

Claim Procedure for Group Personal Accident Insurance for Students UOW College Hong Kong

This procedure is applied to the claims under the following policy:

A. Please complete and submit the Claim Form with supporting documents to the following insurance company (by post)

Assicurazioni Generali. S.p.A.
5/F, Generali Tower
8 Queen's Road East
Hong Kong

If you are not able to report the claim to insurance company by post within thirty (30) days from the date of occurrence, please send an email with supporting documents (if any) to insurance company for notification of the claim first. The email address is as follow:

samanthay@generali.com.hk

B. Required Documents

- Original Claim Form duly signed by the Insured Person
- Please append the official chop (with "Community College of City University") on the Claim form
- Injury / Accident / Near Miss Report issued by the University
- Original medical receipt(s) stating your diagnosis

C. Upon receipt of your claim, insurance company will directly contact you either by post or by e-mail within 2-3 weeks (for requesting for additional documents or settling claim).

The purpose of this claim procedure is to give a general guideline for preparing the Group Personal Accident claim. If there are any general enquiries, issues or queries related to the handling of insurance company, please contact the University's insurance consultant, Jardine Lloyd Thompson Limited:

Contact Person: Ms Amy Chan – Claims Broking Division
Telephone No.: 2864 5365
Email: Amy_Chan@jltasia.com

Contact Person Mr Gary Chiu – Claims Broking Division
Telephone No.: 2864 5342
Email: Gary_Chiu@jltasia.com

**GENERALI**

Assicurazioni Generali S.p.A.

忠利保險有限公司

Please complete and return the Claim Form together with the supporting documents to **Claim Dept., Assicurazioni Generali S.p.A.**

5/F., Generali Tower, 8 Queen's Road East, Hong Kong. Tel No: (852) 2521 0707, Fax No: (852) 2521 8018,

E-mail : samanthay@generali.com.hk**GROUP PERSONAL ACCIDENT INSURANCE CLAIM FORM****人身意外保險索償申請表**

This form is issued without admission of liability on the part of Assicurazioni Generali S.p.A and must be completed as truthfully and accurately by the Policyholder and/or Insured Person/Claimant and returned to Assicurazioni Generali S.p.A. (address as above) together with the supporting documents within 30 days after the occurrence of the claimed condition. Further information/documents may be requested depending on the nature and extent of the claim. Separate forms must be used for different claimants.

茲此聲明,填寫本申請表不代表忠利保險有限公司已承諾了保險責任。投保人/被保險人或索償人應正確詳細填寫此申請表,並將後頁所列索償所需的資料于索償事由發生 30 天內交回本公司(地址如上)。視案件性質,本公司有權要求進一步資料。每份申請表僅限一位申請索償人填寫。

THE POLICYHOLDER 投保人資料

Name 名稱 UOW College Hong Kong (Student)	Policy No. 保險單號碼 PG003736
Correspondence Address 通訊位址	E-mail 電郵地址
Contact Person 聯繫人	Contact Tel. No. 聯繫電話
	Facsimile No. 傳真號碼

THE INSURED PERSON/CLAIMANT 受保人/索償人資料

Name 姓名	Relationship to Policyholder 與投保人關係	Student/Coach No. 學生/教練編號	Occupation 職業	H.K. I.D. Card No. 身分證號碼
Residential Address 現住地址			Contact Tel. No. 聯繫電話	E-mail 電郵地址
If Insured Person/Claimant is aged under 18, please specify 受保人/索償人如為十八歲以下,請注明:				
Name of Payee 收款人姓名:		Relation to Insured Person 與被保險人關係:		

CLAIM DETAILS 索償事由

Date of Incident 事件發生之日期	Time 時間 a.m./p.m. 上午/下午	Place of Incident 事件發生之確切地點
Describe in detail how the incident happened 請詳述事件發生的原因和經過		
Result of Incident 事件導致的結果: <input type="checkbox"/> Injury 受傷 <input type="checkbox"/> Sickness 疾病 <input type="checkbox"/> Permanent Disability 永久傷殘 <input type="checkbox"/> Death 死亡	Part(s) of body affected 受影響的身體部位	Nature of Injury 受傷性質
Name of Witness 證人姓名	Address 地址	Contact Tel. No. 聯繫電話

HOSPITALIZATION / SURGERY EXPENSES CLAIM 住院 / 手術費用索償

(Please fill in this part for hospitalization / surgery claim. 因意外或疾病而入住醫院,須填寫此部分)

Symptoms and Diagnosis 傷病的名稱及症狀:			
Date of the symptom first appeared 首次就診前該症狀已存在多久?	Date of first consultation for this condition or related illness 首次接受治療日期:	Attending Physician 主診醫生:	
Name of Clinic/Hospital first attended 首次接受治療診所/醫院:	Name of In-patient Hospital 住院醫院名稱:	Date of Admission 入院日期:	Date of Discharge 出院日期:

OTHER APPLICABLE INSURANCE 其他有關的生效保險

Do you have any other insurance policies covering the loss or expenses incurred (e.g. Travel Insurance, Household Insurance)? If so, please state: 是項索償是否受保於其他保險合約(例如旅遊保險, 家居保險等)? 如有, 請說明:

Name of Insurer 保險公司:	Policy Number 保險單號碼:	Claimed Item 索賠項目:	Claimed / Settled Amount 索償/已賠付金額 HK\$
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CLAIMED ITEM, AMOUNT & SUPPORTING DOCUMENTS 索償項目, 金額及所需理賠資料:

Claimed Item 索償項目	Supporting Documents Attached (Please ✓) 隨附理賠資料 (請打✓)	Claimed Amount 索償金額
Medical Expenses 醫藥費用補償	<input type="checkbox"/> Original Medical Expense Receipt(s) with diagnosis 醫藥費收據(附診斷證明)正本 <input type="checkbox"/> Original Medical Record or Discharge Summary issued by in-patient, out-patient or emergency unit; 完整的門、急診病歷或出院總結正本 <input type="checkbox"/> Original Medical Examination Report; 醫院出具的所有檢查報告正本	
In-hospital Services 住院費補償	<input type="checkbox"/> Original Medical Record from in-patient/out-patient/emergency units with attending doctor's diagnosis 完整的門、急診病歷正本, 或主診醫生的診斷證明正本 <input type="checkbox"/> Original Hospital Record / Discharge Summary 出院總結及住院清單正本 <input type="checkbox"/> Original In-hospital Services Bills 住院醫療正式收據正本 <input type="checkbox"/> Medical Examination Reports issued by the Hospital 醫院出具的所有檢查報告	
Surgical Fees 手術費補償	<input type="checkbox"/> Sickness Certificate 病假證明 <input type="checkbox"/> Letter from employer stating that the insured person is under employment during the sick leave period as a result of the injury and amount of the salary earned, if claiming loss of income 如索償入息補償, 請提供由僱主發出之信件, 證明受保人在受傷休假期間仍然受僱及薪酬金額	
Accidental Disablement 意外殘疾給付	<input type="checkbox"/> Documentary proof certifying the claimant is suffering from permanent disability 證明索償人永久傷殘的有關文件	
Accidental Death 意外身故保險金索償	<input type="checkbox"/> Death Certificate 死亡證明正本 <input type="checkbox"/> Grant of Probate / Letters of Administration 授予遺囑認證書 / 遺產管理書 <input type="checkbox"/> Identity documents of the beneficiary and relationship proof 身故保險金受益人的身份證件或其他相關類似證明, 以及受益人關係證明	
All Claims 所有索償	<input type="checkbox"/> Police Report, if applicable 警方報告, 如適用 <input type="checkbox"/> Other documents in relation to this claim 其他與索償相關的證明和資料	

DECLARATION & AUTHORIZATION 聲明及授權

- I/We declare that the above information is in all respect true and complete to the best of my/our knowledge and belief
本人/吾等作出聲明, 就本人/吾等所知及所信, 上述資料均屬真確及並無遺漏。
- I/We, the undersigned claimant, hereby authorize any hospital, physician, clinic, or other person/authority/organization, to furnish to Assicurazioni Generali, S.p.A or its authorized representative, any and all information with respect to my loss, injury or illness, medical history, consultation, prescriptions or treatment and copies of police reports, incident reports, airlines or other carriers' irregularity reports, statement and all hospital or medical records.
本人/吾等為下述簽署索償人茲授權任何醫院、醫生、診所、其他人仕、有關官方或機構, 向忠利保險有限公司或其授權之代表提供所有有關本人之損失、結受傷、症病、病歷、醫療診斷及藥方、警方報告、航空公司或其他客運公司之報告、口供、所有醫院或醫療報告之副本。
A Photostat copy of this authorization shall be considered as effective and valid as the original
本授權書之副本與正本俱有同等之效力。
- I/We further declare and agree that the personal information collected or held by Assicurazioni Generali, S.p.A ("the Company") or its authorized representative, whether contained in this Claim Form or otherwise obtained, may be used by the Company or disclosed to any individual or organization within or outside Hong Kong for the following purpose: (1) to assess and process this application; (2) to provide insurance and customers services; (3) to conduct insurance claim or analysis.
本人/吾等再在此聲明及同意由忠利保險有限公司("本公司")或其授權之代表所收集或持有的個人資料, 不論在本申請表或其他途徑取得, 均可供本公司使用或向在香港境內或境外任何人仕或機構以作下列用途: (1) 評核此項申請; (2) 提供保險及客戶服務; (3) 處理保險索償或有關分析。
- I/We acknowledge that I/we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Assicurazioni Generali S.p.A., Hong Kong Branch ("Generali"). I/We confirm that I/we have read and understood the Statement. I/We agree that Generali may collect, use, store, disclose, transfer and otherwise process my/our personal data in accordance with the terms of the Statement. I/We further confirm that I/we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.
本人/我們確認, 本人/我們已獲提供一份由忠利保險有限公司香港分行(「忠利保險」)發出的收集個人資料聲明(「該聲明」)。本人/我們確認已經閱讀並且明白該聲明。本人/我們同意忠利保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人/我們的個人資料。本人/我們進一步確認, 本人/我們已獲得受保人和任何其他有關人士(如適用的話)的明示同意, 可以按照該聲明所述的用途將他們的個人資料提供給忠利保險, 並允許忠利保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

Signature of Policyholder (Position, Department and with Company Chop, if applicable): 投保人簽署(職位, 部門及公司印鑑, 如適用):	Signature of Insured Person / Claimant: 受保人/索償申請人簽署:	Signature of Guardian (If Insured Person / Claimant is under the age of 18): 監護人簽署(若受保人/索償申請人未滿 18 歲):
Date: 日期:	Date: 日期:	Date: 日期:

Personal Information Collection Statement

- (a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the “**Company**”) with data about yourself(ves), policyowner(s), life insured(s), beneficiary(ies), claimant(s), and/or other relevant individuals (the “**Personal Data**”) in connection with the provision of insurance and/or related products and services to you, the processing of claims under insurance policies issued and/or arranged by the Company, and/or the processing of any or all other requests, enquiries and complaints from you.
- (b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the Personal Data may result in the Company being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the Company, and/or process any or all other requests, enquiries, or complaints from you.
- (c) The purposes for which the Personal Data may be used are as follows:
- (i) processing (including, without limitation, underwriting) and/or approving applications for insurance and/or related products and services, and any addition, alteration, variation, cancellation, renewal and/or reinstatement of such products and services;
 - (ii) administering insurance policies issued and/or arranged by the Company;
 - (iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/or settlement of claims under insurance policies issued and/or arranged by the Company;
 - (iv) exercising rights of subrogation, if applicable;
 - (v) collection of amounts outstanding (if any) from customers;
 - (vi) arranging coinsurance and/or reinsurance in respect of the insurance policies issued and/or arranged by the Company;
 - (vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;
 - (viii) customer services (including, but not limited to, processing enquiries and complaints), marketing (including, but not limited to, direct marketing), and other related activities;
 - (ix) conducting data matching procedures;
 - (x) designing insurance and/or related products and services for customers’ use;
 - (xi) marketing insurance and/or other related products and services of the Company, its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company’s parent company (hereinafter such affiliated companies are collectively referred to as the “**Affiliated Companies**”)) and/or third parties selected by the Company;
 - (xii) statistical or actuarial research of the Company, its Affiliated Companies, relevant insurance industry associations or federations, supervisory authority, government department and/or other competent authority;
 - (xiii) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/or its Affiliated Companies are expected to comply with, including, without limitation, making disclosures of the relevant information; and
 - (xiv) any purposes relating thereto.
- (d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/or any other relevant individuals to whom the Personal Data is related:
- (i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/or other services to the Company in connection with the operation of its business;
 - (ii) relevant insurance industry associations or federations, and/or members of such industry associations or federations;
 - (iii) overseas locations or branches, as appropriate, of the Company, its Affiliated Companies and/or third parties selected by the Company;
 - (iv) persons to whom the Company and/or its Affiliated Companies are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/or its Affiliated Companies are expected to comply with;
 - (v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the Company and/or its Affiliated Companies;
 - (vi) lawful successors or assigns of the Company; and
 - (vii) persons who owe a duty of confidentiality to the Company and/or its Affiliated Companies.
- (e) The Company may verify any or all of the Personal Data by using information collected and released or transferred by relevant insurance industry associations or federations, and/or members of such industry associations or federations.
- (f) In accordance with the Personal Data (Privacy) Ordinance:
- (i) any individual has the right to:
 - (A) check whether the Company holds data about him/her and, if so, obtain a copy of such data;
 - (B) require the Company to correct any data relating to him/her that is inaccurate; and
 - (C) ascertain the Company’s policies and practices in relation to data and to be informed of the kind of data held by the Company;and
 - (ii) the Company has the right to charge a reasonable fee for the processing of any data access request.
- (g) The person to whom requests for access to data and/or correction of data and/or for information regarding policies and practices and kinds of data held are to be addressed as follows:

Personal Data Protection Officer
Assicurazioni Generali S.p.A., Hong Kong Branch
5/F., Generali Tower, 8 Queen’s Road East, Hong Kong.

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.

收集個人資料聲明

- (a) 閣下須要不時向忠利保險有限公司香港分行（「**本公司**」）提供關於閣下自己、保單持有人、受保人、受益人、索償人及 / 或其他有關人士的資料（「**個人資料**」），以讓本公司為閣下提供保險及 / 或相關產品與服務，處理經由本公司發出及 / 或安排的保單之下的索償事宜，及 / 或處理閣下提出的任何或所有其他要求、查詢和投訴。
- (b) 閣下是自願向本公司提供個人資料的。然而，若閣下未能提供個人資料，可能導致本公司不能夠為閣下提供保險及 / 或相關產品與服務，處理經由本公司發出及 / 或安排的保單之下的索償事宜，及 / 或處理閣下提出的任何或所有其他要求、查詢和投訴。
- (c) 個人資料可被用於以下用途：
- (i) 處理（包括但不限於承保）及 / 或審批保險及 / 或相關產品與服務的申請，以及該等產品與服務的任何附加、更改、變更、取消、續期及 / 或復效；
 - (ii) 管理經由本公司發出及 / 或安排的保單；
 - (iii) 處理（包括但不限於調查、分析、評估和裁定）及 / 或理賠經由本公司發出及 / 或安排的保單之下的索償事宜；
 - (iv) 如適用的話，行使代位權；
 - (v) 向客戶追收尚欠金額（如有）；
 - (vi) 經由本公司發出及 / 或安排的保單之下籌劃共同保險及 / 或再保險；
 - (vii) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；
 - (viii) 客戶服務（包括但不限於處理查詢和投訴）、推銷（包括但不限於直銷），以及其他相關活動；
 - (ix) 進行資料核對程序；
 - (x) 設計保險及 / 或相關產品與服務供客戶使用；
 - (xi) 推銷本公司、本公司的關聯公司（包括但不限於本集團的公司、母公司、本母公司的信託公司（該等關聯公司在下文合稱為「**關聯公司**」））及 / 或本公司所選定的第三方的保險及 / 或其他相關產品與服務；
 - (xii) 本公司、關聯公司、相關的保險業協會或聯會、監管當局、政府部門及 / 或其他法定監管機構的統計或精算研究；
 - (xiii) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及本公司及 / 或關聯公司應要遵守的任何其他有關規定，包括但不限於披露有關資料；及
 - (xiv) 與之有關的任何用途。
- (d) 由本公司持有的個人資料將受到保密，但本公司可依據以上(c)段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供個人資料，事前無須知會閣下及 / 或該等個人資料所涉及的任何其他有關人士：
- (i) 就本公司的業務營運向本公司提供行政、電訊、電腦、付款、推銷、調查、諮詢及 / 或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及 / 或任何其他有關各方，以適用者為準；
 - (ii) 相關的保險業協會或聯會，及 / 或該等協會或聯會的成員；
 - (iii) 本公司、關聯公司及 / 或本公司所選定的第三方的海外辦事處或分行，以適用者為準；
 - (iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及應要遵守的任何其他有關規定之下，本公司及 / 或關聯公司負有義務須向其作出披露的人士；
 - (v) 根據對本公司及 / 或關聯公司有約束力的任何法律之下，本公司及 / 或關聯公司須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構（包括但不限於稅務局）；
 - (vi) 本公司的合法繼承人或受讓人；及
 - (vii) 對本公司及 / 或關聯公司負有保密責任的人士。
- (e) 本公司可使用由相關的保險業協會或聯會及 / 或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有個人資料。
- (f) 根據《個人資料（私隱）條例》：
- (i) 任何人士均有權：
 - (A) 查詢本公司有沒有持有其資料，如有的話，可取得一份該等資料；
 - (B) 要求本公司改正其任何不正確的個人資料；及
 - (C) 查明關於本公司的個人資料政策和處事常規，並可獲通知有關本公司所持個人資料的種類；及
 - (ii) 本公司有權就處理任何查閱個人資料的要求之下收取合理的費用。
- (g) 如欲查閱及 / 或改正個人資料及 / 或查詢關於本公司的政策和處事常規及所持個人資料的種類，請向以下人員提出要求：

個人資料保護主任
忠利保險有限公司香港分行
香港皇后大道東 8 號忠利集團大廈 5 樓

附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。