

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 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 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

- (1) I declare that the above information is in all respects true and correct to the best of my knowledge and belief.
- (2) I acknowledge and agree that you may:
 - (a) collect, use and disclose my personal information (including but not limited to credit information and claims history) for the purposes necessary to process my 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 personal information to the following persons who may collect and use this information only as reasonably necessary to carry out the purposes described above: insurance adjusters, agents and brokers; 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), 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 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 personal information may be used, disclosed and/or transferred in accordance with the Data Policy.
- (4) I authorize any Such Person or any other person or organization that has any records or knowledge of me or my health, insurance or claim history to furnish to your company or your authorized representative, any and all personal data and other information with respect to any illness or injury, medical history, insurance or claim history, consultation prescriptions or treatment and copies of all hospital, medical or other records concerning me or to any loss, damage, theft or other events connected with my 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.

Date: _____

Signature of Policyholder: _____