

投訴表格 Complaint Form

A. 投訴人須知 Notice to Complainants

- 保險投訴局（「投訴局」）乃保險業界設立的獨立機構，以提供一站式服務平台，協助解決因個人保單合約（*不包括團體保單、商業保單、公司醫療保單等）而產生的保險相關糾紛，涉及的索償／爭議金額以不超過 120 萬港元為限。詳情請參閱投訴局的《職權範圍》。

The Insurance Complaints Bureau ("ICB") is an independent organization set up by the insurance industry to provide a one-stop service in helping resolve insurance-related disputes arising from **Personal Insurance Contracts** (*excluding group policies, commercial policies, medical policies provided by employers, etc.) with a claim amount/monetary value not exceeding HK\$1,200,000. For details, please refer to the Terms of Reference of ICB.

- 投訴局並非執法機關。投訴局的調查結果或許未能達到投訴人的期望，投訴人若不同意投訴局的決定，可就投訴向其他執法機構求助，或透過民事訴訟處理。除非有具體的新資料／證據，否則投訴局一般不會受理覆檢要求。

ICB is not a law enforcement body. The decision of ICB may not be the same as your expectation. If you are dissatisfied with the decision of ICB, you may wish to seek assistance from other law enforcement bodies in respect of your complaint, or deal with it by means of civil action. ICB will generally not re-examine your case unless you are able to provide ICB with concrete new information/evidence.

- 建議投訴人向投訴局作出投訴之前，先向相關保險公司投訴，嘗試透過保險公司的內部投訴機制，以快速有效的方式解決投訴。

Before lodging a complaint to ICB, you are advised to lodge your complaint with the insurer(s) concerned first in an attempt to resolve the complaint in a quick and effective way through their internal complaint-handling procedures.

- 投訴局只接受由保單持有人、受保人、保單受益人或合法索償人提出涉及金錢性質的投訴。

ICB accepts complaints of a monetary nature filed by a policyholder, an insured person, a policy beneficiary or a rightful claimant only.

- 投訴局只接受書面投訴。投訴人必須以書面詳述投訴事宜，連同有關證明文件一併交回投訴局。若投訴人未能提供客觀證明，則投訴局可能無法處理個案。投訴人可以透過下列方式作出投訴：

ICB accepts written complaints only. You are required to provide ICB with details of your complaint in writing together with the relevant supporting documents. If no objective proof can be provided, ICB may be unable to process the case. You may submit your complaint by one of the following methods:

郵寄／親身遞交 : 保險投訴局 The Insurance Complaints Bureau

In Person/Post 香港灣仔駱克道 353 號三湘大廈 29 樓

29/F, Sunshine Plaza, 353 Lockhart Road, Wanchai, Hong Kong

電郵 By Email : icb.enquiry@icb.org.hk

傳真 By Fax : (852) 2520 1967

B. 投訴人資料 Complainant Details

姓 Last name	(先生／太太／女士／小姐*) (Mr / Mrs / Ms / Miss*)	名 First name	
通訊地址 Correspondence address			
日間聯絡電話號碼 Day time telephone No.		電郵地址 Email address	

* 請刪去不適用之項目 Please delete as appropriate

C. 涉案保單資料 Details of Policy(ies) Involved in the Complaint

保險公司名稱 Name of insurer			
保單號碼 Policy number		保險類別 Type of insurance	
閣下與涉案保單的關係 Your relationship with the policy concerned	<input type="checkbox"/> 保單持有人 Policyholder <input type="checkbox"/> 受益人 Policy beneficiary <input type="checkbox"/> 受保人 Insured person <input type="checkbox"/> 合法索償人 Rightful claimant		
保單生效日 Policy effective date	/ / (日日／月月／年年年年) (dd / mm / yyyy)		
保單現狀 Status of the policy(ies)	生效／已失效／已退保* (失效／退保日期：_____) In force / Lapsed / Surrendered* (Lapsed / Surrendered Date : _____)		

* 請刪去不適用之項目 Please delete as appropriate

D. 投訴內容 Complaint Details

請具體說明投訴個案的內容，並按時序詳述引起投訴的有關事件經過、日期、時間、涉案公司／人物及其身份。

Please describe your complaint in details and give full particulars of the relevant events/incidents giving rise to your complaint with dates, times and identities of companies/persons involved in chronological order.

爭議金額 Disputed amount	
涉案的保險公司作出最後決定通知書的日期 Date of notification by the insurer concerned of its final decision	

如上欄空位不足，請另頁填寫，並把附頁夾附本表格一併遞交。

If you need more space, please continue on a separate sheet and attach it to this Form

E. 支持投訴個案的證明文件 Documents in Support of your Complaint

請提供下列文件副本*。如文件已附上，請於適當的方格內加上「✓」：

Please provide **copies*** of the following documents. If the documents are attached, please tick the appropriate boxes:

<input type="checkbox"/>	1	整份保單文件 Whole set of policy document
<input type="checkbox"/>	2	投保申請表格 Policy application form
<input type="checkbox"/>	3	涉案保險公司作出最後決定的書面通知書 Written notification by the insurer concerned of its final decision
<input type="checkbox"/>	4	索償表格 Claim form
<input type="checkbox"/>	5	醫療報告 Medical report
<input type="checkbox"/>	6	檢驗報告、維修報價及維修收據 Surveyor report, quotation for repair or repair receipt
<input type="checkbox"/>	7	
<input type="checkbox"/>	8	

* 所有提交的文件副本均不獲退回。

All copies of documents submitted will not be returned.

F. 同意書、授權書及收集個人資料聲明

Agreement, Authorization and Personal Information Collection Statement

本人謹向投訴局作出投訴。本人在此確認、同意、明白及／或授權如下：

I would like to lodge a complaint with ICB. I hereby acknowledge, agree, understand and/or authorize as follows:

1. 透過向投訴局作出投訴，本人確認及同意：

by lodging a complaint with ICB, I acknowledge and agree that:

(a) 就有關投訴個案，本人同意在任何時候均遵守投訴局《職權範圍》的規定，並受之所約束，包括任何及所有投訴局不時作出的相關修訂、修改及／或更新，並將遵循投訴局就處理索償相關的投訴個案和非索償相關的投訴個案的既定步驟及程序；

for the purposes of the complaint, I will comply with and be bound by the Terms of Reference at all times, including any and all such amendments, modifications and/or updates that may be made from time to time by ICB, and will follow the procedures and processes prescribed by ICB for handling the Claim-related Complaints and the Non-claim related Complaints;

(b) 就有關投訴，本人只會享有《職權範圍》所述的權利；

I will only be afforded with rights as set out in the Terms of Reference in respect of the Complaint;

(c) 投訴委員會就索償相關的投訴個案作出的任何裁決，均不會影響本人其後因不滿有關決定而採取法律行動的權利；any Award of the Complaints Panel made in Claim-related Complaints does not affect my right to take legal action thereafter if I am not satisfied with the decision of the Complaints Panel; and

(d) 如非索償相關的投訴個案最終未能透過調解解決，本人可以尋求其他投訴途徑；

if the mediation fails in respect of Non-claim related Complaints, I may pursue my complaint through other means;

(All capitalized terms in this paragraph shall have the same meaning ascribed to them in the Terms of Reference of ICB)

2. 本人自願向投訴局提供個人資料及投訴資料。如提供的資料或個人資料不真確或不完整，可能會影響投訴局處理本人的投訴。如沒有提供聯絡資料，投訴局則無法向本人就投訴個案作出任何回覆；

it is voluntary for me to supply my personal data and the information relating to the complaint to ICB. If the information or personal data provided is not accurate or complete, the processing of the complaint by ICB may be affected. If no contact information is provided, ICB will not be able to provide any reply to the complaint;

3. 投訴局會把有關投訴個案的資料及本人的個人資料轉交涉案保險公司、調解員及／或其他與投訴相關機構／人士；

ICB will transfer all information relating to the complaint and all my personal data to the insurer(s) concerned, mediators and/or other organizations or parties related to the complaint;

4. 任何知悉或持有本人任何記錄／資料之僱主、註冊醫生、醫院、診所、保險公司或其他組織或人士向投訴局提供該等資料。此授權書之影印本與正本具有同等效力；

any employer, registered doctor, hospital, clinic, insurance company or other institution or person who has knowledge or holds any record/information of me to furnish such information to ICB. A photocopy of this authorization shall have the same effect as the original;

5. 所有本人向投訴局提供的資料及個人資料將用於調查或處理相關投訴的目的或直接相關的目的；

all information and personal data provided by me to ICB will be used for the purposes of investigating or handling the complaint concerned or a directly related purpose;

6. 本人有權根據《個人資料（私隱）條例》要求查閱及更正本人向投訴局提供的個人資料。任何要求必須以書面形式向投訴局秘書處提出。

I have the right under the *Personal Data (Privacy) Ordinance* to request access to and correction of my personal data submitted to ICB. Any request must be made in writing and addressed to the ICB Secretariat.

投訴人簽署

Signature of the Complainant

姓名（正楷）

Name in block letters

日期

Date

* 如投訴人非受保人，請說明與受保人的關係 _____。

If the Complainant is not the insured person, please state the relationship _____.

如受保人已年滿 18 歲，則必須在下列簽署：

If the insured person has reached the age of 18, he/she must sign below:

受保人簽署

Signature of the insured person

姓名（正楷）

Name in block letters

日期

Date