

DOMESTIC HELPER SERIOUS DISEASE INSURANCE CLAIM FORM

Note: All claims must be reported to Hong Leong Insurance (Asia) Limited within 30 days after the occurrence that gives rise to the claim.

Name of Policyholder: _____ Policy / Certificate No.: _____
Contact Telephone No.: _____ Email Address: _____
Home Address: _____
Name of Helper: _____ Age: _____ Nationality: _____
Commencement Date of Service: _____ Years of Service in Hong Kong: _____

Section 2 & 3 – Expenses Cover for Repatriation / Replacement of Domestic Helper

- (1) Date of sickness giving rise to the repatriation of helper: _____
- (2) Please describe the patient's symptoms or sickness in details : _____

- (3) Diagnosis of sickness: _____

- (4) Name and address of attending doctor / hospital concerned: _____

- (5) Proposed date of termination of employment: _____
- (6) Proposed date of repatriation of helper: _____
- (7) Amount of claim: _____

Note: Please submit all relevant documents such as medical report, employment contract, written confirmation about the termination of employment, air-ticket or employment agency charges in substantiation of the claim.

Declaration and Authorization

- (1) I/We declare that the above information is in all respects true and correct to the best of my/our knowledge and belief.
- (2) I/We acknowledge and agree that you may:
- (a) collect, use and disclose my/our (and my/our dependent's, if applicable) and the claimant's personal information (including but not limited to credit information and claims history) for the purposes necessary to process my/our application, investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); and
 - (b) transfer my/our personal information to the following persons who may collect and use this information only as reasonably necessary to carry out the purposes described above: including, but not limited to insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph); self-regulatory or industry bodies or associations of insurance; claims investigation agencies; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information (collectively, "Such Persons").
- (3) I/We further agree that your Policy on Personal Data ("Data Policy"), a copy of which is available upon request or from www.hl-insurance.com, shall apply and my/our personal information may be used, disclosed and/or transferred in accordance with the Data Policy.
- (4) I/We hereby authorize any Such Person or any other person or organization that has any records or knowledge of me/us including without limitation my/our health, insurance or claim history to furnish to your company or your authorized representative, any personal data and other information with respect to any medical history (if applicable), insurance or claim history concerning me/us or to any loss, damage, theft or other events connected with my/our insurance or claim history and copies of all relevant records. A photostat copy of this authorization shall be considered as effective and valid as the original. The issue of this claim form does not signify your acceptance of any claim.
- (5) I/We declare and confirm that I am / we are duly authorized by the claimant(s) to submit this claim application to you, all information (including personal data) provided to you in this claim application relating to the claimant(s) is collected by lawful means and with the consent of the claimant(s). I/We further confirm that the claimant(s) agree to be bound by the Data Policy and consent to the use and disclosure of their personal data by you for any of the above-mentioned purposes and in accordance with the Data Policy.

Date: _____ Signature of Policyholder: _____ Signature of Helper: _____