

Elite Health Plans

Accident Claim Form

Please complete this form in **BLOCK CAPITALS** using black ink, and return it to us by email or post. You can find our contact details at the end of this form. Please make sure the information you give is accurate, full and complete.

Your personal details

Full name: Policy number:

Address:

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..... Date of birth:

Email address: Telephone number:

Please state the name and address of your regular physician:

Name of physician:

Address:

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Telephone number: Fax number:

Email address:

Circumstances of your accident

Please describe the circumstances of the accident, including the date and time of the accident. Please continue on to a supplementary sheet if necessary.

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Important information relating to the accident

Were you under the influence of alcohol at the time of the accident? Yes No

If YES, please confirm the units of alcohol consumed:

Were you under the influence of drugs (including prescribed medication) at the time of the accident? Yes No

If YES, please confirm the name of the drugs taken:

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Important information relating to the accident (continued)

Prior to the accident, when did you last consume any alcohol? Date: Time:

How many units of alcohol did you consume?

Prior to the accident, when did you last take any drugs (including prescribed medication)?

Date: Time:

What were the names of the drugs taken?

Accident reports

Please provide the names and contact details of all officials (including police) to whom the accident was reported:

Witnesses

Please provide full contact details of any witnesses:

Other parties

Please provide full details of any other parties involved in the accident or who may have contributed to the accident:

Injuries

Please describe your injuries:

Previous incidents

Have you ever suffered from any similar injuries or been involved in any other accidents in the past? Yes No

If YES, please provide full details of the accident circumstances, including dates and the contact details of the physician(s) who treated you:

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Personal Information Collection Statement

1. Purpose: Sompo Insurance (Hong Kong) Co., Ltd. and William Russell Ltd. (collectively the “Company”) is committed to protecting the personal data of our customers. The Company is also committed to the implementation of the data protection principles set out in Schedule 1 of Personal Data (Privacy) Ordinance (“the PDPO”) (Chapter 486 of the laws of Hong Kong). From time to time it is necessary for you to supply the Company with your personal data which may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes:

- (a) processing and evaluating your application or request for and any alterations, variations, cancellation, renewals and reinstatements of any insurance products and / or services offered by the Company;
- (b) administering your insurance policy and providing services in relation to your insurance policy;
- (c) any purposes in connection with any claims made by or against or otherwise involving you in respect of any products and / or services provided by the Company, including processing and / or investigating any claims;
- (d) invoicing and collecting premiums and / or outstanding amounts from you;
- (e) exercising any right of subrogation, if applicable;
- (f) conducting statistical analysis;
- (g) contacting you for any of the above purposes;
- (h) meeting the requirements to make disclosure (i) under any law binding on the Company; or (ii) under any applicable rules, regulations, codes or guidelines or to assist in law enforcement purposes, investigation by police or other government or regulatory authorities; or (iii) for complying with any requirements, policies or measures for using data and information within Sompo Japan Nipponkoa Holdings, Inc. (“the Group”) in accordance with any Group-wide programmes from time to time for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities / misconducts;
- (i) other purposes directly related to any of the above purposes.

For using the personal data provided by you for promotional / marketing purposes, please refer to the section titled “Use of Personal Data in Direct Marketing”.

The failure of providing the Personal Data by you may result in the Company being unable to provide products and services, assess your policy application, process claims under insurance policies issued by us, or process any other requests, enquiries, or complaints from you, or any of the purposes listed above.

2. Transfer: The Company may disclose your personal data to the following transferees in Hong Kong or overseas for the above purposes:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, mailing houses, IT service providers and data processors);
- (b) in the event of a claim, loss adjusters, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) financial services intermediaries that are authorized by the Company for the distribution of products and services provided by the Company including your insurance agents, intermediaries or brokers, if applicable;
- (g) legal and professional advisors of the Company;
- (h) associated companies of the Company;

Personal Information Collection Statement (continued)

- (i) the policyholder, when none of the insured person(s) of that policy is the policyholder, for the purpose of policy application, administration, renewal and / or claims administration (if applicable);
- (j) relevant industry association and federation that exists or is formed from time to time;
- (k) government and authorities within or outside HKSAR as required or permitted by law. The Company may also use and disclose your personal data otherwise with your consent;
- (l) any third party in connection with a transfer or potential transfer of all or part of the business of the Company that some of the transferees may be located within or outside of HKSAR.

3. Access: You have the right to ascertain what type of personal data the Company holds, whether the Company holds your personal data and, if so, the right to request access to and to request correction of any personal data concerning you held by the Company. Such request can be made to the Data Protection Officer, Sompo Insurance (Hong Kong) Co., Ltd, 19/F, Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. The Company reserves the right to charge a reasonable fee for processing a request to access your personal data access request.

Use of Personal Data in Direct Marketing

Apart from the aforementioned purpose, the Company may also use your name, contact details, demographic information, policy details, products and services portfolio information, transaction pattern and behavior, and financial background held by the Company to contact you with direct marketing communications regarding financial and insurance products by mail, email, telephone, facsimile or SMS. The Company may also provide your name, contact details, demographic information, policy details, products and services portfolio information, transaction pattern and behavior, and financial background held by the Company to the following transferees: (I) third party financial institutions, insurers, banks, credit card companies, securities and investment services providers; (II) third party reward, loyalty, privileges programme providers or merchants; and (III) charitable or non-profit making organizations for gain who may send you direct marketing communications regarding (1) insurance, banking, credit card, financial, provident fund scheme and related products and services; (2) reward, loyalty or privileges programmes and related products and services; and (3) donations and contributions for charitable and / or non-profit making purposes by mail, email, telephone, facsimile or SMS.

Before using your personal data for contacting you with direct marketing communications, the Company must obtain your written consent, and only after having obtained written such consent, the Company may use your personal data for any direct marketing purpose.

You may in future withdraw your consent to the use of your personal data for direct marketing purposes by the Company or the transferees and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please inform the Company by writing to the Data Protection Officer, Sompo Insurance (Hong Kong) Co., Ltd, 19/F, Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

Amendment to the Personal Information Collection Statement

The Company reserves the right at anytime, with or without notice, amends this PICS which will be found in our website or in writing to notify you how the Company will collect, use and transfers your personal data. Should there be any amendment to this PICS in the future, such amendment will become effective with immediate effect.

I acknowledge and confirm that I have read and understood the PICS. I confirm that I have been advised to read carefully the PICS, and I have read it carefully about its effect and impact in respect of my personal data collected or held by the Company. I hereby give my acknowledgement and agree to the use and transfer of my personal data by the Company in accordance with the PICS, including the use and provision of my personal data for the purpose of direct marketing.

If you do not agree to the use and provision of your personal data for direct marketing as set out in the PICS, please tick the box(es) below and we will not use your personal data for the purpose of direct marketing.

- Please tick if you do not consent to receive direct marketing communications from us.
- Please tick if you do not consent to receive direct marketing communications from any transferees specified in the PICS.

Name of applicant:

Signature of applicant: **Date:**

Declaration for your claim

Please read this section carefully and sign below.

- I hereby declare that all information provided in this form is accurate and complete, to the best of my knowledge.
- I confirm that I have read the above Personal Information Collection Statement and I understand that it will apply to the information provided in this claim form and any other information I may provide in connection with my claim.

Declaration for your claim (continued)

- I hereby authorise any physician, doctor or other person who has attended to or examined me to furnish William Russell Ltd. and Sampo Insurance (Hong Kong) Co., Ltd. or to their authorised representatives any and all information with respect to my sickness, accident or injury, medical history, consultations, prescriptions or treatment, along with copies of all hospital and/or medical records relating to me.
- I accept that my personal data may be passed on to selected third parties such as cost agents and claims administrators for the sole purpose of assisting with the administration of my claim. I understand that, if required, William Russell Ltd. and Sampo Insurance (Hong Kong) Co., Ltd. will pass your information to legal and regulatory bodies and relevant third parties in the interests of fraud and money-laundering prevention.
- I hereby give William Russell Ltd. and Sampo Insurance (Hong Kong) Co., Ltd. authorisation to correspond with me by email regarding my claim. I understand that these emails may contain reference to my medical condition(s) and/or financial payment information.

Some important notes

If the claimant is a child under the age of 18 years, this form should be completed by the claimant's parent or guardian. If the claimant is unable to complete the form due to cognitive disability or because the claimant is deceased, this form should be completed by the claimant's next of kin. If you are completing this form on behalf of the claimant, please state your relationship to the claimant below, along with your contact information.

Name of claimant:

Signature of claimant: **Date:**