

Notes of Claims for Domestic Helper Plan

In the event of the claim occurrence, written notice must be given to Bank of China Group Insurance Company Limited (“the Company”) as soon as possible, and submit the claim form together with the required documents to the Company within 30 days.

Claim items	Claim documents
Medical Expenses / Dental Expenses/ Critical illness benefit/ Family Member Medical Expenses	<input type="checkbox"/> <u>Original</u> medical bill(s) /receipt(s) <input type="checkbox"/> <u>Original</u> medical report with Diagnosis <input type="checkbox"/> Discharge slip (applicable to Public hospital) <input type="checkbox"/> <u>Original</u> laboratory report <input type="checkbox"/> <u>Copy</u> of Police Report / Statement to Police (Only applicable to Family Member Medical Expenses)
Personal Accident Benefit	<input type="checkbox"/> <u>Original</u> report confirming the extents of injury by a registered medical practitioner <input type="checkbox"/> <u>Copy</u> of Police Report / Statement to Police (if applicable) <input type="checkbox"/> <u>Copy</u> of the death certificate and post mortem report (only applicable to accidental death)
Domestic Helper Personal Property Benefit	<input type="checkbox"/> Purchase receipts/ invoice for the property lost or damaged <input type="checkbox"/> As estimate of repair costs report <input type="checkbox"/> Photos of the damage article(s) <input type="checkbox"/> Copy of Police Report / Statement to Police (if applicable) <input type="checkbox"/> <u>Original</u> receipt for travel document replacement (if applicable)
Domestic Helper Personal Liability Benefit	<input type="checkbox"/> Letter of claim from the third party <input type="checkbox"/> <u>Copy</u> of Police Report / Statement to Police (if applicable) <input type="checkbox"/> Photo relevant to the claim (if applicable)
Repatriation Expenses /	<input type="checkbox"/> Receipt of relevant expenses <input type="checkbox"/> <u>Copy</u> of Physician’s report certifying the

Replacement of Domestic Helper Expenses/ Early Termination of Employment Contract Benefit	<p>domestic helper is medically unfit to work</p> <input type="checkbox"/> <u>Copy</u> of medical report/ death certificate (if applicable) <input type="checkbox"/> Acknowledgement from Immigration Department of the termination of employment of the repatriated Insured Helper
Temporary Domestic Helper Allowance	<input type="checkbox"/> <u>Original</u> medical bill(s) /receipt(s)
Fidelity Protection Benefit	<input type="checkbox"/> <u>Copy</u> of sick certificate
Employer's Liability Benefit	<input type="checkbox"/> <u>Original</u> payment receipt for the temporary domestic helper
Fidelity Protection Benefit	<input type="checkbox"/> Purchase receipts/ invoice for the property lost or damaged
Employer's Liability Benefit	<input type="checkbox"/> <u>Copy</u> of relevant documentary proof on the prosecution and conviction form the police
	<input type="checkbox"/> Acknowledgement from Immigration Department of the termination of employment of the repatriated Insured Helper
	<input type="checkbox"/> Payment receipt of the door lock replacement (if applicable)
	<input type="checkbox"/> Telephone bill(s) (if applicable)
	<input type="checkbox"/> <u>Copy</u> of Form 2 (For sick leave(s) exceeding 3 days/ Incident resulting in death) / Copy of Form 2B (For sick leave(s) not exceeding 3days)
	<input type="checkbox"/> <u>Original</u> medical bill(s) /receipt(s)
	<input type="checkbox"/> <u>Copy</u> of sick certificate

IMPORTANT NOTES :

- For the out-patient claim, claim form is not required. Please state the Policy No, Name of Policyholder and contact No on the reverse side of the medical expenses receipt(s)
- If your Domestic Helper suffers injury due to work, you must be reported to the Labour Department within 14 days by completing related forms issued by Labour Department:
 - Form 2 (Applicable to sick leave(s) exceeding 3 days or incident resulting in death)
 - Form 2B (Applicable to sick leave(s) not exceeding 3 days)

- If sick leave exceeds 7 days or assessment by the Employees' Compensation Assessment Board is necessary :
 - Copy of Form 2 is required
 - The Certificate of Compensation Assessment (Form 5) is required. For those who sustained permanent loss of earning ability , please also submit the Certificate of Assessment (Form 7) issued by the Labour Department after medical assessment (to be submitted within 30 days from the issuance of the Certificate by the Labour Department)
- If the Domestic Helper dies as a result of an accident arising out of and in the course of employment, the employer must report to the Labour Department within 7 days from the occurrence. The case will be adjudicated by the Commissioner for Labour or the court of Hong Kong, copy of Form 2 is required.
- If you discover any fraud or dishonest act committed by your domestic helper, please report to the police within 24 hours.
- No admission, offer, promise, payment or indemnity shall be made or given by or on behalf of the Insured without the Company written consent for liability benefits. Should the employer receive any other relevant document(s), other than those stated above, the employer must submit them to the Company immediately.
- It should be submitted and approved by the Company before making any repair of the damaged property.
- If you have any changes of employment of your domestic helper(s), please notify the Company as soon as possible.