

GROUP HEALTH AND MEDICAL INSURANCE CLAIM LIST

東京海上火災保險(香港)有限公司
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TOKIOMARINE

REF NO.

PAGE:

DATE:

NAME OF EMPLOYER:

POLICY NO.:

FOR OFFICE USE
ONLY

CLAIMANT	SEX	DATE OF CONSULTATION	*NO. OF RECEIPT(S)	DIAGNOSIS		AMOUNT PER MEDICAL RECEIPT(S)	REMARKS
				SICKNESS	ACCIDENT		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

TOTAL
AMOUNT

Declaration & Authorization 聲明及授權書

I/We hereby declare that to the best of my/our knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. I/We authorize any individuals or entity holding any records or knowledge of me/us, to furnish to The Tokio Marine and Fire Insurance Company (Hong Kong) Limited ("the Company") or its authorized representative, any and all information relevant to the settling of this claims and/or the Insurer's right of recovery. The information provided by me/us to the Company is collected to enable the Company to carry on insurance business and may be used for the purpose of (i) any insurance or financial related product or service or any alterations, variations, cancellations or renewal of the said products or services; (ii) any claim or investigation or analysis of such claim; and (iii) exercising any right of subrogation; and may be transferred to (iv) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and any members of the Federation for any of the above or related purposes.

本人/我們現聲明上述所填報的一切資料均屬正確無訛，並無任何保留。本人/我們茲授權持有本人任何資料之人士或團體，可以將部份或全部有關本索償事宜或與保險公司的追償權有關之記錄或資料給與東京海上火災保險(香港)有限公司(「貴公司」)或其代理人。本人/我們明白本人/我們提供的資料為 貴公司提供保險業務所需，並可能使用於下列目的：(i) 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；(ii) 任何索償、或該等索償的調查或分析；及 (iii) 行使任何代位權；可能轉移予：(iv) 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的。現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)，以達到任何上述或有關目的，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；及或透過聯會轉移予任何聯會的會員，以達到任何上述或有關目的。

Moreover, the Company is hereby authorized to obtain access to and/or to verify any data provided by me/us with the information collected by the Federation from the insurance industry. I/We understand that I/we have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by the Company. Requests for such access can be made in writing to the Compliance Officer, 27th Floor, United Centre, 95 Queensway, Hong Kong. A photostat copy of this authorization shall be considered as effective and valid as the original.

此外，本人/我們授權 貴公司可向聯會從保險業內收集的資料中查閱及/或核對本人/我們任何資料。本人/我們明白本人/我們有權查閱及要求更正由 貴公司持有有關本人/我們的個人資料，如有需要查閱，本人/我們可用書面寄香港金鐘道 95 號統一中心 27 樓，向 貴公司條例主任提出。此授權書之影印本具同等效力。

*Please attach the respective medical receipt(s) to each Claim List.

Signature of Employer

TMHC/C/333(N) (VI)