

旅遊保險索償表格 TRAVEL INSURANCE CLAIM FORM

本公司專用 Office Use

賠案編號 Claim No. _____

請回答此表格上所有問題；發出此表格並不代表本公司已承認責任。
All questions must be answered; no liability is admitted by issuing this form.

保單資料 INSURANCE POLICY DETAILS

第一部份 Part 1

保戶名稱 Name of Insured : _____ 保單號碼 Policy No. : _____
地址 Address : _____
索償人名稱 Name of Claimant : _____ 香港身份證號碼 I.D. No. _____
與保戶關係 Relationship to Insured : 本人 Self / 配偶 Spouse / 子女 Child / 其他 Other : _____
聯絡電話 Contact Tel No. : _____ 電郵 E-mail / 傳真 Fax. : _____

事件詳情 CIRCUMSTANCES

第二部份 Part 2

旅遊日期 Period of Journey : 由 From _____ 至 To _____
事件發生的日期 Date occurred : _____ 時間 time : _____ 上午 A.M. / 下午 P.M.
地點 Place : _____ 索償金額 Claim Amount : _____
事件的詳情及原因 Description and Reason of occurrence : _____

請在以下選擇你索償的類別 Please choose the claim section below :

醫療費用 Medical Expenses

病名 Diagnosis : _____ 首次不適 Date first occurred : _____
附上文件 Documents Submitted : 有關是次索償之醫療費用單據正本 Original Medical and Related Receipt
 醫療報告正本 Original Medical Report
 其他文件 Others documents : _____

人身意外 Personal Accident

受傷情況 Description of Injury : _____
附上文件 Documents Submitted : 醫療報告正本 Original Medical Report
 索取是次意外醫療報告的授權信 Consent Letter for Medical Record
 當地警方報告 Local Police Report (報案編號 Case No. : _____)
 其他文件 Others documents : _____

行李及個人財物 Baggage & Personal Effects - 遺失 Loss / 損壞 Damage / 金錢及旅行證件 Personal Money & Travel Document

行李遺失/損壞情況 Circumstances of loss / damage of baggage : _____
附上文件 Documents Submitted : 當地警方報告 Local Police Report (報案編號 Case No. : _____)
 維修損壞物件之報價單或收據 Receipt of Repair Quotation or Invoice
 遺失或損壞物件的發票 Purchase Receipt of Lost or Damaged Item
 損毀財物的照片 Photos of Damaged Item (請保留已損毀的財物 Please keep the damaged item)
 補領旅行文件或證件的發票 Receipt for Replacement Cost of travel documents
 其他文件 Others documents : _____

損毀/遺失項目 Damaged/Lost Item	1.	2.	3.
購買年份/型號 Year of Purchase/Model			
索償金額 Claim Amount (Currency)			

如位置不足夠填寫，可使用附加紙張 Please use additional pages if there is insufficient space

行李延誤 Baggage Delay / 旅程延誤,錯過旅程,過量預訂或更改旅程 Travel Delay, Missed Journey, Overbooking & Re-Routing

延誤原因 Reason for delay : _____ 延誤總小時 Total hours of delay _____

	航班編號 Flight No.	日期/時間 Date/Time	由 From	至 To
原定航班資料 Original Schedule:				⇒
延誤航班資料 Delayed Schedule:				⇒

損毀/遺失項目 Damaged/Lost Item	1.	2.	3.
索償金額 Claim Amount (Currency)			

附上文件 Documents Submitted : 航空公司發出之行李延誤報告 Carrier Report on Baggage Delay
 機票 Air Ticket
 登機證 Boarding Pass
 購買應急用品之收據正本 Original Receipt of Purchased Item
 其他證明損失文件 Others supporting documents : _____

訂金或取消行程損失 Loss of Deposit or Cancellation / 縮短行程 Curtailment

損毀/遺失項目 Damaged/Lost Item	1.	2.	3.
索償金額 Claim Amount (Currency)			

附上文件 Documents Submitted : 一切證明是次損失的文件 Supporting Documents attached to prove the loss

個人責任 Personal Liability

第三者索償情況及金額 Circumstances of Third Party Claim and Claim Amount : _____

附上文件 Documents Submitted : 一切證明是次損失的文件 Supporting Documents attached to prove the loss

一般查詢 GENERAL QUESTIONS

第三部份 Part 3

你有否就此意外向其他保險公司提出索償? Have you submitted any claims to other insurer for this accident? 有 Yes / 否 No
如有, 請提供詳細資料 If yes, state details _____
以往曾否遭遇同樣性質的損失? Do you have any similar loss in the past? 有 Yes / 否 No
如有, 請提供詳細資料 If yes, state details _____

聲明及授權 DECLARATION AND AUTHORIZATION

第四部份 Part 4

- 本人/吾等聲明上述所填報所有資料完整及正確無訛, 並無遺漏及本人/吾等並無其他保單補償或保障本人/吾等因此意外引起之損失。同時, 本人/吾等明白及同意保險公司提供此表格給本人/吾等並不構成保險公司放棄保單上條例所授予之權利。
I/We declare that the above information is complete and in all respect true to the best of my/our knowledge and belief, and that I/We have no other policy indemnifying me/us in respect of this loss or accident. It is also understand and agreed that the furnishing of this form to me/us by the insurance company shall not constitute a waiver of any of the conditions of the policy.
- 本人/吾等現授權亞太財產保險有限公司-香港分公司或其代表索取任何一切有關本人/吾等於上述索償項目中申報的財物損失的資料記錄, 並同意本授權書副本的法律效力等同於正本。
I/We, hereby authorize any party concerned to release to Asia-Pacific Property & Casualty Insurance Company Limited – Hong Kong Branch or its representative any and all information with respect to my claimed loss/damage and agreed that a copy of this authorization is deemed to have the same effect of the original.

索償人簽署 Signature of Claimant

日期 Date

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

第五部份 Part 5

閣下提供的資料, 為本公司提供保險業務所需, 並可能使用於任何與保險或財務有關的產品或服務, 或該等產品或服務的任何更改、變更、取消、續期、索償或索償分析; 及可能移轉給現存或不時成立的任何與我們有關的公司, 或任何其他從事與保險或再保險業務有關的公司, 或與保險業務有關的中介人或索償或調查或其他服務提供者, 或任何保險公司的協會或聯會。閣下有權要求查閱及更正由亞太財產保險有限公司-香港分公司持有之閣下的個人資料, 如有此項要求, 請與我們的個人資料主任聯絡。

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variation, cancellation or renewal of them and any claim or analysis of it; and may be transferred to any of our related companies or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time. You have the right to obtain access to and to request correction of any personal information concerning yourself held by Asia-Pacific Property & Casualty Insurance Company Limited – Hong Kong Branch Requests for such access can be made to our Data Protection Officer.