



Liberty
Insurance™

Liberty International Insurance Ltd
利寶國際保險有限公司

DOMESTIC HELPER INSURANCE PACKAGE - CLAIM FORM
家傭保險賠償申索表格

13/F DCH Commercial Centre
25 Westlands Road, Quarry Bay, Hong Kong
Tel: (852) 2892 3888
Fax: (852) 2577 9578

1.	NAME OF EMPLOYER 僱主姓名 _____	2.	POLICY NO. 保單編號 _____
3.	ADDRESS 地址 _____	4.	TELEPHONE NO. 電話號碼 _____
5.	NAME OF DOMESTIC HELPER 受保家傭姓名 _____		
6.	NATURE OF INJURY ILLNESS OR DISEASE 家傭受傷或疾病性質及詳情 _____		
7.	DATE OF ACCIDENT OR WHEN ILLNESS FIRST CAME TO HELPER'S ATTENTION 意外日期或家傭首次發現病況日期 _____		
8.	IF HELPER WAS UNABLE TO WORK, PLEASE PROVIDE US WITH THE FOLLWINGS: - 如家傭因意外或病患需要暫停工作，請提供:- A. WHEN DID SHE CEASE TO WORK 家傭暫停工作日期 _____ B. WHEN WAS SHE ABLE TO RESUME WORK AGAIN 家傭復工日期 _____		
9.	NAME OF REGISTERED MEDICAL ATTENDANT (OR IN THE CASE OF A DENTAL PROBLEM, THE REGISTERED DENTIST) 請提供註冊主診醫生姓名 (如屬牙科診療，請提供註冊牙科醫生姓名) _____		
10.	PLEASE LIST OUT THE DATE(S) THAT THE HELPER RECEIVED MEDICAL/ DENTAL CONSULTATION 家傭接受主診醫生/牙科醫生診治日期 _____		
11.	IF THE HELPER WAS ADMITTED TO HOSPITAL, PLEASE ADVISE:- 如家傭被安排留醫診治，請提供: A. NAME OF HOSPITAL 就診醫院名稱 _____ B. DATE OF ADMITTANCE 入院日期 _____ C. DATE OF DISCHARGE 出院日期 _____		
12.	IF HELPER WAS BEING OPERATED, PLEASE ADVISE: 如家傭因是次意外/疾病需要接受手術，請提供: A. THE NATURE OF THE OPERATION 手術性質及詳情 _____ B. THE NAME OF SURGEON 施行手術醫生姓名 _____		
	PHYSICIAN'S (OR DENTIST'S) SIGNATURE 主診醫生/牙醫簽署 _____ QUALIFICATIONS 資歷 _____ ADDRESS 地址 _____ _____		I BELIEVE THAT THE FACTS STATED IN THIS CLAIM FORM ARE TRUE AND THE OPINION EXPRESSED IN IT IS HONESTLY HELD. 本人相信本申索表格所述事實屬實，而其中所表達的意見屬真誠地持有的。 _____ EMPLOYER SIGNATURE 僱主簽署 DATE 日期 _____