupation since the commencement of disability? 自受傷後，閣下是否能夠處理事務或從事任何工作?	<input type="checkbox"/> Yes 是
	<input type="checkbox"/> No 否
If YES, please give details 如答「是」，請註明有關詳情	
(8) Please give details of any similar disability previously suffered. 請詳述過去曾經遭受任何同類的受傷情況	

**AXA General Insurance Hong Kong Limited  
安盛保險有限公司**

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Office address: 5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

辦公地址：香港黃竹坑黃竹坑道 38 號安盛匯 5 樓

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<p>(9) Are you insured elsewhere? If yes, give the name of each insurance company and the amount you are entitled to claim. 閣下是否有向其他保險公司投保？如有，請詳述每間保險公司的名稱及閣下有權索償的金額。</p>	
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### Doctor's Statement

#### 醫生報告

To be completed by your Doctor in BLOCK CAPITALS (Any charge for completing this form is the responsibility of the Insured).  
本部分須由閣下的醫生以正楷大寫填寫（填寫本表格的費用由投保人支付）。

Notes: • The Insured may be required to attend medical examination at the expense of the Company in connection with any claim.  
註： 投保人可能須就任何索償申請接受醫療檢驗，有關費用由本公司支付。  
• Please attach the medical certificate.  
請附上有關醫療證明。

(1) Claimant's full name: 索償人全名：			
(2) Please describe the nature and extent of the injuries sustained. 請描述所遭受損傷的性質及程度。			
(3) Please advise the date of the accident 請註明意外發生的日期			
(4) Please advise the date on which the claimant became incapacitated as a result of this disability. 請註明索償人就是次傷病而喪失工作能力的日期。			
(5) Have you provided medical certificates continuously since that time? 自該次後，閣下是否持續發出醫療證明？ If NO, for what period have you not provided medical certificate and why? 如答「否」，請註明沒有提供醫療證明的時間及原因。	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否	
(6) Please specify period covered by latest medical certificate issued: 請註明最近一次發出的醫療證明所涵蓋的期間：	From _____ to _____ 由 _____ 至 _____		
(7) If being consulted following an accident, please advise whether the injury for which you are treating the claimant is solely due to the accident. 如傷者在發生意外後向閣下求診，請註明閣下現時治療傷者的損傷是否純粹由於該宗意外所造成。			
(8) Is the disability related to more than one complaint? 有關傷病情況是否與超過一項病症有關？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否	
If YES, please describe the nature of the order complaints and indicate the main cause of the present incapacity. 如答「是」，請描述其他病症的性質，及註明現時喪失工作能力的 主要原因。			
(9) Has the claimant been able to fully resume or partially resume his/her usual business or occupation? 索償人能否完全恢復原有的工作能力或恢復原有的部分工作能力？	<input type="checkbox"/> Fully 完全	<input type="checkbox"/> Partially 部分	<input type="checkbox"/> No 否
If YES, from what date was he/she able to do so? 如能夠，請註明其恢復工作能力的日期			
(10) Are you aware of any other factors which may be likely to retard recovery in any way? 閣下是否知悉有其他因素，可能以任何方式妨礙傷者復原？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否	
If YES, please give details 如答「是」，請詳述有關情況			
(11) If possible, please indicate the probable date of return to work 請註明索償人應可重返工作崗位的時間（如可以）			
(12) General remarks 一般備註			

Signature 簽署		Practice stamp 蓋印		Date 日期	
Qualifications 資歷					

**Section 2 – Unemployment**  
**第二部份 – 失業保障**

- **You should ask your previous employer to counter sign at the end of this form.**  
閣下的前僱主必須在本表格的最後部分加簽。
- **Please attach letter of redundancy of employment. You are also required to submit to us a monthly declaration in respect of your unemployment.**  
請附上有關的解僱信。閣下亦須就失業索償每月向我們遞交一份聲明。
- **For self employed, please attach a letter from your accountant stating that there are no further funds coming into the business and you could not find enough work to meet all your reasonable business and living expenses.**  
如屬自僱人士，請附上閣下會計師的函件，註明閣下的業務並無注入新資金，而閣下的營業額亦不足以應付合理的業務及生活開支。

(1) Was your employment full or part-time or self employment? 閣下是全職、兼職還是自僱人士？	<input type="checkbox"/> Full time 全職	<input type="checkbox"/> Part-time 兼職	<input type="checkbox"/> Self employed 自僱
(2) Please state if the nature of the contract you were employed under was Permanent, Fixed Term, Short Term or Temporary. Please give details of contract (including number of hours employed). 請註明閣下是按長期合約、定期合約、短期合約或臨時合約受僱，及提供有關合約的詳情(包括受僱時數)。			
(3) How many hours per week did you work? 閣下每星期工作多少小時？			
(4) Please give date when you first became aware that unemployment was imminent. 請註明閣下首次知悉即將不獲僱用的日期。			
(5) Have you been given any prior written notice of impending termination of employment? 閣下是否事先獲任何書面通知即將終止受僱？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否	
If YES, please give date of notice. 如答「是」，請註明有關通知的日期。			
(6) Have you been offered payment in lieu of notice? 閣下是否獲發代通知金？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否	
If YES, please state period of notice involved. 如答「是」，請註明所涉及的通知期間。			
(7) If self-employed: 如屬自僱人士：			
(a) please give date you first became aware your business was no longer viable. 請註明閣下首次知悉業務不能繼續經營的日期。			
(b) how long were you continuously working before becoming unemployed? 在失業前，閣下已持續工作的時間有多久？			
(8) How long were you employed by the above employer? 閣下受僱於上述僱主的時間有多久？			
(9) Were you unemployment (a) voluntary? 閣下失業是出於自願？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否	
(b) caused by redundancy? 由於被裁員？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否	
Please give details surrounding loss of employment or self-employment. 請詳述失業或未能自僱所造成的損失。			
(10) Please state the date employment actually ceased. 請註明終止受僱的確實日期。			
(11) Was your employment terminated due to misconduct? 閣下是否由於行為不當而終止受僱？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否	
(12) Have you been given any prior verbal or written warnings? 閣下曾否事先被口頭或書面警告？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否	
(13) Is there a relative relationship between you and your previous employer? 閣下與前僱主是否具有親屬關係？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否	
If YES, please state the relationship. 如答「是」，請註明有關親屬關係。			

**Section 3 – Unauthorised use of card**  
**第二部份 – 未經授權使用信用卡**

(1) Date, time and place of loss. 遺失信用卡的日期、時間和地點。	
(2) How did the loss occur? 如何遺失信用卡?	
(3) The amount of unauthorised transaction involved (unauthorised cash advances excepted) before you reported the loss of HSBC's Credit Cards 24-Hour Service Centre. 閣下向滙豐的信用卡二十四小時客戶服務中心報失前，所涉及未經授權進行的交易金額（不包括未經授權的現金墊款）。	
(4) Date and time you reported the loss to HSBC's credit Cards 24-Hour Service Centre. 向滙豐的信用卡二十四小時客戶服務中心報失的日期和時間。	
(5) Date and time you reported the loss to the police. 向警方報失的日期和時間。	
(6) Name of the police station and police report number. 有關警署名稱及警察報案號碼	

**For unemployment claim only: statement of previous employer**  
**只供失業保障索償使用：前僱主報告**

I/we, being the previous employer of \_\_\_\_\_ confirm that the information given in Section 2 is in all respect true and complete to the best of my/our knowledge and belief except \_\_\_\_\_ (if applicable).

本人／我們為 \_\_\_\_\_ 的前僱主，確認就本人所深知及確信，第二部分所載資料均屬真實無訛，唯 \_\_\_\_\_（如適用）除外。

Signature & stamp _____ 簽署及蓋印	Previous employer 前僱主	Date _____ 日期
Name of signatory _____ 簽署人姓名		
Name of the company _____ 公司名稱		Telephone no: _____ 電話號碼
Business address _____ 業務地址		

**CLAIM PAYMENT METHOD 賠償支付方式**

- If the claim payment method "Autopay to bank account" is chosen,
  - please provide Insured/Insured Person/Eligible Person/Claimant's bank account proof showing account holder name and account number (e.g. copy of bank book, ATM card or bank statement etc).
  - For Insured/Insured Person/Eligible Person/Claimant who is an individual, only personal banking saving/current accounts will be accepted by AXA General Insurance Hong Kong Limited ("AXA").
  - For Insured/Insured Person/Eligible Person/Claimant who is a corporate entity, only commercial banking saving/current accounts will be accepted by AXA.
  - AXA will only pay/transfer Hong Kong Dollars to the designated bank account.
  - If the bank transfer payment is rejected, declined or unsuccessful, a cheque will be issued to Insured/Insured Person/Eligible Person/Claimant and posted to address stated on the claim form instead without further notice.
- If the claim payments are settled in currencies other than the policy currency(ies), the payment amounts would be subject to change according to the prevailing exchange rate determined by AXA from time to time. The fluctuation in exchange rates may have impact on the payment amounts. You are subject to exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values as a result of the exchange rate fluctuations.
- AXA reserves the right to determine the claim payment method at its absolute discretion.
  - 凡選擇以「自動轉賬至銀行戶口」方式收取索償款項，
    - 請同時提交印有投保人／受保人／合資格人士／索償人士全名及銀行戶口號碼之戶口證明（如銀行存摺或自動櫃員機卡或銀行月結單副本等）。
    - 投保人／受保人／合資格人士／索償人士是個人客戶，安盛保險有限公司（「AXA 安盛」）只接受個人銀行儲蓄／支票戶口。
    - 投保人／受保人／合資格人士／索償人士是公司客戶，AXA 安盛只接受公司銀行儲蓄／支票戶口。
    - AXA 安盛將支付／轉賬港元到指定的銀行賬戶。
    - 如銀行轉賬被拒絕或不成功，款項將以支票形式寄予投保人／受保人／合資格人士／索償人士於索償書上所提供的地址，而恕不另行通知。
  - 如索償款項的貨幣不是保單貨幣，該款項可能會受 AXA 安盛不時釐定的匯率而改變。匯率之波動會對索償款項構成影響。您須承受匯率風險。匯率會不時波動，您可能因匯率之波動而損失部分的利益價值。
  - AXA 安盛保留權利自行決定其索償款項的付款方式。



Transfer of your personal data will only be made for one or more of the Purposes specified above.

**Access and correction of personal data:** Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer  
AXA General Insurance Hong Kong Limited  
5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

\* This is applicable only if you are applying for a product and/or service of, or making a request to, the Company through HSBC as the Company's distribution agent. Your personal data will not be provided to HSBC for any of the Purposes and the additional purposes and for direct marketing by HSBC set out in the paragraphs above if you do not apply for the product and/or service of, or make a request to, the Company through HSBC as the Company's distribution agent.

安盛保險有限公司(下稱“本公司”)明白其就《個人資料(私隱)條例》(香港法例第486章)(“條例”)收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料,並將採取一切切實可行的步驟,確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟,確保個人資料的安全性,及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意,如果閣下不向本公司提供閣下的個人資料,我們可能無法提供閣下所需的資料、產品或服務,或無法處理閣下的要求。

**目的:**本公司不時有必要收集閣下的個人資料(包括信用資料和以往申索紀錄),並可能因下列各項目的(“有關目的”)而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料:

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司(“安盛關聯方”)或本公司的商業合作夥伴之產品/服務,以及提供、維持、管理和操作該等產品/服務;
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求;
3. 向閣下提供後續服務,包括但不限於執行/管理已發出的保單;
4. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的,包括索賠調查;
5. 偵測和防止欺詐行為(無論是否與就由本公司及/或安盛關聯方提供的產品/服務有關);
6. 評估閣下的財務需求;
7. 為客戶設計產品/服務;
8. 為統計或其他目的進行市場研究;
9. 不時就本條款所列的任何目的核對所持有的與閣下有關係的任何資料;
10. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查;
11. 進行身份和/或信用核查和/或債務追收;
12. 遵守任何適用的司法管轄區的法律;
13. 開展與本公司業務經營有關的其他服務;及
14. 與上述任何目的直接有關的其他目的。

**個人資料的轉移:**個人資料將予以保密,但在遵守任何適用法律條文的前提下,可提供給:

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構,以及就此方面而言,閣下同意將閣下的資料轉移至香港境外;
2. \* 就任何有關目的和下列與銀行有關的額外目的提供給香港上海滙豐銀行有限公司(“滙豐”):確保客戶信貸信譽度持續良好,建立和維持信貸及風險的相關模型,為進行信用核查以及其他直接相關的目的而向信貸資料服務機構提供個人資料,確定尚欠客戶的債務或客戶所欠債務的金額以及向客戶和為客戶的欠款提供擔保之人追收未償款項;
3. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士(包括私家偵探);
4. 在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政、技術或其他服務並對個人資料負有保密義務的任何代理、承包商或第三方;
5. 信貸資料機構或(在出現拖欠還款的情況下)追討欠款公司;
6. 本公司權利或業務的任何實際或建議的承讓方、受讓方、參與者或次參與者;
7. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關;及
8. 在有合理需要履行任何上述有關目的段落2, 3, 4及5之情況下,以下人士:保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、防欺詐組織、其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指名的其他人士)、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

**個人資料的查閱和更正:**根據條例,閣下有權查明本公司是否持有閣下的個人資料,獲取該資料的副本,以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求,或有關獲取政策、常規及本公司所持的資料種類的資料,均應以書面形式發送至:

香港黃竹坑黃竹坑道 38 號安盛匯 5 樓  
安盛保險有限公司  
個人資料保護主任

本公司可能會向閣下收取合理的費用,以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

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1. I/WE HEREBY DECLARE AND AGREE that (1) all statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true; (2) AXA General Insurance Hong Kong Limited (the "Company") is not bound by and is not required to rely on any statement which I/We may have made to any person if not written or printed here.
  2. I/WE, HEREBY AUTHORIZE (1) any employer, medical practitioner, paramedical examiners, hospital, clinic, insurance company, bank, financial institution, police, government institution, or other organization, institution or person, that has any records or knowledge of me/us to disclose such information to the Company (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessments and tests to evaluate in relation to this claim. This authorization shall bind the successors of and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.
  3. I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS.
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  3. 本人／我們確認本人／我們已閱讀並明白收集個人資料的聲明《該聲明》。本人／我們確認本人／我們已被通知本人／我們須詳細閱讀《該聲明》，而本人／我們已詳細閱讀《該聲明》對貴公司所收集或持有之本人／我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人／我們特此確認並同意貴公司根據《該聲明》使用及轉移本人／我們的個人資料。

\_\_\_\_\_  
Date (dd/mm/yyyy)  
日期(日/月/年)

\_\_\_\_\_  
Signature of Insured  
投保人簽署

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