MSIG Insurance (Hong Kong) Limited
9/F., Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong
G.P.O. Box 783, Hong Kong
Tel +852 2894 0555, Fax +852 2890 5741
www.msig.com.hk

Travel Insurance Claim Form 旅遊保險索償表格

(Please complete in BLOCK letters)	（請以正楷填寫）

Procedures and Notes:
1. Please submit the Claim Form to us within 30 days from the date of accident.
2. Please submit a completed Claim Form, together with original copies of all relevant documents to:

> MSIG Insurance (Hong Kong) Limited
> Claims Division
> 9/ F Cityplaza One
> 1111 King's Road
> Taikoo Shing Hong Kong

3. Incomplete Claim Form cannot be accepted for processing of payment.
4. All medical reports, information and evidences as required by us shall be furnished at the Claimant's own expenses.
5. Further information may be needed.
6. For inquiry, please call our Claims Services Hotline at 2894 0660 or email at claimin@hk.msig-asia.com.

程序及備註：
1. 請將索償表格於事發後之 30 天內呈交本公司。
2. 請將填妥之索償表格連同有關證明文件之正本寄回：

> 三井住友海上火災保險（香港）有限公司
> 理賠部
> 香港太古城
> 英皇道 1111 號
> 太古城中心一期 9 樓

3. 未經填妥之索償表格，將不獲接受索償處理。
4. 本公司要求遞交所有醫療報告、資料及證據之費用須由索償人支付。
5. 稍後可能需要提供進一步資料。
6. 如有任何查詢，請致電我們的賠償服務熱線 2894 0660 或電郵 claimin@hk.msig-asia.com。

Personal Details 個人資料

Name of Certificate Holder
保險證書持有人姓名 _____

Certificate No.
保險證書編號 _____

Correspondence Address
通訊地址 _____

Email Address
電郵 _____

Contact Tel No. (Daytime)
日間聯絡電話 _____

Name of Claimant
索償人姓名 _____

Occupation
職業 _____

Gender   M / F
性別   男／女

Date of Birth
出生日期   D 日/   M 月/   Y 年

Correspondence Address
通訊地址 _____

Email Address
電郵 _____

Contact Tel No. (Daytime)
日間聯絡電話 _____

If we need to contact you in written, which method would you prefer most? ☐ Mail 郵件   ☐ Email 電子郵件
如本公司需要以書面聯絡閣下，您認為那一種聯絡方式比較適合？

Claim Settlement Method 賠償方法

To quicken our settlement for any valid claim, please provide your banking details if you prefer direct credit. We must stress that this request should not be treated as an admission of our liability whatsoever means by law. Finally, we hereby reserve all rights for assessing your claim subject to terms, conditions and exclusions of the related policy.
在成功審批賠償後，本公司可以將賠款直接過戶。如閣下選擇此項服務，敬請提供銀行名稱和存款戶口號碼。本公司特此聲明，此項要求並不代表閣下之索償現正獲成功審批。有關決定，本公司在收齊證明文件後，將根據保單一切條款才作最後審批，敬請留意。

For claim payment (if any) direct credit to Policyholder/ Insured Person's bank account, please complete all of the following:
本公司將賠償款項(如有)直接存入保單持有人／受保人之戶口，請填寫以下資料：

Account Holder's Name 戶口持有人姓名 (Must be the same as the Policyholder/ Insured Person 必須與保單持有人／受保人相同)

Bank Name 銀行名稱		Bank Code 銀行編號	Branch No. 分行號碼	Bank A/C No. 銀行帳戶號碼

> * **To facilitate consideration of your claim, please ensure you have submitted the required supporting document.**
> * **請確定閣下於呈交索償申請表時，一併提交索償所需的基本證明文件，以便本公司辦理閣下的索償事宜。**
> ✦ Please ✓ the appropriate one （請 ✓ 適用者）

Medical Expenses 醫療費用

Amount Claimed
本節總索償額為 _____

1. Date of sickness　　　　　　　　Time of sickness　　　　　　　Place of sickness
   患病日期　　　　　　　　　　　　患病時間　　　　　　　　　　患病地點

   ____ D 日/ ____ M 月/ ____ Y 年　　　_____ a.m.上午/ p.m.下午　　_____

2. Diagnosis of sickness
   所患為何種疾病　_____

3. When did the sickness first become apparent
   何時首次發現染病　_____

4. Please indicate your current status
   請指出閣下現在的情況　　　☐ Fully recovered from this injury 完全康復　　☐ Still under treatment 治療中

5. Have you ever had such sickness before? If yes, please state when
   以前有否患過該種疾病？如有，請提供於何時患過該種疾病　_____

6. Name and address of medical practitioner who attended you immediately following the sickness
   於患病後首次為閣下診治的醫生姓名及地址
   _____

7. If hospitalisation was required, please state　　Date of Admission　　　Date of Discharge
   如需留院治療，請提供　　　　　　　　　　　　入院日期　　　　　　　出院日期

   　　　　　　　　　　　　　　____ D 日/ ____ M 月/ ____ Y 年　　____ D 日/ ____ M 月/ ____ Y 年

8. Name and address of your attending medical practitioner in Hong Kong
   香港主診醫生的姓名及地址　_____
   _____

9. Can you get compensation from other sources for the sickness now you suffered? If "yes", please state where and how
   閣下可否從其他途徑獲取是次患病的醫療費用的賠償？如答案為「可以」，請提供索取有關醫療費用賠償的途徑及如何取得賠償
   _____

10. If you have already claimed under any policy from other insurer or from other policy of our Company, please give brief details:
    如閣下曾向其他保險公司或本公司索償，請列明詳情：　☐ Yes, please specify 有，請註明　　☐ No 沒有

    Name of Insurer 保險公司名稱　　　　　Type of Cover 保障類別　　　　　Policy No. 保單號碼

Note: Please send copy of the payment document if other insurance company has already paid of the part of medical expenses.
注意：若其他保險公司曾作出賠償，請提供該保險公司之賠償證明。

Basic supporting documents required 索償所需的基本文件

☐ Traveling Schedule and Air ticket (copy) 行程表及機票（副本）
☐ Boarding Pass (copy) 登機證（副本）
☐ ^Medical Receipt with Final Diagnosis (original)
　 ^醫療費用收據及最後診斷（正本）

☐ Medical Report (original) 醫療報告（正本）
☐ Copy of HKID/ Birth Certificate* 香港身份證／出世紙*副本
　 (*applicable if Insured Person is below age 18
　 *適用於 18 歲以下之受保人）
☐ Other available document 其他可向本公司提供的文件

^ For all medical reports and original medical receipts, please provide the treatment date, patient's name, diagnosis and countersigned by the attending physician with stamp on it.
請提供治療日期、病者姓名、病症及由主診醫生之印鑑及簽署在所有醫療報告及醫療費用之正本收據上。

Personal Accident 人身意外

Amount Claimed
本節總索償額為 _____

1. Date of accident
   意外發生日期

   ___ D 日/ ___ M 月/ ___ Y 年

   Time of accident
   意外發生時間

   _____ a.m.上午/ p.m.下午

   Place of accident
   意外發生地點

   _____

2. Please describe how the accident happened
   請描述意外如何發生 _____

3. Please state nature and extent of injury suffered
   請說明損傷的類別及程度 _____

4. Please indicate your current status
   請指出閣下現在的情況

   ☐ Fully recovered from this injury 完全康復   ☐ Still under treatment 治療中

5. Name and address of any witness to the accident
   請提供任何可作是次意外證人的姓名及地址 _____

   _____

6. Date of first treatment
   第一次接受治療日期

   ___ D 日/ ___ M/月 ___ Y 年

   Date of last treatment
   最後一次接受治療日期

   ___ D 日/ ___ M 月/ ___ Y 年

7. Name & address of the attending medical practitioner
   主診醫生的姓名及地址 _____

   _____

Basic supporting documents required 索償所需的基本文件

☐ Traveling Schedule and Air ticket (copy) 行程表及機票（副本）
☐ Boarding Pass (copy) 登機證（副本）
☐ Medical Report (original) 醫療報告（正本）

☐ Other available document 其他可向本公司提供的文件
☐ Copy of HKID/ Birth Certificate* 香港身份證／出世紙*副本
(*applicable if Insured Person is below age 18
*適用於 18 歲以下之受保人）

Cancellation and Curtailment 取消及縮短行程

Amount Claimed
本節總索償額為 _____

1. Name and address of your travel agent
   旅行社名稱及地址 _____

2. The relevant flight no. and/ or tour reference no.
   航班編號及／或行程編號 _____

3. Date of travel arrangement made
   訂妥行程日期

   ___ D 日/ ___ M 月/ ___ Y 年

   Date of deposit paid
   支付按金日期

   ___ D 日/ ___ M 月/ ___ Y 年

4. Scheduled date of departure
   原定航班日期

   ___ D 日/ ___ M 月/ ___ Y 年

   Time of departure
   原定航班時間

   _____ a.m.上午/ p.m.下午

   Place of departure
   原定航班地點

   _____

5. Actual date of departure
   確實航班日期

   ___ D 日/ ___ M 月/ ___ Y 年

   Actual time of departure
   確實航班時間

   _____ a.m.上午/ p.m.下午

6. Reason for the cancellation or curtailment
   取消或縮短行程的原因

   _____

7. Can the pre-paid amount be recovered from other sources? If "Yes", please state where and how
   已支付的按金可否從其他途徑獲得發還？如答案為「可以」，請提供要求發還按金的途徑及如何獲得發還按金

   _____

Basic supporting documents required 索償所需的基本文件

☐ Traveling Schedule and Air ticket (copy) 行程表及機票（副本）
☐ Boarding Pass (copy) 登機證（副本）
☐ Travel Deposit Payment Receipt (original)
   旅費按金／旅費收據（正本）
☐ Other available document 其他可向本公司提供的文件

☐ Carrier's/ Airline's document to certify reason of cancellation and amount of non-refundable deposits (original)
   客運公司／航空公司發出的文件證明取消行程原因及不能退還之款項（正本）
☐ Copy of Birth Certificate (applicable if Insured Person is below age 18) 出世紙*副本（*適用於 18 歲以下之受保人）

Travel Delay and Missed Departure 行程延誤及啟程誤點

Amount Claimed
本節總索償額為 _____

1. The relevant flight no. and/or tour reference no.
   航班編號及／或行程編號 _____

2. Scheduled date of departure   Time of departure   Place of departure
   原定航班日期   原定航班時間   原定航班地點

   ____ D 日/ ____ M 月/ ____ Y 年   _____ a.m.上午/p.m.下午   _____

3. Actual date of departure   Actual time of departure
   確實航班日期   確實航班時間

   ____ D 日/ ____ M 月/ ____ Y 年   _____ a.m.上午/p.m.下午

4. Reason# for the delay/ missed departure
   行程延誤／啟程誤點的原因# _____

Reason must be either (a) strike or other industrial action; (b) riot; (c) hijack; (d) adverse weather conditions; or (e) natural disaster; (f) derangement of the public transport
原因必須為 (a) 罷工或其他工業行動；(b) 騷亂；(c) 騎劫；(d) 惡劣天氣；(e) 天然災難；(f) 該公共交通工具機械故障或擾亂影響

Basic supporting documents required 索償所需的基本文件

☐ Traveling Schedule and Air ticket (copy) 行程表及機票（副本）
☐ Boarding Pass (copy) 登機證（副本）
☐ Travel Deposit Payment Receipt (original/copy)
   旅費按金／旅費收據（正本／副本）

☐ Carrier's/ Airline's document to certify the reason of delay (original)
   客運公司／航空公司發出的文件證明延誤行程原因（正本）
☐ Copy of Birth Certificate* (applicable if Insured Person is below age 18)
   出世紙*副本（適用於 18 歲以下之受保人）
☐ Other available document 其他可向本公司提供的文件

Personal Liability / Rental Vehicle Excess Cover
個人責任／租車自負金額保障

Amount Claimed
本節總索償額為 _____

▪ For Rental Vehicle Excess Cover, please complete question 1 & 2 only 如索償租車自負金額保障，只需填寫第 1 及 2 項資料

1. Date of incident   Time of incident   Place of incident
   事故發生日期   事故發生時間   事故發生地點

   ____ D 日/ ____ M 月/ ____ Y 年   _____ a.m.上午/ p.m.下午   _____

2. Full description of incident
   請詳述事故的經過 _____

   _____

3. Name & Address of third party claimant and other involved parties
   要求索償的第三者或有關人士的姓名及地址 _____

   _____

4. Extent of injury/ damage caused with estimate on quantum if possible
   請提供第三者的損失／傷亡程度。在可能情況下，請提供第三者索償的約數 _____

   _____

5. Please state your own view on liability
   請說明閣下對是次事故責任問題上的意見 _____

   _____

6. Has formal claim been received from third party claimant?   ☐ Yes 有   ☐ No 沒有
   閣下有否正式收到第三者之索償要求？

   ∗ IMPORTANT — Please forward to us all correspondence directly relating to the third party claim and do not admit any liability to the
              third party.
   ∗ 重要事項 — 如收到第三者的索償信件，請勿私下作出回覆。閣下必須將該等信件交予本公司。

Basic supporting documents required 索償所需的基本文件
For Personal Liability: 個人責任：

☐ Traveling Schedule and Air ticket (copy) 行程表及機票（副本）   ☐ Police Report (copy) 警署報案紀錄（副本）

For Rental Vehicle Excess Cover (if applicable):
租車自負金額保障（如適用）：

☐ Rental Vehicle Receipt (original) 租車收據（正本）   ☐ Police Report (copy) 警署報案紀錄（副本）
  Rental Vehicle Agreement/ Contract (original) 租車協議／合約（正本） ☐ Excess Payment Receipt (original)
☐ International Driving Permit (copy) 國際駕駛許可證（副本）   墊底費／自負金額收據（正本）
☐ Evidence of motor accident (original) 汽車意外證明文件 (正本)   ☐ Other available document 其他可向本公司提供的文件

Baggage and Personal Money 行李及個人錢財

Amount Claimed
本節總索償額為 _____

1. Date of loss/ damage/ delay   Time of loss/ damage/ delay   Place of loss/ damage/ delay
   財物遺失／損毀／延誤日期   財物遺失／損毀／延誤時間   財物遺失／損毀／延誤地點

   ___D 日/___ M 月/___ Y 年   _____ a.m.上午/ p.m.下午   _____

2. Please describe how the loss/ damage occurred
   請詳述財物遺失／損毀的經過 _____

   _____

3.

Lost/ Damaged Item(s) 遺失／損毀財物項目	Model No. 型號	Date of Purchase 購買日期	Purchase Cost 購買金額	Conditions Immediately before the Loss/ Damage 該財物於遺失／損毀一刻前之狀況

   *Please attach supplementary sheet if necessary. 如有需要，請另附紙張填寫其他遺失／損毀財物項目。

4. Date of loss reported to the police   Time of loss reported to the police   Reference no. of the loss reported to the police
   向警方報告遺失財物日期   向警方報告遺失財物時間   警方檔案編號

   ___D 日/___ M 月/___ Y 年   _____ a.m.上午/ p.m.下午   _____

5. Please give details if you have lodged complaint against any carrier/ airline/ hotel/ other parties concerning the damage/loss
   如有就遺失／損毀財物一事向任何客運公司／航空公司／酒店／有關人士作出投訴，請提供詳情

   _____

6. Please give details if you have got any other insurance covering the lost/damaged item(s)

如財物已獲其他保單保障，請提供該等保險之詳情　☐ Yes, please specify 有，請註明　　☐ No 沒有

_____

Basic supporting documents required 索償所需的基本文件

☐ Traveling Schedule and Air ticket (copy) 行程表及機票（副本）
☐ Boarding Pass (copy) 登機證（副本）
☐ Travel Deposit Payment Receipt (original/ copy)
　旅費按金／旅費收據（正本／副本）
☐ Carrier's/ Airline's document to certify loss of/ delay baggage (original)
　客運／航空公司發出的文件證明行李遺失／延誤（正本）

☐ Police Memo/ Statement (copy) 警署報案紀錄／口供紙（副本）
☐ Purchase/ Replacement Receipt (original)
　購買／重新購置物品收據（正本）
☐ Copy of Birth Certificate (applicable if Insured Person is below age 18)
　出世紙*副本（*適用於 18 歲以下之受保人）
☐ Other available document 其他可向本公司提供的文件

Declaration & Authorisation 聲明及授權

1. I/We declare that the above information is in all respect true and complete to the best of my/ our knowledge and belief;
   我／我們就此作出聲明，以上所述事項均根據我／我們所知及所信的情況下提供，並且為正確及並無遺漏；

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
   若三井住友海上火災保險（香港）有限公司提出有關要求，我／我們將同意作出重申本索償申請表內資料均屬真確的法定聲明；及

3. I, the undersigned claimant, hereby authorise any party concerned to disclose to MSIG Insurance (Hong Kong) Limited or its representative any and all information with respect to my medical history regarding illness or injuries and my claimed loss/ damage under the above Section(s). A photostat copy of this authorisation shall be as effective and valid as the original.
   本人為下方簽署之索償人。本人現授權有關人士向三井住友海上火災保險（香港）有限公司或其代表提供任何一切有關本人於上述索償項目中申報本人患病、受傷和財物損失／損毀的資料記錄。本授權書之影印本的法律效力等同正本。

4. I 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.
   本人確認此索償申請書內之事實均為真實及正確。本人確認貴保險公司會依靠本人／保單持有人／受保人所提供的資料（本人誠實地相信該等資料是真實和正確的），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人／保單持有人／受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。

_____

Signature of Certificate Holder 保險證書持有人簽署
(with company chop if applicable 如屬公司請蓋章)
I.D. Card No. 身份證號碼
Date 日期

_____

Signature of Claimant 索償人簽署
(with company chop if applicable 如屬公司請蓋章)
I.D. Card No. 身份證號碼
Date 日期

Created on March 2013

MSIG Insurance (Hong Kong) Limited ("**MSIG**", "**we**" or "**us**") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

PRIVACY POLICY

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purpose. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purpose. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any document in relation to the Product or any claim made under the Product.

Your personal data may be used for below **obligatory purposes.** Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- our related, subsidiary or affiliated companies within the MSIG Group or MS&AD Insurance Group in or out of Hong Kong;
- any other company carrying out insurance or reinsurance related business in or out of Hong Kong;
- any association or federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to MSIG or any member of the MSIG Group or MS&AD Insurance Group.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us, and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.

三井住友海上火災保險（香港）有限公司（下稱「**三井住友保險**」、「**我們**」或「**本公司**」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

私隱政策

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於**強制性**用途。如您不能向三井住友保險提供有關個人資料，我們將不能向您提供有關保單。

您的個人資料可被用於以下**強制性**之用途：
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；或
- 由本公司行使代位權利之用途。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：
- 在三井住友保險集團或 **MS&AD** 保險集團內，在本港或海外與本公司有關之機構、子公司或附屬公司；
- 任何其他在本港或海外經營有關保險或再保險業務之公司；
- 任何現存或不時成立的協會或保險公司聯會；或
- 任何提供行政服務、索償處理或其他與三井住友保險集團或 **MS&AD** 保險集團成員相關保單服務之代理、承辦商或第三者。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄，以及要求選擇拒收任何本公司的直銷通訊。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道 1111 號太古城中心第一期 9 樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電(852) 3122 6922 與我們聯絡。