



Insurance

GAN Assurances IARD

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**家佣綜合保險計劃申請賠償書
HOUSEHOLD EMPLOYEE POLICY
CLAIM REPORT FORM**

Name of Employer : _____
僱主姓名

Telephone No. : _____
電話

Address : _____
地址

Name of Employee : _____
僱員姓名

Policy No. : _____
保單號碼

Expiry Date : _____
到期日

Date of Occurrence : _____
發生日期

Place : _____
地點

Details of Occurrence : _____
發生經過及受傷程度

Is it necessary to see the doctor again ? : Yes 是 / No 否
是否需要覆診

If Yes, please state details : _____
如有, 請詳述

Estimated amount of claims : _____
估計申請賠償額

Has any Authority been advised of the occurrence ? _____
有否通知任何政府部門

Supporting documents attached to Claim Form : _____
附帶文件

I / We declare the foregoing particulars to be true and correct and undertake to render every assistance in my / our power in dealing with the matter.
本人 / 吾等茲聲明以上填報各節均屬真實無訛, 並願協助辦理一切所需手續.

Signature of Employer
僱主簽署

Signature of Employee
僱員簽署

Date
日期