

**MSIG**

**MSIG Insurance (Hong Kong) Limited**  
 9/F Cityplaza One 1111 King's Road  
 Taikoo Shing Hong Kong  
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 Website: www.msig.com.hk

**Macau Branch**  
 Avenida Da Praia Grande No. 693  
 Edif Tai Wah, 13<sup>th</sup> Andar A & B, Macau  
 Tel: (853) 2892 3329  
 Fax: (853) 2893 3349

# Helper Insurance – Outpatient Claim Form

## 家傭門診保障索償表格

Claim No. (Office use only)  
 賠償號碼 (本公司專用)

(Please complete in BLOCK letters)

### Procedures and Notes:

1. Please submit the Claim Form to us within 30 days from the date of accident.
2. Please submit a completed Claim Form, together with original copies of all relevant documents to:

MSIG Insurance (Hong Kong) Limited  
 Claims Division  
 9/F Cityplaza One  
 1111 King's Road  
 Taikoo Shing Hong Kong

3. Incomplete Claim Form cannot be accepted for processing of payment.
4. 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.
5. All medical reports, information and evidences as required by us shall be furnished at the Claimant's own expenses.
6. Further information may be needed.
7. For inquiry, please call our Customer Service Hotline at 3122 6922.

(請以正楷填寫)

### 程序及備註:

1. 請將索償表格於事發後之 30 天內呈交本公司。
2. 請將填妥之索償表格連同有關證明文件之正本寄回:

MSIG Insurance (Hong Kong) Limited  
 理賠部  
 香港太古城  
 英皇道 1111 號  
 太古城中心一期 9 樓

3. 未經填妥之索償表格，將不獲接受索償處理。
4. 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。
5. 本公司要求遞交所有醫療報告、資料及證據之費用須由索償人支付。
6. 稍後可能需要提供進一步資料。
7. 如有任何查詢，請致電我們的客戶服務熱線 3122 6922。

### 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*	
HKID Card 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

To quicken our settlement for any valid claim, please provide your banking details if you prefer direct credit. We must stress that this request should not be treated as an admission of our liability whatsoever means by law. Finally, we hereby reserve all rights for assessing your claim subject to terms, conditions and exclusions of the related policy.

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，敬請提供銀行名稱和戶口號碼。本公司特此聲明，此項要求並不代表閣下之索償現正獲成功審批。有關決定，本公司在收齊證明文件後，將根據保單一切條款才作最後審批，敬請留意。

For claim payment (if any) direct credit to Policyholder's bank account, please complete all of the following:

本公司將賠償款項(如有)直接存入閣下之戶口，請填寫以下資料：

Account Holder's Name (Must be the same as the Policyholder 必須與保單持有人相同)

戶口持有人姓名

Bank Name 銀行名稱		Bank Code 銀行編號	Branch No. 分行號碼	Bank A/C No. 銀行帳戶號碼

### Treatment Details 診治詳情

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"√"			Amount indicated on the receipt 收據金額	Diagnosis 診斷	Since when the patient had these symptoms first appeared? 病人於什麼時候首次出現有關症狀?
DD / 日/	MM / 月/	YY / 年	Registered medical practitioner 普通科醫生	Bonesetter Fee 跌打費用	Dental Fee 牙科費用			

### Declaration & Authorisation 聲明及授權書

I hereby declare that all the above information given is true and correct and no relevant information has been omitted.

I hereby declare and agree that any hospital, clinic, physician, insurance company, organization 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. A photocopy of this authorisation shall be considered as effective and valid as the original.

本人現聲明上述所填報之資料正確無訛，並沒有遺漏。

本人謹此聲明並同意任何擁有本人或上述病者健康資料及記錄之醫院、醫生、保險公司或任何機構之人仕向 MSIG Insurance (Hong Kong) Limited 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  
 投保人簽署

Signature of Domestic Helper 家傭簽署  
 HKID No. 身份證號碼: ( )

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