

EDUCATION BUREAU BLOCK INSURANCE POLICY GROUP PERSONAL ACCIDENT INSURANCE CLAIM PROCEDURE

General Enquiry Hotline : 3187 5188

The Claim Form consists of two Sections:

1. Section 1 – Incident Report
 - a) If any Student sustains accidental permanent disability or fatal injury, please complete Section 1 of the Group Personal Accident Claim Form and submit by (Email / Fax / Post) to Claims Department of Bank of China Group Insurance Co Ltd. (hereinafter referred to as “the Insurance Company”) as soon as possible.
 - b) The Incident Report should be completed, signed and stamped with School Chop by the School. If the claim form is sent by email, you are not required to sign and stamp on the claim form. You are required to email the claim form by using the school’s email domain.

2. Section 2 – For a formal claim
 - a) Part A of Section 2 is to be completed and signed by the Injured Student / Parent or Legal Guardian. If the claim form is sent by email, Student / Parent or Legal Guardian is not required to sign on the claim form. You are required to email the claim form by using the school’s email domain;
 - b) Part B of Section 2 is to be completed by the attending physician;
Please submit the Section 2 of the Claim form by Email / Fax / Post to the Insurance Company together with the following *document (if applicable):
 - i) copy of the claimant’s ID Card;
 - ii) copy of the student Birth Certificate;
 - iii) copy of documentary proof of permanent disability, e.g. medical report;
 - iv) copies of all police report(s), police statement(s), if the accident was reported to the Police;
 - v) copy of Death Certificate.

*Please note that the claimant should bear the costs and expenses incurred for obtaining the above documents.

For general enquiries on claim procedure, please call the General Enquiry Hotline 31875188. For submission of claim documents, please send the claims documents to the Insurance Company by any one of the following methods. If the documents are sent by email or fax, you are not required to mail the original to the Insurance Company. Under normal circumstances, it is suggested to keep the original for about 7 years as the Insurance Company may randomly check the original or collect the original for further handling of the claim.

Email : claimsedb_ins@bocgroup.com

Fax : 3906 9942

Post

For enquiries on individual reported claim, please contact the following Claim Handler:

Claim Handler : Mr. Kit Wong
Telephone : 2236 6194
E-mail : claimsedb_ins@bocgroup.com
Fax : 3906 9942