



Incident Report

事件報告

Please download and fill in the details and email it to both hk_claims@awac.com; & Foodpanda-claims@marsh.com. 請下載及填上資料,並電郵予以下 hk_claims@awac.com; & Foodpanda-claims@marsh.com

Mark "X" in applicable box. Please complete the form, and return altogether with all applicable medical receipts, &/or medical reports, photos in the email. Insurer has the right to reject if the submitted information is not complete. 請填報以下項目的資料,並在適當的空格填上「X」。請連同已填妥的意外報告、醫療費用收據、醫療報名及相片一併以電郵發送。保險公司有權拒絕接收未填妥之表格。

1. Incident Report 意外報告

Personal Accident and Income Protection 個人意外及收入保障

- Accidental Medical Expenses 意外醫療費用 Accidental Permanent Disablement 永久完全傷殘
 Accidental Death 意外死亡 Accidental Temporary Disablement 暫時完全傷殘

2. Details of Freelancer (Mandatory) 受保人資料

Rooster ID Number 聯絡地址	Full Name 姓名
Home Address 聯絡地址	Phone Number 聯絡號碼
Email Address 電聯地址	Type 工作類型
	Walker <input type="checkbox"/> Bicycle <input type="checkbox"/> Motorcycle <input type="checkbox"/>

3. Details of Third Party (if relevant) 第三方資料 (如適用)

Full Name 姓名	Phone Number 聯絡號碼
Home Address 聯絡地址	Email Address 電聯地址

4. Details of Witness (if any) 目擊證人資料 (如適用)

Full Name 姓名	Phone Number 聯絡號碼
Witness Statement (if yes, please attach a copy) <input type="checkbox"/> Yes 證人陳述書 (如有, 請提供照片副本) <input type="checkbox"/> No	Email Address 電聯地址

5. Details of Incident (Mandatory) 意外資料

Date 意外發生日期	(DD / MM / YYYY)	Time 意外發生時間	(HR : MIN) <input type="checkbox"/> AM 上午 <input type="checkbox"/> PM 下午
Place of Incident 意外發生地點	Photos Taken at scene (if Yes, Please attach a copy) 現場拍攝的照片 (如有, 請提供照片副本) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have the police or other authorities been informed? If you, please provide (a) to (d) Yes 有
 No 沒有

(a) Date 報案日期	(DD / MM / YYYY)	(b) Time 報案時間	(HR : MIN) <input type="checkbox"/> AM 上午 <input type="checkbox"/> PM 下午
(c) Name of the police station or authority 報案警署或機構	(d) Police or authority reference number 警方或該機構之檔案 N.B. Please provide ORIGINAL written report from police, or other authorities as relevant.		



請提供警方/該機構之有關報告的**正本**。

Accident Description in details (Mandatory)

意外詳情

6. Extent of Injury 損傷性質

Describe the nature of injury

損傷描述

Injury Details (tick one box)

損傷詳情

- | | | | |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> Abrasion 磨損 | <input type="checkbox"/> Amputation 截肢 | <input type="checkbox"/> Burn 燒傷 | <input type="checkbox"/> Contusion & Bruise 挫傷 |
| <input type="checkbox"/> Crushing 粉碎 | <input type="checkbox"/> Fracture 骨折 | <input type="checkbox"/> Laceration & Cut 割裂 | <input type="checkbox"/> Sprain 扭傷 |
| <input type="checkbox"/> Other 其他: | | | |

Part of Body Injured (tick one box)

損傷部分

- | | | | |
|--|---|--|---|
| Head 頭部 | Neck & Truck 脖子 | Upper Limbs 上肢 | Lower Limbs 下肢 |
| <input type="checkbox"/> Skull/ Scalp 頭骨/ 頭皮 | <input type="checkbox"/> Neck 脖子 | <input type="checkbox"/> Finger 手指 | <input type="checkbox"/> Hip 臀部 |
| <input type="checkbox"/> Eye 眼睛 | <input type="checkbox"/> Back 脊梁骨 | <input type="checkbox"/> Hand/ palm 手掌 | <input type="checkbox"/> Thigh 大腿 |
| <input type="checkbox"/> Ear 耳朵 | <input type="checkbox"/> Chest 胸部 | <input type="checkbox"/> Forearm 前臂 | <input type="checkbox"/> Knee 膝蓋 |
| <input type="checkbox"/> Mouth/ Tooth 口腔/牙齒 | <input type="checkbox"/> Abdomen 腹部 | <input type="checkbox"/> Elbow 臂肘 | <input type="checkbox"/> Leg 腿部 |
| <input type="checkbox"/> Nose 鼻子 | <input type="checkbox"/> Truck | <input type="checkbox"/> Upper arm 上臂 | <input type="checkbox"/> Ankle 腳踝 |
| <input type="checkbox"/> Face 面部 | <input type="checkbox"/> Pelvis/ groin 盆骨 | <input type="checkbox"/> Shoulder 肩膀 | <input checked="" type="checkbox"/> Foot 腳板 |

7. Other Insurance Coverage 其他保險資料

Does the Insured have any other insurance policy covering this case? Yes 有 No 沒有

受保人會否就是次索償獲得其他保險賠償？

If "Yes", please complete below particulars.

若有，請詳細填寫以下資料。

Name of Insurer 投保公司	Policy no. 保單號碼	Benefit type 保障類別	Benefit amount 保障金額
_____	_____	_____	_____
_____	_____	_____	_____

8. Claims Document Checklist 索償文件參考表

Please submit the following documents 請提交以下所需文件

- Medical Receipts for Accidental medical expenses
意外醫療費用的醫療收據
- Medical Expenses with advice of nature of injury / diagnosis
有關損傷/具診斷性質的醫療費用
- Medical Certificate on sick leave / sick leave period



病假/病假期間的醫療證明

- Medical Report / Medical Certificate advising Temporary Disability or extent of Permanent Disability
確診診有暫時性殘疾或永久性殘疾程度的醫療報告/醫療證明
- Compensation Breakdown from other insurance company (if any)
來自其他保險公司的賠償明細 (如適用)
- Incident Report issued by relevant authorities and police report (if any)
有關機構及部門發布的事件報告和警方報告 (如適用)
- ID card copy / Passport copy
身份證複印件/護照複印件
- Death Certificate, Coroner's report confirming the cause of death (for death claim)
死亡證明書, 死因裁判官確認死亡原因的報告(用於死亡索賠)

***Please attach all medical receipts / certificates / reports in the email. If the required document is missing, your claim will not be entertained. Please also keep all the original medical receipts & certificates as we may request you to send all these to our Hong Kong head office.** 請在電郵中附上所有醫療收據/證明/報告。如果缺少所需的文件, 公司有權拒絕受理您的索賠。同時請保留所有醫療收據的正本及證明, 因為我們可能會要求您將所有醫療收據和證明寄給我們的香港的總部。

9. Claim Payment Method 收取索償款項指示

- Cheque** 支票
Please confirm the name to display on the cheque and provide postal address
請確認姓名以顯示在支票上並提供郵政地址
- Credit to local HKD bank Account** 本地銀行港幣戶口過戶
If the claim payment method of bank transfer is chosen, please fill in the following (a) to (d):
凡選擇以銀行過戶方式收取索償款項, 請填寫以下 (a) 至 (d) 的內容:

***Please be reminded there may have bank charges while you receive the settlement payment.**

(a) Bank Name 銀行名稱	(b) Bank Address 銀行地址
(c) Name of Bank Account Holder (must be the Freelancer's personal account) 銀行戶口持有人名稱(必須為受保人的個人戶口)	(d) Bank Account Number 銀行戶口號碼



Declaration

I hereby warrant the truth of the above Incident Report and all the provided statements and declare that I have not withheld or misstated any material information connected with this claim

本人／我們謹茲聲明上述所填報之資料皆為確實詳情，並沒有隱瞞或歪曲任何與此索償有關之重要資料。

I consent to your use of any personal information included in this Incident Report in accordance with your Privacy Policy, which is accessible in the policy document.

根據隱私政策，我同意您使用此事件報告中所包含的任何個人信息，該信息可從政策文件中取得。

I understand that failing to provide such personal information may prevent you from assisting with an insurance claim.

我了解若未能提供此類個人信息可能會阻礙您協助有關的保險索賠。

I accept

Signature of Applicant 申請人簽署	
X	
Name in BLOCK LETTERS 姓名 (請用英文正楷填寫)	Date 日期