禹 澤 保 險 服 務 有 限 公 司
One Harvest Assurance Services Co., Ltd.
Room 02, 17/F., Island Centre,
470 Reclamation Street, Mongkok, Kowloon
Tel: 2155 9935 Fax: 2155 9934, 3747 8107
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GROUP PERSONAL ACCIDENT (團體意外保險)

Class of Insurance (投保類別) : ☒ PERSONAL ACCIDENT (個人意外保險)

1. The Insured Name (投保人名稱) : _____
2. The Insured Address (投保人地址) : _____
3. Location of Risks (受保地址) : _____
4. Period of Insurance (受保期限) : _____
5. Business Nature (商業性質) : _____
6 INSURED PERSON (人數) : _____
7 AGE (年齡) : _____
8. PERSONAL ACCIDENT
   a) DEATH : _____
   b) PERMANENT LOSS OR DISABLEMENT : _____
   c) MEDICAL EXPENSES : _____
9. ACTIVITIES NAME : _____
10. ACTIVITIES DETAIL : _____

Past Three To Five Years Claim Record

Year 年份	Reason 索償事件因由	Amount 索償金額

Remark(Co.)

☐ 活動海報(POSTER)