

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 : 索償類別

1. <input type="checkbox"/> Personal Accident 人身意外	2. <input type="checkbox"/> Medical Expenses 醫療費用	3. <input type="checkbox"/> Baggage Delay 行李延誤
4. <input type="checkbox"/> Loss of Money 金錢遺失	5. <input type="checkbox"/> Travel Delay 行程延誤	6. <input type="checkbox"/> Personal Liability 個人責任
7. <input type="checkbox"/> Baggage & Personal Effects 行李 / 隨身財物	8. <input type="checkbox"/> Cancellation / Curtailment of Trip 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 DATA COLLECTION STATEMENT**收集個人資料聲明**

The information you provide to us is collected to enable us 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 them.
- Any claim or analysis of it

And may be transferred to any related business partners, companies carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by CPIC. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer.

Telephone No. (852) 2541 4338

閣下提供的資料，為本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
- 任何索償或索償分析及可能轉移予現存或不時成立的任何有關的公司或任何其他從事與保險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調查或其他服務提供者或任何保險公司的協會或聯會。

閣下有權查閱及要求更正由中國太平洋保險(香港)有限公司持有有關閣下的個人資料，如有此項要求，可向本公司的個人資料(私隱)條例監察主任提出。

聯絡電話：(852) 2541 4338

Date 日期：_____ Signature of Claimant 索償人簽署：_____