



保險索償投訴局
The Insurance Claims Complaints Bureau
Incorporated with limited liability

□甲. 為方便本局進行調查，請填妥下列資料及／或附上有關文件副本：

A. In order for us to process your complaint, please complete and /or attach copies of the following documents:

- 1. 索償數額 Claim amount : 港幣 HK\$ _____
- 2. 日間聯絡電話 Day time contact no. _____
- 3. 整份保單及保單申請表格 Whole set of policy document together with the application form
- 4. 索償表格 Claim form
- 5. 醫療報告 Medical report
- 6. 檢驗報告、報價表或維修收據 Surveyor report, quotation for repair or repairs receipt
- 7. 保險公司書面作出最後判決之文件 Written notification by Insurer with final decision to the claim dispute
- 8. 肇事警方報告 Police statement
- 9.

□乙. 請填妥下列授權書

B. Please complete the following authorization

AUTHORIZATION 授權書

本人謹此代表本人/受保人授權任何僱主、註冊西醫、醫院、診所、保險公司、其他有關組織或人士，凡知道或持有任何有關受保人的資料者，均可將該等資料提供予保險索償投訴局（投訴局），此授權書之副本亦屬有效。本人明白投訴局在處理投訴時，會把有關此個案及投訴人的個人資料轉交其他相關人士，包括保險公司及其他有關機構。

I HEREBY AUTHORIZE on behalf of myself/the insured that any employer, registered medical practitioner, hospital, clinic, insurance company or other institution or person, that has any records or knowledge of the insured to disclose such information to The Insurance Claims Complaints Bureau (ICCB). A photocopy of this Authorization shall be as valid as the original. I understand that in handing this complaint, the ICCB may transfer all matters relating to the complaint and the personal data of the insured to relevant persons including the insurance companies and other related organizations.

簽署 Signature

姓名 Name in print

日期 Date

*如非投保人簽署，請說明與投保人的關係

If not signed by the insured, please state relationship _____

** 閣下有權根據《個人資料（私隱）條例》要求查閱及更正個人資料，所有要求均可以書面向投訴局秘書處提出。 You have the right under the *Personal Data (Privacy) Ordinance* to request access to and correct any of the personal data. Any request may be made in writing and addressed to the ICCB secretariat.