

TRAVEL INSURANCE CLAIM FORM

旅遊意外索償申請表



It is important that a complete answer be given to every question. If insufficient space is provided for your answers, please continue on a separate sheet.
請詳細填報表格上每一項目。如遇空位不足，可自備補充頁填寫。

CERTIFICATE NUMBER 保單號碼	NAME OF AGENT 保險代理人

- Notes 備注:
1. By submission of this form this Company makes no admission of liability. 呈上此表格非視為本公司承認有關責任。
2. Completed claim form together with supporting documents should be forwarded to this Company within the time stipulated in the insurance policy.
請將已填妥之表格及有關證明文件，在保單指定日期內呈上本公司。
 3. Claims will not be processed unless declaration is signed by the claimant. 本公司祇接受已簽署之索償申請表。

INSURED 保單持有人

Full Name 姓名 _____
Postal Address 通訊地址 _____
Tel No. 電話 _____ Fax No. 傳真 _____

PERSONAL ACCIDENT 人身意外

Name of Claimant(s) 索償人姓名 _____
Date, time and place of accident 意外發生之日期、時間及地點 _____
State the occurrence of the accident 意外發生之經過 _____
Amount claimed 索償金額 _____

Please give particulars of the next kin(s) of the Insured Person. 請填報直系親屬資料

Name 姓名	Age 年齡	Address 地址	Relationship 關係	HKID No. 香港身份證號碼
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Remarks: Please submit your claim with the supporting documents (e.g. Accident Report, Police Report, Death Certificate and/or any relevant documents.) If the next of kin(s) is/are minors (persons not yet 18 years of age), please give particulars of the Official Administrator(s) and provide copies of the documentation authorising that person to act in this capacity.

備註：請附交有關資料如意外報告、警方報告、死亡證及有關文件等，如受益人為未成年人士，請提供其代理人之資料，以及有關之授權代理證明文件。

MEDICAL EXPENSES 醫療費用

Name of Claimant(s) 索償人姓名 _____
Date, time and place of accident 事件發生之日期、時間及地點 _____
Nature of injury or illness 受傷或疾病之性質 _____
Amount claimed 索償金額 _____

Any other insurance policy covering the expenses involved? YES/NO*
上述項目是否受保於其他保險合約？ 是／否*

If YES, please provide the following information 如是，請提供以下資料：

Name of Insurance Company 保險公司名稱 _____
Class of Insurance 保險種類 _____ Policy No. 保單號碼 _____
Amount claimed 索償金額 _____ Currency 貨幣 _____

Remarks: Please attach the relevant medical report and original medical expenses receipts to certify the expenses.

備註：請附交有關之醫療報告及收條正本以證明索償金額。

*PLEASE DELETE WHICHEVER IS INAPPLICABLE 請刪去不適用者

PERSONAL LIABILITY 個人責任

Name of Claimant(s) 索償人姓名 _____

Date, time and place of the accident 意外發生之日期、時間及地點 _____

State the occurrence of the accident 意外發生之經過 _____

State details of damage / injury 詳細描述損毀財物 / 傷者情況 _____

Name and address of owner / injured person 損毀財物物主 / 傷者之姓名及地址 _____

Is the injured person or owner of damaged property in your employ, or a relative to you?
傷者或損毀財物物主，是否閣下之僱員或親屬？

YES/NO*
是/否*

If YES, please give full details 如是，請列詳情。

Has any claim been made upon you?
閣下有否收到索償要求？

YES/NO*
是/否*

If YES, please state detail and attach with this form **ALL COMMUNICATIONS** received.
如是，請列出詳情及附上所有往來文書。

ANY COMMUNICATION THAT YOU RECEIVE ABOUT THE ACCIDENT SHOULD NOT BE ANSWERED BUT SENT TO THE COMPANY IMMEDIATELY.
如接獲任何函件請勿作答，必須先呈上本公司以便採取適當行動。

TRAVEL DELAY 旅程延誤

Name of Claimant(s) 索償人姓名 _____

	Date / Time 日期/時間	From 由	To 至	Flight No. 航機號碼
Original Schedule 原本行程				
Delay Schedule 延誤行程				

Reason of Delay 受延誤原因 _____

Hours Delayed 受延誤時間 _____

Any other insurance policy covering the expenses involved?
上述項目是否受保於其他保險合約？

YES/NO*
是/否*

If YES, please provide the following information 如是，請提供以下資料：

Name of Insurance Company 保險公司 _____

Class of Insurance 保險種類 _____ Policy No. 保單號碼 _____

Remarks: Please attach the relevant supporting documents to certify the hours delayed (e.g. copy of boarding pass and/or air ticket, confirmation from Airlines / Travel Agents, etc.
備註：請附交有關文件以證明時間及原因，例如登機證及／或機票影印本，航空公司或旅行社證明信等。

*PLEASE DELETE WHICHEVER IS INAPPLICABLE 請刪去不適用者

LOSS OF BAGGAGE & PERSONAL EFFECTS / DELAYED BAGGAGE / LOSS OF MONEY & DOCUMENT / OTHER LOSS**遺失行李及私人財物／行李延誤／遺失現金及證件／其他損失**

Name of Claimant(s) 索償人姓名 _____

Date, time and place of incident 事件發生之日期、時間及地點 _____

State the occurrence of the incident 事件發生之詳細經過 _____

Amount claimed 索償金額 _____

Please state the property lost or damaged 請詳列遺失或損壞之財物資料：

Describe the property lost or damaged and the extent of the damage 遺失或損壞之財物及程度	Date Acquired 購買日期	Cost Price 購買時之價值	Amount of claim 索償金額

Have you lodged a claim or complaint against any carrier / airline or other authority for the loss or damage to your property?

閣下有否就財物之遺失或損壞而向航空公司或其他有關方面索償或投訴？

YES/NO*

是／否*

If YES, please give details and attach copies of correspondence.

如是，請列詳情及附上書函副本。

Airline 航空公司 _____ Claim Number 索償號碼 _____

Were particulars taken by or reported to the police?

當時有無警方在場處理此事或向警署報告？

YES/NO*

是／否*

If YES, Please advise which country's police were reported and attach copy of police report.

如有，請註明有關警署及附上警方報告。

Name and address of police station 警署名稱及地址 _____

Police report no. 警方報案號碼 _____

Any other insurance policy covering the items claimed? (i.e. Credit Card Protection Plan, Household All Risk)

上述項目是否受保於其他保險合約？(如信用卡之購物保障、家居保險等)

YES/NO*

是／否*

If YES, please provide the following information 如是，請提供以下資料：

Name of Insurance Company 保險公司 _____

Class of Insurance 保險種類 _____ Policy No. 保單號碼 _____

Remarks: Please attach the original supporting documents to certify the expenses / losses and incident and items of claim (e.g. Airlines Irregularity Report, Police Report, Receipts of the items claimed, etc.)

備註：請附交有關證明事件經過及損失數目之文件，如航空公司遺失 / 損害報告、警方報告及失物收據等之正本文件。

*PLEASE DELETE WHICHEVER IS INAPPLICABLE 請刪去不適用者

CANCELLATION / CURTAILMENT 取消旅程/提早結束旅程

Name of Claimant(s) 索償人姓名 _____

Causes of claims 索償原因 _____

Amount claimed 索償金額 _____

Name, address, phone no. and contact person of Travel Agents 旅行社名稱、地址、電話號碼及聯絡人姓名

Any other insurance policy covering the expenses involved?

上述項目是否受保於其他保險合約？

YES/NO*

是／否*

If YES, please provide the following information 如是，請提供以下資料：

Name of Insurance Company 保險公司 _____

Class of Insurance 保險種類 _____ Policy No. 保單號碼 _____

Remarks: Please attach the relevant supporting documents to certify the expenses incurred and cause of incident (e.g. medical report, death certificate, original receipts of amount claimed, etc.)

備註：請附交有關文件以證明不能退還之款項及意外之起因，如醫療報告、死亡證、收條正本等。

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DECLARATION 聲明

I/we declare that these particulars are true to the best of my/our knowledge and belief.

本人聲明上列資料及本人所知一切據實填報。

In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong, by signing below, I/we consent that the personal information collected or held by FWD General Insurance Company Limited (whether contained in this Application or otherwise obtained) is provided and may be disclosed to individuals or organisations within or outside of Hong Kong for the purpose of administration of claim or analysis of it.

根據香港個人資料(私隱)條例,本人簽署如下,同意富衛保險有限公司得到或持有之本人個人資料(該等資料可能在此表格提供或從其他途徑得到)可透露予本港或海外之個人或組織機構以作為處理索償任何分析之用途。

Signature (& Company Chop, if applicable)

簽名(及公司蓋章,如適用)

HKID Card No./B.R.No.

香港身份證號碼／商業登記號碼

Date

日期