



## TRAVEL INSURANCE CLAIM FORM

### 旅遊保險賠償申請表

Please complete this Claim Form in BLOCK LETTERS and provide the relevant documents listed in Part IV to avoid delay in claim process.  
請以正楷填寫並簽署此賠償申請表，連同第四部分所列相關文件交回，以免延誤索償進程。

The Company is entitled to request for further information, documents or other specific claim form to be completed, and assign a loss adjuster for investigation.  
本公司有權要求索償者提供更多資料、文件或填寫其他專用索償表格，以及委派公證人進行調查。

Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.  
填寫及遞交此賠償申請表並不表示本公司承擔賠償責任。

### I. Claimant's Particulars 索償人資料

Insurance Certificate No. 保單編號	Claim No. (Office use) 索償編號 (本公司專用)
Name of Claimant 索償人姓名 (Please give English name 請提供英文姓名) Mr/Ms 先生/女士	HKID Card/Passport No. 香港身分證/護照號碼
E-mail Address 電郵地址	Contact Phone No. 聯絡電話
Correspondence Address 通信地址 (Please give English address 請提供英文地址)	

### II. Benefits Claimed 索償保障項目 (Please select the appropriate item(s) 請選擇適當項目)

Medical Expenses 醫療費用 <input type="checkbox"/>	Personal Accident 人身意外 <input type="checkbox"/>	Cancellation/Curtailment 旅程取消/縮短 <input type="checkbox"/>
Travel Delay 旅程延誤 <input type="checkbox"/>	Baggage Delay 行李延誤 <input type="checkbox"/>	Loss/Damage of Baggage/Property 行李/財物損失/損毀 <input type="checkbox"/>
Loss of Travel Documents/Money 旅遊證件/金錢損失 <input type="checkbox"/>	Personal Liability 個人責任 <input type="checkbox"/>	Others 其他 <input type="checkbox"/>

### III. Claim Information 索償資料 (Please complete where applicable 請填寫適當項目)

Date of Accident/Consultation/Loss 意外/診治/損失日期	Place of Accident/Consultation/Loss 意外/診治/損失地點			
Full description of Incident (cause and manner)/Diagnosis 事件詳細經過 (起因及情況)/診斷				
Amount Claimed and Currency (Medical Expenses/Cancellation/Curtailment) 索償金額及貨幣 (醫療費用/旅程取消/旅程縮短)				
Hospitalisation/Travel Delay/Baggage Delay 住院/旅程延誤/行李延誤	From 由 (date and time 日期及時間) to 至 (date and time 日期及時間)			
List of Loss (Baggage/Property/Money/Travel Document) 損失列表 (行李/財物/金錢/旅遊證件) (Please use separate sheet if insufficient space 如空位不足，請另頁說明)				
Description of Lost/Damaged Articles (including cash) 失物/損毀物品種類 (包括現金)	From Where Acquired 從何購買	Original Cost 原價	Date of Purchase 購置日期	Amount Claimed (HK\$) 索償金額 (港幣)
Name of Payee 受款人姓名 (Must be the English name of a bank account holder 必須為銀行帳戶持有人之英文姓名) (Please give name and documentary proof of guardian if Claimant is under 18 years of age 如索償人未滿 18 歲，請提供監護人姓名及證明文件)				
Any other insurance covering this incident/loss? 有否其他保險承保是次事件/損失? Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/>				
If yes, please state name of insurance company 如有，請列明保險公司名稱	Policy No 保單編號	Benefit Type 保障類別		
Has the Claimant ever claimed on any insurance company for property loss of the same nature 索償人有否因同樣性質的財物損失向任何保險公司索償? Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/>				
If yes, please state name of insurance company 如有，請列明保險公司名稱				

#### IV. Claim Documents 索償文件

This Claim Form must be submitted within 30 days of the expiry of the policy, even if any of the claim documents is not readily available.  
如未能即時提供任何索償文件，亦須於保單有效期屆滿後 30 天內呈遞填妥之賠償申請表。

Medical Expenses 醫療費用	Original hospital invoice and medical expenses receipt with diagnosis stated, medical report/laboratory report (if any) 列明傷患名稱的醫院賬單及醫療費用收據正本、醫療報告/檢驗報告(如有)
Personal Accident 人身意外	Medical report, local police report/Death Certificate (if any) 醫療報告、當地警方報告/死亡證(如有)
Cancellation/Curtailment 旅程取消/縮短	Copy of hospital invoice or death certificate; original doctor's confirmation, travel tickets, receipts, and agreements relevant to the claim and documentary proof of trip cancellation or curtailment with non-refundable amount, and documents certifying the relationship, e.g. marriage certificate, birth certificate 與索償相關之醫院帳單或死亡證、醫生證明信、交通票據、收據及協議書及列明不獲退回之款項的旅程取消或縮短旅程之證明文件正本，及有關之親屬證明，如結婚證明書、出生證明書
Travel Delay 旅程延誤	Copy of boarding pass, airticket or travel ticket and confirmation from the airlines or public conveyance stating the reason and duration of delay 登機證、機票或交通票據副本，及由航空公司或公共交通機構發出並列明延誤原因及期間之證明信
Baggage Delay 行李延誤	Airlines' property irregularity report or public conveyance's confirmation stating the duration of delay 列明延誤期間的航空公司行李事故報告或公共交通機構證明信
Loss/Damage of Baggage/Property 行李/財物損失/損毀	Original local police report, purchase receipts, airline's property irregularity report, photos of damaged property and repair quotation showing cause of damage or repairer's confirmation of irreparable property 當地警方報告、購物單據、航空公司行李事故報告正本、損壞物品相片及列明損壞原因之維修報價單或不能維修之證明信
Loss of Travel Documents/Money 旅遊證件/金錢損失	Original local police report and travel document replacement receipts 當地警方報告及補領旅遊證件費用的收據正本
Personal Liability 個人責任	Local police report or statement to police (if any), and letter of claim from third parties 當地警方報告或警方口供記錄(如有)、及第三者索償文件
Credit Card Protection 信用卡保障	Original invoices and receipts of the goods purchased and credit card monthly statement showing the purchase transactions 所購物品的發票及收據正本及顯示購物簽賬的信用卡月結單
Golfer "Hole-In-One" 高爾夫球「一桿入洞」	Original "Hole-In-One" certificate and invoice and receipt of the bar expenses incurred 「一桿入洞」證書及酒吧消費發票及收據正本
Other Claims 其他索償	Any documentary proof related to the claimed incident 任何與索償事件有關之證明文件

#### V. Authorisation and Declaration 授權及聲明

I/We hereby authorise any hospital, physician, person, party and/or authority that has any records or is holding any information of the insured person or me/us to disclose to Blue Cross (Asia-Pacific) Insurance Limited ("the Company") or its authorised representative, any and all information with respect to the insured person's or my/our loss, disability, medical history, police statement made and the like for the purpose of assessing my/our claim request(s). A photocopy of this authorisation shall have the same effect as the original.

本人/我們謹此授權任何持有受保人或本人/我們之任何記錄或資料的醫院、醫生、人士、有關人等、及/或有關當局，向藍十字(亞太)保險有限公司(「貴公司」)或其授權代表提供任何或所有有關受保人或本人/我們之損失、損傷、病歷、口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

本人/我們謹此聲明，上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此索償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人/我們明白此索償表格之發出及填妥並不代表貴公司確認責任或保證賠償。

##### Personal Information Collection Statement 收集個人資料聲明

I/We understand and agree that all the personal information collected or held by the Company (whether contained herein or otherwise obtained verbally or in writing) may be used for the purposes of: (1) provision of insurance or financial related product or service or any addition, alteration, variation, cancellation, renewal, or reinstatement of them; (2) claims processing, investigation, or analysis; and (3) exercising any right of subrogation, if applicable. Such personal information may be used, stored, disclosed or transferred (within or outside Hong Kong) to (a) any individuals/organisations associated with the Company or any third party the Company may consider necessary including any other company carrying on insurance or reinsurance related business; (b) any intermediary, claims investigator, medical facilities, other service providers relevant to insurance business; (c) professional advisor, government authority, industry association/federation or debt collection agencies (in the event of default). I/We have the right to obtain access and to request correction of any personal information concerning myself/ourselves held by the Company. Such request(s) or notice(s) can be made in writing to the Company's Corporate Data Protection Officer at 29<sup>th</sup> Floor, BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong.

本人/我們明白並同意由貴公司收集或持有的任何個人資料(不論是否載於此或由其他途徑以口頭或書面形式取得)，將有可能用於：(1)提供有關保險或財務的產品或服務，或該等產品或服務的增加、更改、轉變、取消、更新或復效；(2)賠償審理、調查或分析；及(3)行使任何代位權，如適用。該等個人資料均可供使用、儲存、透露或轉交予(香港境內或境外)(a)任何與貴公司有關人士/機構或貴公司認為有需要的任何第三者，包括其他從事與保險或再保險業務有關的公司；(b)任何中介人、理賠調查員、醫療機構、與保險業務有關的服務供應商；及(c)專業顧問、政府機關、保險業組織/聯會或追討欠款公司(如有欠款)。本人/我們有權查閱及要求更正由貴公司持有有關本人/我們的個人資料。該(等)要求或通知應以書面向貴公司的個人資料保障主任提出，地址為香港九龍觀塘道 418 號創紀之城 5 期東亞銀行中心 29 樓。

Signature of Claimant  
索償人簽署 : \_\_\_\_\_ Date 日期 (dd/mm/yy 日/月/年) \_\_\_\_\_

Name 姓名 : \_\_\_\_\_