

旅遊保險索償表

TRAVEL INSURANCE CLAIM FORM

*For Office Use Only*

Claim No.

Name of Insured 保戶名稱：\_\_\_\_\_

Policy / Certificate No. 保單編號：\_\_\_\_\_

Name of Claimant 索償人姓名：\_\_\_\_\_

Mailing Address 通訊地址：\_\_\_\_\_

\_\_\_\_\_ Telephone No. 聯絡電話：\_\_\_\_\_

Period of Journey 旅遊日期： From 由 \_\_\_\_\_ to 至 \_\_\_\_\_

Type of Claims : 1. ☐ Personal Accident 2. ☐ Medical Expenses 3. ☐ Baggage Delay  
索償類別 人身意外 醫療費用 行李延誤  
4. ☐ Loss of Money 5. ☐ Travel Delay 6. ☐ Personal Liability  
金錢遺失 行程延誤 個人責任  
7. ☐ Baggage & Personal Effects 8. ☐ Cancellation / Curtailment of Trip  
行李 / 隨身財物 取消 / 縮短行程

Date & Time of Loss / Accident :

損失 / 意外日期及時間：\_\_\_\_\_

Place of Loss / Accident :

損失 / 意外地點：\_\_\_\_\_

Details of occurrence :

事件發生詳情：\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Claimed Amount 索償總額：\_\_\_\_\_

**TO BE COMPLETED FOR CLAIM UNDER – MEDICAL EXPENSES**

如索償類別為 – 醫療費用，必須填寫此部份。

A) For Accident Claim – Nature of Injury :

1) 意外 – 受傷性質：\_\_\_\_\_

\_\_\_\_\_

B) For Sickness Claims – Describe the diagnosis of sickness & treatment received :

2) 疾病 – 所患疾病的名稱及所接受的治療：\_\_\_\_\_

\_\_\_\_\_

\* Please attached all original medical receipts and medical reports

請提供所有醫療費用收據和醫療報告正本

**TO BE COMPLETED FOR CLAIM UNDER – BAGGAGE & PERSONAL EFFECTS**

如索償類別為 – 行李及隨身財物，必須填寫此部份。

Items Loss / Damage 損失 / 損毀之物件	Date & Place of Purchase 購買地方及日期	Purchase Value 購入價值
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* **Please attached all original purchase receipts / invoices for baggage and personal effects**

請提供所有行李延誤或遺失 / 損毀物件之購買收據 / 發票正本

\* **Relevant Loss Report from Hotel Management, Airline Company or Police, etc**

有關酒店、航空公司或警方等之紀錄報告

Additional documents relevant to the claim may be required and to be forwarded upon request of China Pacific Insurance Co. (HK) Ltd. (The Company).

如有需要，中國太平洋保險(香港)有限公司〔本公司〕將要求索償人提供額外之有關文件以供處理索償事宜用途。

**DECLARATION AND AUTHORIZATION****聲明及授權書**

I declare that to the best of my knowledge and belief the above statement and particulars contained are in all respects true and completed and are made without reservation of any kind. I hereby authorized my physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated to give full particulars about my health including my whole medical history to China Pacific Insurance Co. (HK) Ltd. A photocopy of this authorization shall have the full effect of the original authorization.

本人謹此聲明本人確認以上所填報之資料及所列各項之事件乃屬完全真確並無對保險公司作任何資料之保留。本人茲授權於任何曾替本人作診療之醫生、醫務人員、醫院或診所提供有關本人病歷之資料予中國太平洋保險(香港)有限公司，此授權之影印本亦屬有效。

**PERSONAL INFORMATION COLLECTION STATEMENT****收集個人資料聲明**

I understand that the information I provide to China Pacific Insurance Co. (HK) Ltd. is collected to enable China Pacific Insurance Co. (HK) Ltd. to carry on insurance business and may be used for the purpose of:

- any insurance or financial related product or service or any alternations, variations, cancellation or renewal of such product or services;
- any claim or investigation or analysis of such claim;
- exercising any right of subrogation; and

may be transferred to:

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation and
- any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, China Pacific Insurance Co. (HK) Ltd. is hereby authorized to obtain access to and/or to verify any of my data with the information collected by the Federation from the insurance industry.

I understand I have the right to obtain access to and to request correction of any personal information concerning myself held by China Pacific Insurance Co. (HK) Ltd. . Requests for such access can be made to the Personal Data (Privacy) Ordinance Compliance Officer of China Pacific Insurance Co. (HK) Ltd.. (Telephone No.: (852) 2541 4338, Fax No.: (852) 2541 4332)

本人明白本人提供的資料為中國太平洋保險(香港)有限公司提供保險業務所需，並可能使用於下列目的：

- 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、取消或續期；
- 任何索償，或該等索償的調查或分析；
- 行使任何代位權；及

可能移轉予：

- 任何有關的公司，或任何其他從事與保險業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其他服務提供者，以達到任何上述或有關目的；
- 現存或不時成立的任何保險公司的協會或聯會或同類組織(「聯會」)，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及
- 透過「聯會」移轉予任何「聯會」的會員，以達到上述或有關目的。

此外，本人授權中國太平洋保險(香港)有限公司可向「聯會」從保險業收集的資料中查閱及/或核對本人任何資料。本人明白本人有權查閱及要求更正由中國太平洋保險(香港)有限公司持有有關本人的個人資料。如有需要，本人將向中國太平洋保險(香港)有限公司個人資料(私隱)條例監察主任提出。(電話：(852) 2541 4338，傳真：(852)2541 4332)

索償人簽署

Signature of Claimant

:

\_\_\_\_\_

日期

Date :

\_\_\_\_\_

保戶簽署(如屬公司請蓋章)

Signature of Insured

:

\_\_\_\_\_

(with company chop if applicable)

日期

Date :

\_\_\_\_\_