

Travel Insurance Claim Form 旅遊保險索償申請表

<p>Important Notice:</p> <p>1. By Furnishing this form the China Ping An Insurance (HK) Co., Ltd makes no admission of liability.</p> <p>2. Please complete and submit the Claim Form to us within 30 days from the date of accident.</p> <p>3. All medical reports, information and supporting documentations as required by us shall be furnished at the Claimant's own expenses.</p> <p>4. Further information may be needed by us for Claims processing.</p> <p>5. Claims will not be processed unless Part. A, Part. B, the relevant parts under Part B and Part. C in the Travel Insurance Claim Form was completed and signed by the Claimant.</p> <p>6. Please complete this form by the Claimant's Parent or Legal Guardian if the Claimant is below 18 years of age.</p> <p>7. You may email this form to claims@cpaihk.com and sending the required supporting documentations to Claims Department, China Ping An Insurance (HK) Co., Ltd, 17F, Allied Kajima Building, 138 Gloucester Road, Wan Chai, Hong Kong</p>	<p>重要事項:</p> <p>呈上此表格非視為中國平安保險(香港)有限公司承認有關責任。</p> <p>請詳細填報本保險索償申請表並於意外後三十天內交回表格。</p> <p>所有遞交之醫療報告、資料及證據之費用須由索償人支付。</p> <p>稍後本公司可能需要閣下提供進一步資料。</p> <p>本公司祇接受已完成填寫並經已簽署的索償申請表。一份完整的索償申請表包括(A 部份, B 部份, 所需索償的 B 部份及 C 部份)。</p> <p>如索償人未滿 18 歲, 請由索償人之父母或合法監護人填寫。</p> <p>閣下可電郵本索償申請表格至claims@cpaihk.com並同時郵寄所需的證明文件至中國平安保險(香港)有限公司理賠部香港灣仔告士打道 138 號聯合鹿島大廈 17 樓。</p>
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Part. A - Claimant's Particulars (Required) 申請賠償者資料 (必須填寫)

Insurance Certificate No. 保單號碼	Claims No.(Office use) 賠償記錄號碼 (本公司填寫)
Name of Claimant (English) 索償人姓名 (英文)	(Chinese) (中文)
H.K.I.D. No. 香港身份證號碼	Gender 性別 <input type="checkbox"/> Male/男 <input type="checkbox"/> Female/女
Correspondence Address 通訊地址	Telephone No. (Day Time) 電話/ 手機號碼 (日間) +852 -
E-mail Address 電子郵箱	

Part. B - Benefits Claimed (Please Tick) (Required) 索償保障項目 (請選擇) (必須填寫)

<input type="checkbox"/> MEDICAL AND HOSPITAL EXPENSES 醫療及住院索償 Please Complete B.1 請完成 B 第一部份	<input type="checkbox"/> ACCIDENTAL DEATH CLAIM 意外死亡索償 Please Complete B.4 請完成 B 第四部份
<input type="checkbox"/> CANCELLATION AND CURTAILMENT 取消預付款項及訂金/縮短行程 Please Complete B.2 請完成 B 第二部份	<input type="checkbox"/> TRAVEL DELAY 旅程延誤 Please Complete B.5 請完成 B 第五部份
<input type="checkbox"/> BAGGAGE AND PERSONAL EFFECTS / DELAYED BAGGAGE / PERSONAL MONEY CLAIM 行李及個人財物/行李延誤/個人錢財索償 Please Complete B.3 請完成 B 第三部份	<input type="checkbox"/> OTHERS (e.g. RENTAL VEHICLE EXCESS, LOSS OF DOCUMENT) 其他(如租車自負額保障及證件遺失等) Please Complete B.6 請完成 B 第六部份
Total Claim Amount 總索償金額 : (B.1+ B.2+ B.3+ B.4+ B.5+B.6)	Currency: 貨幣

To facilitate consideration of your claim, please ensure you have submitted the required supporting documentations as indicated at the end of each benefit claims section, as insufficient information or supporting documentations may delay your claim at China Ping An Insurance (Hong Kong) Limited.

請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, 以便中國平安保險(香港)有限公司處理閣下的索償事宜。不足的資料或證明文件有可能會延遲閣下的索償事宜。

B.1 MEDICAL AND HOSPITAL EXPENSES 第一部份 - 醫療及住院索償

Injury, recovered? 患病或意外, 已否痊癒?

- Fully recovered 完全康復
 Undergoing treatment 治療中

Date of Accident. 患病或意外發生之日期

Day 日/ Month 月/ Year 年

Diagnosis of Illness

病症

If the claim was a result of an accident, give the place of incident and brief description:

如果賠償由於意外發生, 請述明意外地點及詳述經過

Have you suffered from any pre-existing disease/ Congenital Condition?

疾病或意外是否因舊患或先天性病症

If surgical operation was involved, please give the name of the operation.

如要進行手術, 請述明手術名稱

Name and Address of the consulted Doctor

主診醫生姓名及地址

Duration of Hospital Confinement:

住院時間:

Date of Admission:

入院日期

Date of Discharge:

出院日期

Day 日/ Month 月/ Year 年

Day 日/ Month 月/ Year 年

Name and Address of Hospital:

住院的名稱及地址:

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

- Yes 是
 No 否

If Yes, Please provide the following information: 若「是」請提供以下資料:

Name of Insurer 保險公司名稱

Type of Cover 保障類別

Policy No. 保單號碼

MEDICAL AND MEDICAL EXPENSES Total Claim Amount: 醫療及住院索

償總索償額為:

Currency: 貨幣

General Supporting documentations for B.1 (if applicable): 第一部份一般所需
的證明文件: (如適用)

Original itinerary (Copy) 原有行程(副本)

Boarding Pass (Original) 登機證(正本)

Medical Receipt with Final Diagnosis 醫療費用收據及最後診斷(正本)

Medical Report (Original) 醫療報告 (正本)

If the Claimant is/are minor(s) (persons not yet 18 years of age) please
give particulars of the Parent/Legal Guardian and provide copies
supporting documentations proof of relationship to the Claimant.

(Original) 如索償人為未成年人士, 請提供索償人父母//合法監護人關
係之有關證明文件。(正本)

B.2 CANCELLATION AND CURTAILMENT 第二部份 -取消預付款項及訂金／縮短行程

Causes of Claims 索償原因 _____ _____								
Name, address, phone no. and contact person of Travel Agent 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它保險合約? <input type="checkbox"/> Ye 是 <input type="checkbox"/> No 否 If Yes, Please provide the following information: 若「是」請提供以下資料: <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Name of Insurer 保險公司名稱</td> <td style="width:33%;">Type of Cover 保障類別</td> <td style="width:33%;">Policy No 保單號碼.</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			Name of Insurer 保險公司名稱	Type of Cover 保障類別	Policy No 保單號碼.	_____	_____	_____
Name of Insurer 保險公司名稱	Type of Cover 保障類別	Policy No 保單號碼.						
_____	_____	_____						
CANCELLATION AND CURTAILMENT Total Claim Amount 取消預付款項 及訂金／縮短行程總索償金額為： Currency:貨幣 _____								
General Supporting documentations for B.2: (if applicable) 第二部份一般所需的證明文件: (如適用) <input type="checkbox"/> Original itinerary (Copy) 原有行程(副本) <input type="checkbox"/> Boarding Pass (Original)登機證(正本) <input type="checkbox"/> Carrier's/Airline Company's document to certify the reason of cancellation and amount of non-refundable deposits (Original)客運/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) <input type="checkbox"/> Travel Deposit Payment Receipt (Original)旅費按金收據(正本) <input type="checkbox"/> If the Claimant is/are minor(s) (persons not yet 18 years of age) please give particulars of the Parent/Legal Guardian and provide copies supporting documentations proof of relationship to the Claimant. (Original) 如索償人為未成年人士，請提供索償人父母//合法監護人關係之有關證明文件。(正本)								

B.3 BAGGAGE AND PERSONAL EFFECTS / DELAYED BAGGAGE / PERSONAL MONEY CLAIM 第三部份 - 行李及個人財物／行李延誤／個人錢財索償

State the occurrence of the incident 事件發生之詳細經過。 _____ _____		
Please give particulars of items claimed.請詳列失物資料。		
Description of Articles(s) (Including the brand name & model) 物品之詳細資料 (包括牌子及產品號碼)	Original Cost 購買時之價值	Date of Purchase 購買日期

Any other insurance policy covering the items claimed? i.e. Credit Card Protection Plan, Householder All Risks 上述項目是否受保於其它保險合約? (如信用卡之購物保障、家居保險等保障合約)

Yes 是
 No 否

If Yes, please provide the following information. 若「是」請提供以下資料。

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

BAGGAGE AND PERSONAL EFFECTS / DELAYED BAGGAGE / PERSONAL MONEY Total Claim Amount: 行李及個人財物/行李延誤/個人錢財總索償金額為: _____ Currency 貨幣: _____

General Supporting documentations for B.3: (if applicable) 第三部份一般所需的證明文件: (如適用)

Original itinerary (Copy) 原有行程(副本)
 Boarding Pass (Original) 登機證(正本)
 Carrier's/Airline Company'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 Statement (Original) 警署報案口供紙(正本)
 Original Receipts of the items claimed. 失物收據(正本)
 Other deem relevant supporting documents 其他對本索償有用之文件
 If the Claimant is/are minor(s) (persons not yet 18 years of age) please give particulars of the Parent/Legal Guardian and provide copies supporting documentations proof of relationship to the Claimant. (Original) 如索償人為未成年人士, 請提供索償人父母//合法監護人關係之有關證明文件。

B.4 ACCIDENTAL DEATH CLAIM 第四部份 -意外死亡索償

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

Please give particulars of the next of 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	H.K.I.D. No. 香港身份證號碼

ACCIDENTAL DEATH CLAIM Total Claim Amount 意外死亡總索償金額 Currency: 貨幣
為: _____

General Supporting documentations for B.4: (if applicable) 第四部份一般所需的證明文件: (如適用)

Original itinerary (Copy) 原有行程(副本)
 Boarding Pass (Original) 登機證(正本)
 Death Certificate (Copy) 死亡證 (副本)
 Police Statement (Original) 警署報案口供紙(正本)
 If the Claimant is/are minor(s) (persons not yet 18 years of age) please give particulars of the Parent/Legal Guardian and provide copies supporting documentations proof of relationship to the Claimant. (Original) 如索償人為未成年人士, 請提供索償人父母//合法監護人關係之有關證明文件。

B.5 TRAVEL DELAY 第五部份 -旅程延誤

The relevant flight no. and/or tour particulars				
	Date of Departure 原定航班日期	Time of Departure 原定航班時間		Flight No. 班機編號
Original Schedule 原定時間	____ Day 日/ ____ Month 月/ ____ Year 年	Hours 小時	Minutes 分鐘	
Schedule After Delay 延誤後時間	____ Day 日/ ____ Month 月/ ____ Year 年	Hours 小時	Minutes 分鐘	
Reason for the Delay 延誤原因		Hour(s) Delay 延誤時間		
TRAVEL DELAY Total Claim Amount 旅程延誤總索償金額為:		Currency: 貨幣		
General Supporting documentations for B.5: (if applicable) 第五部份一般所需的證明文件: (如適用)				
<input type="checkbox"/> Original itinerary (Copy) 原有行程(副本) <input type="checkbox"/> Boarding Pass (Original) 登機證(正本) <input type="checkbox"/> Carrier's/Airline Company's document to certify the reasons for the delay & the number of hour(s) delayed (Original) 客運/航空公司發出的文件證明延誤原因及時數(正本) <input type="checkbox"/> If the Claimant is/are minor(s) (persons not yet 18 years of age) please give particulars of the Parent/Legal Guardian and provide copies supporting documentations proof of relationship to the Claimant. (Original) 如索償人為未成年人士，請提供索償人父母//合法監護人關係之有關證明文件。				

B.6 OTHERS (e.g. RENTAL VEHICLE EXCESS & LOSS OF DOCUMENT etc.)第六部份 -其他(如租車自負額保障及證件遺失等)

Causes of Claims 索償原因	
<hr/> <hr/> <hr/>	
OTHERS Total Claim Amount 其他總索償金額為:	Currency: 貨幣
General Supporting documentations for B.6: (if applicable) 第六部份一般所需的證明文件: (如適用)	
<input type="checkbox"/> Original itinerary (Copy) 原有行程(副本) <input type="checkbox"/> Boarding Pass (Original) 登機證(正本) <input type="checkbox"/> Rental Vehicle Company Service Agreement with detailed terms and conditions (Copy) 租車公司服務協議及詳細條款(副本) <input type="checkbox"/> Police Statement (Original) 警署報案口供紙(正本) <input type="checkbox"/> Rental Vehicle Excess Receipt (Original) 租車自負額支付收據(正本) <input type="checkbox"/> Travel Document Replacement Receipts (Original) 申辦遺失旅遊證件收據 (正本) <input type="checkbox"/> If the Claimant is/are minor(s) (persons not yet 18 years of age) please give particulars of the Parent/Legal Guardian and provide copies supporting documentations proof of relationship to the Claimant. (Original) 如索償人為未成年人士，請提供索償人父母//合法監護人關係之有關證明文件。	

Part. C - Declaration and Authorization (Required) 聲明及授權 (必須填寫)

1. I/We declare to the best of my knowledge and belief that the above statements and particulars to be true and correct. I further understand that any misdeclaration of the facts could affect my claim and the company's willingness to provide insurance in future.
本人/我們根據全部所知聲明，以上所述各項資料均為真實無誤，並明白任何錯誤將影響貴公司對此次索償之決定及繼續接受本人之投保申請。
2. I/We hereby authorize any Hospital, Physician, or other person and / or Authority who has attended or examined me, to furnish to China Ping An Insurance (HK) Co., Ltd. or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A Photostat copy of this authorization shall be considered as effective and valid as original.
本人/我們授權任何曾照料及診察本人之醫院，醫生或其他人士及或有關當局，向中國平安保險(香港)有限公司或其授權之代表提供所有有關任何疾病，意外受傷，健康背景，醫療紀錄之資料及醫院或醫療紀錄之副本，此授權之副本與原本俱同等效力。
3. I/We hereby authorize to other person and / or Authority to furnish to China Ping An Insurance (HK) Co., Ltd. or its authorized representative any and all information with respect to any loss and copies of police reports, accident reports, airlines or other carriers irregularity reports and statement. A Photostat copy of authorization shall be considered as effective and valid as original.
本人/我們授權任何人或有關當局向中國平安保險(香港)有限公司或授權之代表提供所有有關任何損失以及警方報告、意外報告、航空公司之延誤報告，此授權之副本與原本俱同等效力。
4. China Ping An Insurance (HK) Co., Ltd reserve the rights to request further information from any party for claims processing incomplete information will prolong the claims processing period.
中國平安保險(香港)有限公司保留向申請人及其他有關人士或團體索取有關賠償資料之權利。(請提供足夠資料以免延誤處理賠償進度)
5. I/We confirm having read and understood the China Ping An Insurance (HK) Co., Ltd's Personal Information Collection Statement in the below section.
本人/我們確認已閱讀及明白以下有關於中國平安保險(香港)有限公司的收集個人資料聲明之部份。

Claimant's Signature:

申請賠償者簽署:

Signature of Parent/Legal Guardian (if the Claimant is below the age of 18)

父母/合法監護人簽署 (如索償人未滿 18 歲)

Claimant's Name:

申請賠償者姓名:

Name of Parent/Legal Guardian (English)

Only applicable (if the Claimant is below the age of 18)

父母/合法監護人姓名(英文) 只適用於索償者未滿 18 歲的情況下

Date:

日期:

____ Day 日/ ____ Month 月/ ____ Year 年

Personal Information Collection Statement 收集個人資料聲明

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 service 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.

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。

Your personal data may be used for below **obligatory purposes**. Failure to supply such data for obligatory purpose may result in China Ping An Insurance (Hong Kong) Company Limited unable to provide the Product.

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

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.

您的個人資料可被用於以下**強制性**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。

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

- any other company carrying out insurance or reinsurance related business in or out of Hong Kong;
- any association or federation or confederation of insurance industry that exists or is formed from time to time; or
- any agent (including private investigator, debt collector and recovery agent), contractor or third party who provides administrative, claims handling or other services relating to the Product to China Ping An Insurance (Hong Kong) Company Limited

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：

- 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業聯會；或
- 任何提供行政服務、索償處理或其他與相關保單服務之代理、承辦商或第三者。

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

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或公會所收集有關您的個人資料。

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 Personal Data Privacy Officer at 17/F., Allied Kajima Building, 138 Gloucester Road, Wan Chai, Hong Kong.

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均直銷通訊。給您欲行使以上權利，可以書面形式投寄至香港灣仔告士打道 138 號聯合鹿島大廈 17 字樓中國平安保險（香港）有限公司，通知本公司的個人資料私隱主任。

If you have enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 2827 1883.

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) 2827 1883 與我們聯絡。

The Chinese version of this Travel Insurance Claim Form is for reference only. In case of any discrepancy between the Chinese and English versions, the English version shall prevail.

本旅遊保險賠償申請表的中文譯本祇供參考之用，如有爭議，以英文為準。

Supplementary sheet for claims detail

索償資料之補充頁

For Claims Department Use Only

理賠部填寫