



redefining / standards

理賠服務熱線
Claims Service Hotline

(852) 2867 8555

直線傳真
Direct Fax

(852) 2530 0481

旅遊保險索償表格 TRAVEL INSURANCE CLAIM FORM

請填妥此索償表格上之所有資料。倘若表格不敷應用，請另加紙張填寫。

Please complete this claim form in full. If space provided for your answers is insufficient, please continue on a separate sheet.

此表格並不代表本公司會承認任何責任。

The issue of this claim form is not an admission of liability on the part of the Company.

保單/保險證明書編號*

Policy/Certificate number _____

索償編號
Claim number _____

(本欄由保險公司填寫 For office use only)

請詳細填報申請賠償表格上每一項目，可避免延誤處理台端之賠償事宜
To avoid any delay in the administration of your claim, it is imperative that each question on this claim form should be fully answered.

*必須填寫項目 Mandatory fields

投保人/保單持有人資料 INSURED/POLICYHOLDER DETAILS (請於適當的地方加上 號 Please as appropriate)

投保人/保單持有人姓名* 先生 女士 太太 公司 _____
Name of Insured/Policyholder Mr Ms Mrs Company _____

通訊地址*

Correspondence address _____

日間聯絡電話及電郵地址

Contact phone number (Day-time) & Email address _____

受保人/索償人姓名* 先生 女士 太太 公司 _____
Name of Insured Person/Claimant Mr Ms Mrs Company _____

地址*

Address _____

聯絡電話及電郵地址

Contact phone number & Email address _____

一般事項 GENERAL INFORMATION

事發日期及時間*

Date and time of incident or loss _____

事發地點*

Place of incident or loss _____

閣下有否向警方或其他機構報告失事情況 ? *

Have the police or other authorities been informed?

有, 請提供

Yes, please provide

沒有

No

(a) 報案警署或機構 name of the police station or authority _____

(b) 報案日期及時間 time and date _____

(c) 警方或該機構之檔案編號 police or authority reference number _____

注意: 請提供警方 / 航空公司 / 該機構之有關報告的正本。

N.B. Please provide ORIGINAL written report from police, airline, or other authorities as relevant.

閣下損失之財物是否同時受其他保險保障 ?

Is there any other insurance covering the loss/damage?

是, 請提供

Yes, please provide

否

No

(a) 保險公司名稱

name of the insurance company _____

(b) 有關之保單號碼

relevant policy number _____

(c) 投保金額 (如適用)

amount insured (if applicable) _____

(d) 會否向該公司提出索償 ?

whether claim will be submitted to them?

是

Yes

否

No

閣下是否蒙受過同樣性質的損失 ?

Have you ever sustained other losses of similar nature?

是, 請提供詳細資料

Yes, please provide details

否

No

事發時的見證人

Witness of the incident or loss _____

詳細事項 SECTION(S) SPECIFIC INFORMATION

請在空格內填上 以列明需要賠償的項目。並填妥以下資料及連同有關文件一并呈上。

Please advise which section(s) your claim is applicable by ticking the appropriate box. You are reminded to answer all the questions asked and submit to us all supporting documents.

1. 醫療費用 Medical Expenses

或

人身意外 Personal Accident

或

創傷輔導 Trauma Counseling

敘述受傷或疾病之性質及程度

Describe the nature and extent of injuries or sickness _____

如涉及疾病, 閣下是否就有關疾病在旅遊前接受過其他醫生的治療 ?

If sickness is involved, did you receive treatment for this sickness from other doctor before this trip?

是, 請提供醫生的詳細資料

Yes, please provide details of the doctor involved

否

No

如涉及意外, 請敘述意外發生經過

If accident is involved, please describe how the accident happened _____

請註明索償金額

Amount to be claimed _____

注意: 請提供所有醫療費用收據的正本及所有有關醫療報告的副本。

N.B. Please provide all ORIGINAL medical receipts, copy of all relevant medical reports.

2. 行李及個人財物 Baggage and Personal Effects

 或 OR

遺失現金及旅遊證件 Personal Money and Travel Documents

請敘述事發情況

Describe how the incident happened _____

該財物是否由閣下全權擁有?

Are you the sole owner of the property?

 否, 請提供詳細資料
No, please provide details 是
Yes

閣下是否認為任何人仕必須對事件或損失負責?

Can you identify any parties who may be responsible for the incident or loss?

 是, 請註明其姓名及地址
Yes, please provide particulars 否
No

財物損失 / 損壞或緊急物品購買詳情

Details of property lost or damaged or emergency purchased

物品之詳細資料 (包括牌子及產品號碼) Full description of articles (including the brand name & model number)	購買日期 Date of purchase	出售物品之商號名稱及地址 Name and address of the vendor	購買價錢 Purchase price	索償金額 Amount claimed
總索償金額 Total Amount Claimed				

注意: 請提供以上物品的購買收據、保用證 (如適用), 或重新購回物品收據之正本, 及索償的損壞物品相片之正本 (如適用)。

N.B. Please provide ORIGINAL purchase receipts, warranties (if applicable), or replacement receipts of the articles described above. Please also provide ORIGINAL photo(s) showing the extent of damage to the property claimed (if applicable).

3. 個人責任 Personal Liability

 或 OR

租車自負額 Rental Vehicle Excess

請敘述事件發生情況

Describe how the incident happened _____

閣下認為是誰導致事件發生?

In your opinion, who cause this incident? _____

敘述有關人仕的詳細資料

Details of the other parties involved _____

請敘述受傷或物件損壞之性質及程度

Nature and extent of injuries or damages _____

注意: 請不要回覆及提供所有法庭傳票、告票或有關文件一併呈交給本公司跟進。

N.B. Please pass onto us any correspondence, summons, writ in relation to the incident UNANSWERED.

4. 旅程延誤、更改行程、行程誤點及超額訂票 Travel Delay, Trip Re-routing, Missed Journey & Overbooking

行李延誤 Baggage Delay

事件發生的原因?

What is the cause of the incident? _____

請列明航班延誤的時間 / 行李延誤到達的時間

How long have your flight been delayed / your baggage been delayed from its scheduled arrival _____

注意: 請提供航空公司 / 旅運公司 / 旅遊代理 / 酒店的書面確認副本及所有有關費用收據的正本。

N.B. Please provide us copy of written confirmation from the airline(s) / transportation company(ies) / travel agent(s) / hotel(s) / the like and the ORIGINAL receipts of expenses incurred.

5. 損失訂金或取消旅程 Loss of Deposit or Cancellation of Trip

 或 OR

提早結束旅程 Trip Curtailment

事件發生的原因?

What is the cause of the incident? _____

當閣下決定取消行程後, 有否即時通知航空公司 / 旅運公司 / 旅遊代理 / 酒店? (如適用)

Where applicable, please confirm if you have notified the airline(s) / transportation company(ies) / travel agent(s) / hotel(s) / the like immediately once you found it necessary to cancel the trip? 沒有, 請列明原因
No, please provide reason 有
Yes

航空公司 / 旅運公司 / 旅遊代理 / 酒店是否已退回有關的訂金或部份待用的金額? (如適用)

Where applicable, please confirm if the airline(s) / transportation company(ies) / travel agent(s) / hotel(s) / the like refund you any deposit / unused portion of expenses incurred by you? 是, 請列明已退回的金額
Yes, please advise the amount refunded 否
No

注意: 請提供航空公司 / 旅運公司 / 旅遊代理 / 酒店的書面確認副本及所有有關費用收據的正本。

N.B. Please provide us copy of written confirmation from the airline(s) / transportation company(ies) / travel agent(s) / hotel(s) / the like and the ORIGINAL receipts of expenses incurred.

6. 家居財物保障 Home Care Benefit

事件發生的原因?

What is the cause of the incident? _____

損失或損壞財物詳情

Details of property lost or damaged

物品之詳細資料 (包括牌子及產品號碼) Full description of articles (including the brand name & model number)	購買日期 Date of purchase	出售物品之商號名稱及地址 Name and address of the vendor	購買價錢 Purchase price	索償金額 Amount claimed
總索償金額 Total Amount Claimed				

注意: 請提供以上物品的購買收據、保用證 (如適用) 或重新購回物品收據之正本, 及索償的損壞物品相片之正本 (如適用)。

N.B. Please provide ORIGINAL repair invoice, purchase receipts, warranties (if applicable), or replacement receipts of the articles described above. Please also provide ORIGINAL photo(s) showing the extent of damage to the property claimed (if applicable).

請確保以下所需文件一併遞交以加快索償申請。

Please ensure the following required documents will be submitted as well to speed up the claim processing.

附上文件 Documents attached	意外及醫療 Accident and Medical		旅程延誤及取消 Travel Delay and Cancellation		行李及金錢 Baggage and Money		
	個人意外 Personal Accident	醫療及住院 津貼 Medical & Hospital Benefit	旅程延誤 Travel Delay	損失訂金及 取消旅程 Loss of Deposit or Cancellation	行程提早 結束 Curtailment of Journey	行李及個人 財物 Baggage & Personal Effects	行李延誤 Delayed Baggage
<input type="checkbox"/> 登機證、機票等證明出發及回程日期 Boarding passes, air tickets etc. confirming the departure and return dates	✓	✓	✓	✓	✓	✓	✓
<input type="checkbox"/> 醫療證明/醫療報告 (如適用) Medical certificate/medical report (If applicable)	✓	✓		✓	✓		
<input type="checkbox"/> 住院及醫療單據正本 Original Hospital and Medical Bills showing the period of hospitalization and the receipts		✓					
<input type="checkbox"/> 航空公司/客運機構證明受延遲多少小時及有關因 Confirmation from the airline/carrier certifying the number of hour of delay & the reason of delay			✓				✓
<input type="checkbox"/> 預繳交通及住宿費用的單據正本 Original receipt for the prepaid of transport cost and accommodation				✓	✓		
<input type="checkbox"/> 酒店/旅行社/航空公司/客運機構發出的退款報告 Confirmation from the hotel/travel agent/airline/carrier/certifying the amount of refund on the unused expenses				✓	✓		
<input type="checkbox"/> 購買必需品的單據正本 Original receipts for purchase of necessity							✓
<input type="checkbox"/> 有關機構(例如：警局、航空公司或酒店)發出的遺失或損毀報告(適用如) Loss or damage report from relevant authorities e.g. police, airline or hotel (If applicable)						✓	✓
<input type="checkbox"/> 受損物品的相片 Photos showing the extent of damage to the damaged item(s)						✓	
<input type="checkbox"/> 所有單據及/或保用證正本 All original receipts and/or warranties						✓	
<input type="checkbox"/> 銀行兌換收據/提款記錄 Exchange slip/withdrawal records							✓

備註：在一些情況下，我們可能需要你提供進一步資料以處理你的索償申請。

Remarks: In certain circumstances, more information may be required to substantiate the claim.

收集個人資料的聲明 PERSONAL INFORMATION COLLECTION STATEMENT

安盛保險有限公司（下稱“**本公司**”）明白其就《個人資料（私隱）條例》（香港法例第486章）（“**條例**”）收集、持有、處理、使用和 / 或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的（“**有關目的**”）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司（“**安盛關聯方**”）或本公司的商業合作夥伴之產品 / 服務，以及提供、維持、管理和操作該等產品 / 服務；
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品 / 服務提出的任何申請或要求；
3. 向閣下提供後續服務，包括但不限於執行 / 管理已發出的保單；
4. 與就本公司和 / 或安盛關聯方提供的任何產品 / 服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. 評估閣下的財務需求；
6. 為客戶設計產品 / 服務；
7. 為統計或其他目的進行市場研究；
8. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
9. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
10. 進行身份和 / 或信用核查和 / 或債務追收；
11. 遵守任何適用的司法管轄區的法律；
12. 開展與本公司業務經營有關的其他服務；及
13. 與上述任何目的直接有關的其他目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. 與就本公司和 / 或安盛關聯方提供的任何產品 / 服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士（包括私家偵探）；
3. 在香港或香港以外其他地方向本公司和 / 或安盛關聯方提供行政，技術或其他服務並對個人資料負有保密義務的任何代理、承包商或第三方；
4. 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
5. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；及
6. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

個人資料的查閱和更正：根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

香港九龍九龍灣宏遠街1號壹號九龍23樓

安盛保險有限公司

個人資料保護主任

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

AXA General Insurance Hong Kong Limited (referred to hereinafter as the “**Company**”) recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (“**PDPO**”). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“**Purposes**”), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group (“**our affiliates**”) or our business partners, and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;
12. carrying out other services in connection with the operation of the Company’s business; and
13. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA General Insurance Hong Kong Limited
23/F, One Kowloon, 1 Wang Yuen Street, Kowloon Bay, Kowloon, Hong Kong

A reasonable fee may be charged to offset the Company’s administrative and actual costs incurred in complying with your data access requests.

聲明及授權書 DECLARATION AND AUTHORIZATION

1. 本人 / 我們謹此聲明及同意(1)上述一切陳述及問題的所有答案，不論是否本人 / 我們親手所寫，就本人 / 我們所知所信，均為事實全部並確實無訛；(2)本人 / 我們對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，安盛保險有限公司（“貴公司”）不須受其約束。

I/We HEREBY DECLARE AND AGREE that (1) all statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true; (2) AXA General Insurance Hong Kong Limited (the “Company”) is not bound by and is not required to rely on any statement which I/We may have made to any person if not written or printed here.

2. 本人 / 我們茲授權(1)任何僱主、註冊西醫、醫療人員、醫院、診所、保險公司、銀行、財務機構、警察、政府機構、或其他組織、機構或人士、凡知道或持有任何本人 / 我們之紀錄者，均可將該等資料提供給安盛保險有限公司；(2)安盛保險有限公司或任何其指定之醫生或化驗所，可就此賠償申請替本人 / 我們進行所需之醫療評估及測試，作為審核本人 / 我們之索償。此授權對本人 / 我們之繼承人具有約束力；即使本人 / 我們身故或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。

I/We, HEREBY AUTHORIZE (1) any employer, medical practitioner, paramedical examiners, hospital, clinic, insurance company, bank, financial institution, police, government institution, or other organization, institution or person, that has any records or knowledge of me/us to disclose such information to AXA General Insurance Hong Kong Limited (“the Company”); (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessments and tests to evaluate in relation to this claim. This authorization shall bind the successors of and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

3. 本人 / 我們確認本人 / 我們已閱讀並明白收集個人資料的聲明（“該聲明”）。本人 / 我們確認本人 / 我們已被通知本人 / 我們須詳細閱讀該聲明，而本人 / 我們已詳細閱讀該聲明對貴公司所收集或持有之本人 / 我們的個人資料的影響（不論是否此表格所載或從其他途徑所取得）。根據以上所述，本人 / 我們特此確認並同意安盛保險有限公司根據該聲明使用及轉移本人 / 我們的個人資料。

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement (“**PICS**”). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by AXA General Insurance Hong Kong Limited in accordance with the PICS.

日期(日/月/年)
Date (dd/mm/yyyy)

投保人/保單持有人簽署
Signature of Insured/Policyholder

投保人/索償人簽署
Signature of Insured Person/Claimant

如中英文版本的條款有任何分歧，以英文版本為準。 In the event of any inconsistency between the English version and the Chinese version, the English version shall prevail.