



MSIG Insurance (Hong Kong) Limited
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三井住友海上火災保險 (香港) 有限公司
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Pet Insurance Claim Form 寵物保險索償表格

Policy Number 保單號碼

Claims Hotline +852 2894 0660
索償熱線 +852 2894 0660
9:00am - 5:30pm, Monday to Friday (excluding public holidays)
(星期一至五上午9時至下午5時30分, 公眾假期除外)

Please note that this form is issued without admission of liability. Please state all relevant information requested as complete and as accurate as possible.
請注意本索償表格並不表示本公司已承認賠償責任。請詳細填妥本表格, 並確保所有資料及細節均準確無誤。

Particulars of Insured (Pet's Parent) 受保人 (寵物家長) 資料		
Name of Insured (Pet's Parent) 受保人 (寵物家長)姓名		HKID No. 香港身分證號碼 _____ ()
Correspondence Address 通訊地址		Gender 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Name of Contact Person (if different from the name of insured) 聯絡人姓名 (如與受保人姓名不同)		Business / Occupation 行業 / 職業
Tel No. (Mobile) 電話 (手提)	(Home) (家居)	Email 電郵
Particulars of Pet 寵物資料		
Name of Pet 寵物名稱		
Gender 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Microchip No. 晶片號碼	Type of Pet 寵物種類 <input type="checkbox"/> Dog 狗 <input type="checkbox"/> Cat 貓
Breed Type 品種	Date of Birth (mm/yyyy) 出生日期 (月 / 年)	Reside in the same premises with Insured: 與受保人居住於相同地址: <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Details of Claim 索償資料		
Accidental Injury 意外受傷		
Date (dd/mm/yyyy) 日期 (日 / 月 / 年)	Time 時間 <input type="checkbox"/> am 上午 <input type="checkbox"/> pm 下午	Place 地點
State fully what happened / Nature and Extent of Injury sustained 請說明意外詳情 / 受傷性質及程度		
Has your Pet previously suffered from an injury to the same part? 閣下的寵物過往曾否於同一部位受過傷?		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Are there any more medical bills to be submitted? 閣下是否有其他醫療單據需要提交?		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Sickness (if applicable) 疾病 (如適用)		
Nature of Sickness / Symptom 疾病性質 / 徵狀		
Date First Began (dd/mm/yyyy) 初次出現日期 (日 / 月 / 年)	Date First Treated (dd/mm/yyyy) 初次求診日期 (日 / 月 / 年)	
Has the sickness been treated previously? 之前曾否就該疾病求診? If Yes, please state Name and Address of the Veterinarian 如有, 請列明獸醫診所的名稱和地址 Date of previous treatment: 過去診症日期:		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Is the sickness caused by breeding, spaying or neutering? 該疾病是否因出血、絕育或結紮所引致? If Yes, please specify condition: 如是, 請說明詳情:		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Final Expenses Claim 壽終索償		
Cause of Death: 死亡原因:		Reason for Euthanasia (if applicable) 人道毀滅原因 (如適用)

Third Party Liability Claim 第三者責任索償		
Date and time of accident 發生事故之日期及時間	Exact place of accident 發生事故之地點	
Name(s), Telephone No(s), of witness(es) of incident, if any 目擊證人之姓名及電話號碼 (如有)		
Description of incident 事故發生之情況		
Details of Third Party 第三者資料		
Complete this Section if a person was injured or a property was damaged. 假若意外中有人受傷或財物受損, 請填妥此部份。		
A. Injured Party 傷者資料		
Name 姓名	Age 年齡	Gender 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Contact Number 聯絡電話	Nature & Extent of Injury 受傷部位及程度	
Was the injured person sent to hospital? 傷者有否被送院?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Relationship between you and the injured 閣下與傷者之關係
B. Damaged Property (not belonging to Insured Person) 財物損毀資料 (受保人財物除外)		
The owner of the property 受損財物物主	Damaged property 財物受損	
The owner's address 物主地址		
Nature & extent of damage 損毀程度	Estimated cost of repair 預計修理費	

OTHER INSURANCE OR COMPENSATION 其他保障或賠償

Is the Pet presently also insured for Pet insurance under another Insurance Company? 閣下的寵物是否同時另有其他寵物保險承保? Yes 是 No 否
If Yes, please state Name of Insurance Company and Policy Number: 如是, 請列明該保險公司名稱及保單號碼:

Has the pet ever claimed from another Insurance Company/is claiming? 閣下的寵物曾否獲另一保險公司 / 正申請索償? Yes 是 No 否
If Yes, please provide a copy of their settlement details. 如是, 請提供賠償證明影印本。

Supporting Documents 所需文件

1. Original medical bills / receipts 醫療收據正本 2. Medical Report / Discharge Summary 醫療報告 / 出院摘要

Medical Authorisation 醫療授權書

I hereby authorise any veterinarian or other person who has attended or examined my pet to furnish to the Insurer or its representative any and all information on my illness, injury, medical history, consultations, prescriptions or treatment, with copies of all hospital or medical records. A photocopy of this authorisation shall be considered as effective and valid as the original.

本人謹此授權任何獸醫診所或任何曾經主診或檢查本人寵物的人士向承保方或其代表提供任何及所有有關本人寵物之疾病、傷患、病歷、診症、處方或治療的資料, 以及所有住院或病歷紀錄影印本。本授權書之影印本與正本皆具同等效力。

.....
Signature of Insured (Pet's Parent) 受保人簽署 (寵物家長)

Declaration 聲明

I/We declare that the information given is true and correct to the best of my/our knowledge and belief. I/We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and I/we shall forfeit my/our rights to claim under the policy.

本人 / 我們謹此聲明, 上述所填報的資料均確信為真確無誤, 並絕無隱瞞。本人 / 我們明白任何錯誤或虛假的陳述或任何嘗試隱瞞有關重要資料的行為, 將可能導致此保單失效及本人 / 我們將喪失所有就此保單申請索償之權利。

Please make the cheque payable to 支票抬頭請寫 _____

.....
Signature of Insured (Pet's Parent) 受保人簽署 (寵物家長)

.....
Name 姓名

.....
Date 日期

MEDICAL REPORT 醫療報告

The Insured must obtain at his/her own expense the medical report from his/her Veterinarian.
 受保人必須提交由獸醫填寫的醫療報告，並承擔所需的費用。

TO BE COMPLETED BY ATTENDING VETERINARIAN 由主診獸醫填寫			
Name of Pet 寵物名稱	Microchip No. 晶片號碼		
What is the cause of the injury / sickness? 是什麼原因導致受傷 / 疾病?			
Final Diagnosis 最後診斷			
Nature and Extent of injury / sickness 傷患 / 疾病性質及程度			
Is the sickness caused by breeding, spaying or neutering? 該疾病是否因出血、絕育或結紮所引致? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			
Is the sickness preventable by vaccines and/or prophylactic medicine? 該疾病是否可透過接種疫苗及 / 或藥物預防? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			
Is the procedure cosmetic or preventative in nature? 治療是否屬於美容或預防性質? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			
Date when symptom first started 病徵初次出現日期	Approximate date of discovery of the injury/sickness 發現傷患 / 疾病日期	When did the Pet first consult you for this condition? 該寵物何時向您就該病況求診?	
Details of presented symptoms, Nature and Date of Treatment rendered 徵狀詳情、治療性質及日期			
Veterinarian previously consulted by the Pet for the above condition: 該寵物曾就上述病況求診的獸醫:			
Name of Veterinarian 獸醫姓名	Date 日期	Name of Clinic / Hospital 獸醫診所 / 醫院名稱	Address 地址
Is the Pet still under your care for this condition? 該寵物是否就該病況仍在接受您的治療? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			
Signature of Veterinarian 獸醫簽署		Date 日期	
Name / Designation 姓名 / 職位		Name and Address of Clinic / Hospital 獸醫診所 / 醫院名稱	

PRIVACY POLICY

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

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the ‘Privacy Policy’ link on our website homepage at msig.com.hk. You should check the Privacy Policy regularly for changes.

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 documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; and
- complying with applicable laws, regulations or any industry codes or guidelines.

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address. We cannot use your personal data for voluntary purposes without your consent.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and provide us with the following information. You may also notify us by sending an email to ‘dpo@hk.msig-asia.com’. In your notification, you must supply the same required information as listed below.

To enable us to process your opt-out request, please provide us below information	
Full Name:	
Contact Number:	
HKID Number:	<i>(for identification purpose)</i>
Policy / Certificate / Acknowledgement Number (if you have one):	
NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.	

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

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Claims Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law.

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 relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F Cityplaza One, 1111 King’s Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.

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」）請您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異，將以英文版本為準。

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁msig.com.hk下載。您應定期查閱此範本所修改的內容。

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，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於強制性或自願性用途。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下強制性之用途：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼續法律訴訟之用途；
- 由本公司行使代位權利之用途；
- 就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；及
- 遵循適用法律，條例及業內守則及指引。

而自願性用途則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。未獲您同意之前我們並不能使用您的個人資料用作自願性用途。

如您不欲三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並必須提供如下的資料。您亦可選擇以電郵方式將您的要求連同所需的個人資料（詳情如下）電郵至“dpo@hk.msig-asia.com”。

為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料。	
姓名：	
聯絡電話：	
香港身份證號碼：	（作識別之用）
保單號碼 / 證書編號 / 確認編號（如適用）：	
附註：此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。	

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：

- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險公司聯會）及其會員；
- 保險索償投訴局及同類的保險業機構；
- 法例要求或許可的政府機關。

為了確保您的個人資料之準確性，您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您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道1111號太古城中心第一期9樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電(852) 3122 6922與我們聯絡。