

# How to submit claim to MSIG

- 1
- File your claim within 30 days from the incident
    - via MSIG EASY, [MSIG Personal Accident Insurance Claim](#) or
    - Download claim form [To \(msig.com.hk\)](http://msig.com.hk) or
    - Contact MSIG Customer Service Hotline at 3122 6922 (Monday to Friday; except public holiday; 9:00am to 5:30pm)

Personal accident insurance

\*Required fields

01 Get info

02 Claim

03 Settle

04 Download

05 Review & submit

Before you start

You may need to prepare the following information/documents for filling in your claim application.

Basic information

✓ Policy number

An 10/11-digit numeric combination that you may find in your policy.

Supplementary information

I'm ready

English name\*

Surname

Given name

## Personal accident insurance claim

01 General information

02 Claim details

03 Settlement information

04 Document upload

05 Review & submit

FAQ

Save progress

\*Required fields

### Policy information

Policy number\* ①

56781234

Place of issue\*

☒ Hong Kong ☐ Macau

2

Fill in 91009664

3

Click 'Hong Kong'

### Your contact details



You will receive a confirmation SMS and email after submitting the claim.

Are you the Policyholder/Insured?\* ①

☒ Yes ☐ No

English name\*

Surname

Given name

Gender\*

☐ Male ☐ Female

Mobile number\*

852



Please enter

Email address\*

msig@email.com

Preferred contact method\*

☒ Email ☐ Postal

+ Add another email recipient

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Fill in your contact details

Next



中文

## Personal accident insurance claim

01 <sup>!</sup> General information

02 Claim details

03 Settlement information

04 Document upload

\*Required fields

### Claimant information

☐ I am the claimant/involved in the incident. <sup>i</sup>  
We will paste your contact details below.

Claimant's English name\*

Surname

Given name

Gender\*

☐ Male ☐ Female

Occupation\*

Please enter

ID type\*

☐ HKID ☐ BIR ☐ Passport

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Fill in claimant information

- 01 General information
- 02 Claim details
- 03 Settlement information
- 04 Document upload
- 05 Review & submit

FAQ

Save progress

Claimant information

☐ HKID ☐ BIR ☐ Passport

Claim information

General information

Date of accident\*

DD/MM/YYYY

Place of incident\*

Please enter

Injured body part(s)\*

Please enter

Please describe the incident\*

Including what you were/the Insured was doing at the time of incident, how the incident occurred and injuries sustained.

Please enter

Are you claiming/receiving similar benefit for the same event with any other organizations?\*

Including the Insurer, the government, or employee compensation.

☐ Yes ☐ No

Claim details

Claim type(s)\*

☐ Western medical practitioner treatment ☐ Physiotherapist treatment ☐ Chiropractor treatment ☐ Bonesetter treatment  
☐ Acupuncturist treatment ☐ Herbalist treatment ☐ Temporary total disablement/weekly benefit ☐ Permanent total disablement/death  
☐ Dental expenses ☐ Surgical and hospitalisation expenses/day care surgery ☐ Other

Date of visit/admission\*

DD/MM/YYYY

Claim amount\*

As stated on the receipt.

HKD

Please enter

+ Add another visit

Do you need to receive further medical treatment?

Please note that the settlement will only be made until the total benefit amount has been ascertained and agreed upon.

☐ Yes ☐ No

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6 Fill in claim information and details

Click 'Permanent total disablement/death'

## Claimant information

### Personal accident insurance claim

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Save progress

\*Required fields

#### Bank account details



We will deposit the claim payment directly into your bank account once the claim is approved. A payment advice/notification will also be issued after the payment.

##### Account holder's name\*

Must be the same as the Policyholder/Insured.

Surname

Given name

##### Bank name/code\* ⓘ

Please select

##### Account information\* ⓘ

Branch code

Please enter

Please do not include the branch code.

##### Bank account document

E.g.: Bank card, passbook, etc.


Drag & drop your file here, or [upload files](#)

Files supported: pdf, png, jpg, jpeg, tiff, docx, doc, xlsx, xls.

Max. size: 10MB

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Fill in claimant's bank account details for approved claim payment

## Claimant information

### Personal accident insurance claim

01 General  
information

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details

03 Settlement  
information

04 Document  
upload

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& submit

FAQ

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\*Required fields

#### Supporting documents



You do not need to mail any original documents to us at this moment, however, we may request you to submit any of the original documents after our assessment.

#### Other relevant document(s)



Drag & drop your file here, or [upload files](#)

Files supported: pdf, png, jpg, jpeg, tiff, docx, doc, xlsx, xls.

Max. size: 10MB

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Upload relevant  
document(s)

## Personal accident insurance claim

### Review & submit



Please check carefully and make sure all information is correct. You may edit your answers by clicking "Edit" on the right of each section.

#### General Information



##### Policy information

[Edit](#)

Policy number  
71234567

Place of issue  
Hong Kong

##### Your contact details

[Edit](#)

Are you the Policyholder/Insured?  
Yes

English name  
Chan May

Gender  
Female

Mobile number  
852 91234567

Email address  
maychan@gmail.com

Preferred contact method  
Email

#### Claim Details



##### Claimant details

[Edit](#)

Are you making the claim as an individual or company?  
Individual

☒ I am the claimant/involved in the incident.

Claimant's English name  
Test Tester

Gender  
Female



General  
information



Claim  
details



Settlement  
information



Document  
upload



05 Review &  
submit

[FAQ](#)[Save progress](#)

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Review filled-in  
information

**10** Click to accept declaration

**11** Click 'Submit'

Personal accident insurance claim

Claim information

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05 Review and submit

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Declaration & authorization

1. I/We declare that the above information is in all respect true and complete to the best of my/ our knowledge and belief;

2. It is agreed that upon request by MSIG Insurance (Hong Kong) Limited, I/We shall make a statutory declaration to re-affirm the genuineness of all information contained in this claim form; and

3. I/We believe that the facts stated in this claim form are true and correct. I acknowledge that the Insurers will rely upon the information supplied by me/ the policyholder/ the insured person, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory/ the policyholders/ insured person under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.

☒ I/we have read and agreed to all the declarations, terms and conditions and [Personal Information Collection Statement](#).\*

Submit



Thank you!

Your form has been submitted. We will be contacting you shortly.  
Your tracking number is: 71234567 - 20220711173754

謝謝！

您的表單已提交。我們將盡快與您聯繫。  
您的參考編號為：71234567 - 20220711173754



## Review & submit



Please check carefully and make sure all information is correct. You may edit your answers by clicking "Edit" on the right of each section.

General Information

