

DOMESTIC HELPER 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 Policy Holder: _____ 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 6 – Infidelity of Domestic Helper

(a) Date and time of discovery of loss: _____
(b) Describe how the loss was discovered: _____

(c) Details of lost items:	Description	Date of Purchase	Purchase Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(d) Period of unauthorized IDD calls made: From ____ DD ____ MM ____ YY to ____ DD ____ MM ____ YY
(e) Total number and duration of unauthorized IDD calls made: _____
(f) Date and time the loss was reported to the police: _____
(g) Name of police station and police reference no: _____
(h) Nature and amount of claim: _____
(i) Do you have any other insurance policies covering the lost items: Yes / No

If yes, please provide the name of insurance company and policy no.: _____

Note: Please submit all relevant documents such as police report, purchase invoice, replacement quotation, IDD telephone bills including those for the three months preceding the unauthorized IDD calls made, employment contract, notice of termination from the Insured, acknowledgement from Immigration Department about the termination of employment in substantiation of the claim.

Declaration and Authorization

- I declare that the above information is in all respect true and correct to the best of my knowledge and belief.
- I agree that your Personal Data Policy, a copy of which is available upon request or from www.hl-insurance.com shall apply. I understand that: (a) you may use my personal data contained in this form or collected or held by you by any means from time to time for the purposes of the daily operation of the provision of insurance services, direct marketing, researching, designing services or products for me, communicating with me and/or fulfilling any obligations as required by law/regulation from time to time; (b) you may disclose my personal data to any member of the Hong Leong Group and/or any third party (in each case whether within or outside Hong Kong), for any of the above purposes and/or for the purposes of providing administrative and/or other services to you in connection with the operation of your business; (c) I have the right to request access to and the correction of my personal data so held by you. Such request shall be made to your Data Protection Officer. A reasonable fee may be charged by you for processing such request; (d) if I do not wish you to use my personal data in direct marketing or to receive any marketing materials from you, I will notify you of my opt-out in writing addressed to your Data Protection Officer.
- I authorize you to provide to and collect information about me (and my dependents, if any) in connection with this Claim Form from any other member of the Hong Leong group or any other organization, institution or person relevant to your business, including other insurance companies, claims investigation agencies, healthcare related entities etc., and to compare such information with my personal data, and to use the results for taking of any actions that may be adverse to my interests.
- I authorize any police authority, insurance company, service provider or other person or organization that has any records or knowledge of me or my claim or insurance history to furnish to your company or your authorized representative, any and all personal data and other information with respect to any loss, damage, theft or other events connected with my claim or insurance 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.

Date: _____ Signature of Policy Holder: _____