可輸入資料 Fillable Form

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豐隆保險(亞洲)有限公司
HongLeong Insurance (Asia) Ltd.

Scan the QR code to submit claim online
掃描二維碼於網上遞交索償申請

Private and confidential
私隱保密

Domestic Helper Insurance
家傭綜合保險
Medical Claim – Direct Credit Payment Application Form
醫療費用 – 賠款自動轉賬申請表格

Please fill in the details below and return to us via mail or fax No. 2533 7548. Your application would be completed within 3 working days.
請填妥以下資料後，寄回或傳真(傳真號碼：**2533-7548**)至本公司。此申請將會在收到表格後的三個工作天後生效。

Policy/Certificate No
保險證明書號碼 _____

Contact No.
聯絡電話號碼 _____

Email Address:
電郵地址: _____

Name of Policyholder(Employer)
保單持有人(僱主)姓名 _____ (in BLOCK letters)
(請以英文正楷填寫)

Name of Bank
銀行名稱 _____

Bank No. 銀行編號	Branch No. 分行編號	Bank Account No. 銀行賬戶號碼

(N.B. The Bank Account Holder must be the same person as the Policyholder; joint name account is also acceptable)
(註: 銀行戶口持有人須為上述保單持有人；聯名戶口亦可)

_____
Signature of Policyholder/Bank Account Holder
保單持有人/銀行戶口持有人簽署

_____
Date: (D/M/Y)
日期: (日/月/年)

Remarks: If there is any change of bank account information, please complete and return to us this Application Form by fax or post.
備註：如需更改以上戶口資料，請重新填寫此賠款自動轉賬申請表格寄回或傳真至本公司處理。