

Turtle, Tortoise & Bird Insurance Claim Form

龜鳥保險賠償申請表

Please submit your claim with the below completed form and requested documents within 30 days from the date of service. If insufficient space is provided for your answers, please continue on a separate sheet.

請於到診日期的 30 天內，提供以下列出的證明文件，並遞交理賠申請。如空位不足，請自備補充頁填寫。

PART I – General Information

第一部份 – 一般資料

Name of Policyholder
保單持有人姓名

Policy No.
保單號碼

PART II – Visit Details (to be completed by Vet, in English only)

第二部份 – 就診詳情 (由獸醫用英文填寫)

Pet's Name: _____

Diagnosis: _____

Date of 1st symptoms (DD/MM/YYYY): _____ Date of treatment (DD/MM/YYYY): _____

Any accident result in the said diagnosis of the pet (Yes/No): _____

If yes, please let us know the details: _____

Name of vet: _____ Signature of vet: _____

Name of Clinic (with company chop): _____ Date: _____

Declaration & Authorization 授權及聲明

I / We declare that all information given is accurate and true to the best of my knowledge.

本人/我們聲明本人/我們於索償申請書中的每一項答案為所知及所信之全部事實。

I/We confirm that I/We have read the Personal Information Collection Statement which is made available at <https://odhk.blob.core.windows.net/common/Personal-Information-Collection-Statement.pdf> and agreed to collection and use of personal information by OneDegree Hong Kong Limited (the "Company").

本人/我們確認已閱讀有關個人資料收集聲明之詳情，並同意OneDegree Hong Kong Limited(「貴公司」)收集及使用個人資料。該個人資料收集聲明詳載於<https://odhk.blob.core.windows.net/common/Personal-Information-Collection-Statement.pdf>。

I/We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I/we have been observed or treated to give full particulars about my/our health or provide the relevant report or document to the Company or its authorised representative, for the purpose of assessing my claim request(s).

本人/我們授權於任何曾替本人/我們作診療之醫生、醫務人員、醫院或診所提供有關本人/我們病歷之資料或提供有關的報告或文件予貴公司或其授權代表作評估索償申請之用途。

I/We hereby authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies, etc. who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about me/us or related incidents of injury, loss or damage to the Company or its authorised representative.

本人/我們授權持有本人/我們投保資料、索償紀錄或任何有關資料之一方，包括但不限於警方及政府機構、航空公司、旅遊公司、保險公司等任何有關人士或組織，將部份或全部有關本人/我們是次受傷、損失或損毀的相關資料提供予貴公司或其授權代表。

A photocopy of this authorisation shall have the same effect as the original.

此授權書之正本及副本皆具同等效力。

Please sign here 請在此簽署：

Day 日	Month 月	Year 年
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Policyholder 保單持有人簽署

Date signed 簽署日期

PART III – Document Checklist

第三部份 – 所需文件指引

- Completed Claim Form 填妥賠償申請表
- Copy of Policyholder's HKID card 保單持有人的香港身份證副本 (適用於首次向 OneDegree 就龜鳥保險索償)
- Copy of Policyholder's ATM card or bank statement to confirm bank account number 保單持有人的銀行卡或月結單副本 (以確認賬戶號碼, 適用於首次向 OneDegree 就龜鳥保險索償)
- Copy of vetclinic receipt with itemized breakdown of services and charges (consultation fee, medication, lab test, surgery, etc), the diagnosis, first symptom date, both stamp and signature are required for any handwritten information, and pet's photo (if any) 獸醫診所收據 須列明醫療項目及每項收費 (診金、處方藥物、化驗費用、手術等)、診斷結果、症狀首次出現日期、及到診寵物相片(如有)。所有手寫資料必須有獸醫簽名及蓋章作實。
- Any other documents you consider relevant or necessary for us to consider your claim 其他你認為能協助我們處理理賠申請的文件 (如有)