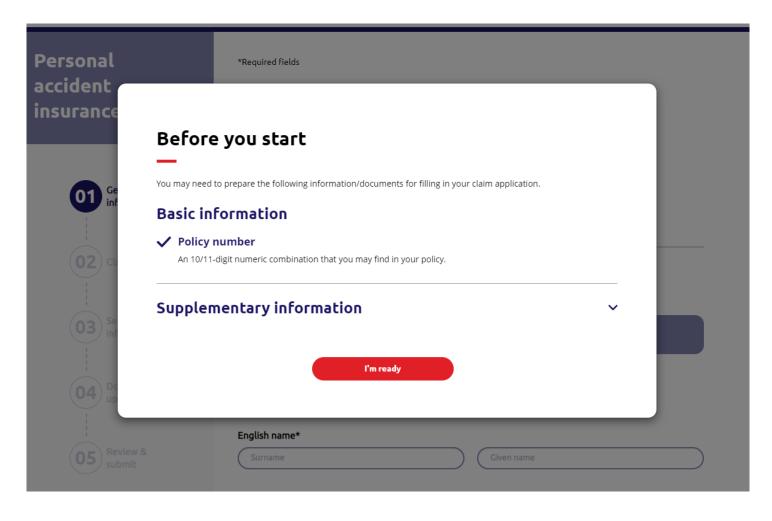
How to submit claim to MSIG



File your claim within 30 days from the incident

- via MSIG EASY, <u>MSIG Personal Accident Insurance Claim</u> or
- Download claim form <u>To (msig.com.hk)</u> or
- Contact MSIG Customer Service Hotline at 3122 6922 (Monday to Friday; except public holiday; 9:00am to 5:30pm)

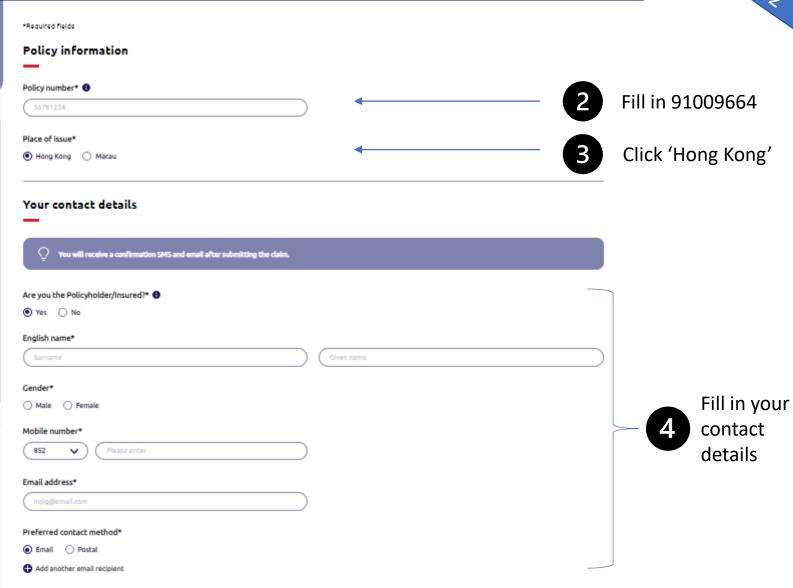


Next



Personal accident insurance claim









Personal accident insurance claim



	imant/involved in the incider	nt. 🕦	
Claimant's Englis	h name*	Given name	
Gender* Male	male		
Occupation*			
Please enter			

Fill in claimant information

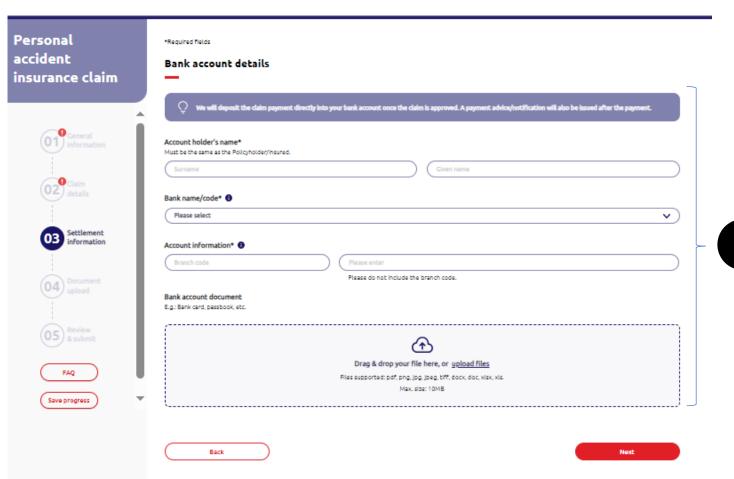
Claimant information

	Claim information
•	— Claim information
ion	
_	General information
	Date of accident*
	DD/MM/YYYY 📋
	Place of incident*
ent ion	Please enter
	In the standard of the standar
nt	Injured body part(s)* (Please enter
	Printed billion
	Please describe the incident* Including what you were/the incured 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 details
	Claim type(s)*
	Claim type(s)* (Western medical practitioner treatment () Physiotherapist treatment () Chiropractor treatment () Bonesetter treatment
	Claim type(s)*
	Claim type(s)* Western medical practitioner treatment
	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*
	Claim type(s)* Western medical practitioner treatment
	Claim type(s)* Western medical practitioner treatment
	Claim type(s)* Western medical practitioner treatment
	Claim type(s)* Western medical practitioner treatment
	Claim type(s)* Western medical practitioner treatment
	Claim type(s)* Western medical practitioner treatment
	Claim type(s)* Western medical practitioner treatment

Fill in claim information and details

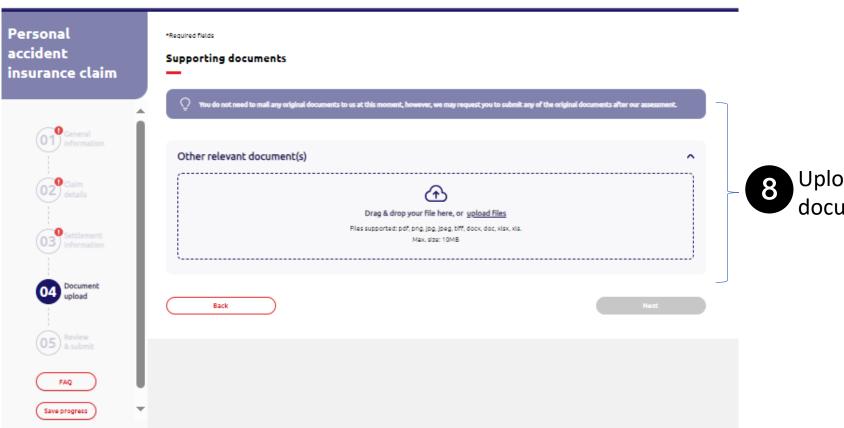
Click 'Permanent total disablement/death'

Claimant information



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

Claimant information



8 Upload relevant document(s)



Personal accident insurance claim

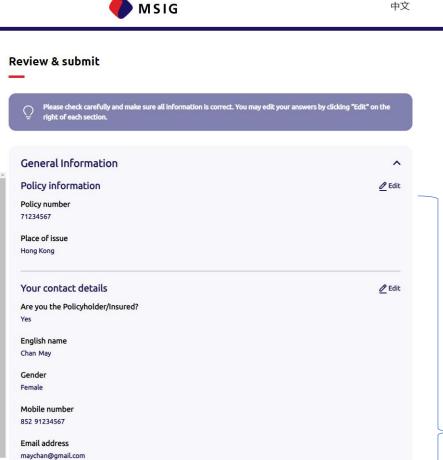
Review & submit

FAQ

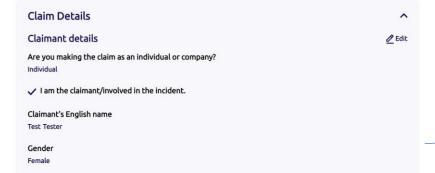
Save progress

Preferred contact method

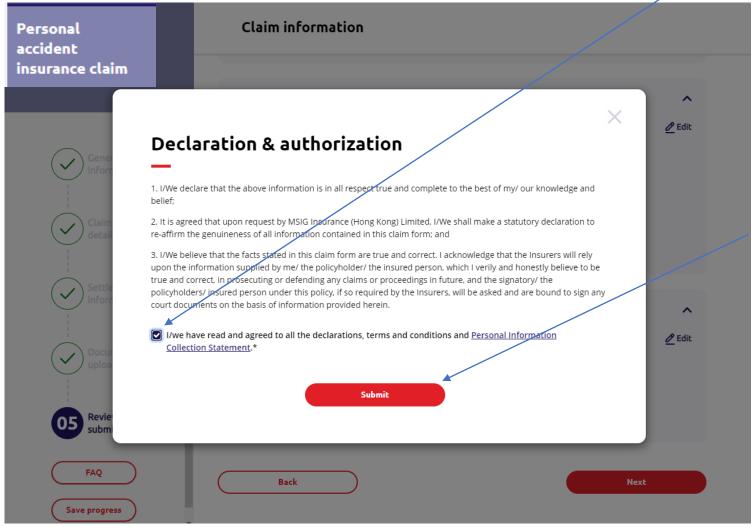
Email



Review filled-in information



Click to accept declaration



11 Click 'Submit'



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

