中銀集團保險有限公司
BANK OF CHINA GROUP INSURANCE COMPANY LIMITED
總公司：香港德輔道中 71 號永安集團大廈八樓　客戶服務熱線：3187 5100　傳真：3906 9921
HEAD OFFICE: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.　Customer Service Hotline: 3187 5100　Fax: 3906 9921

索償表格須於旅程完結後30天內提交
Claim Form must be submitted not later than 30 days after the expiry of the journey.

旅遊保險索償表格
TRAVEL INSURANCE CLAIM FORM

本公司專用 Office Use
賠案編號
Claim No. _____

保單資料
Insurance Policy Details

保戶名稱　　保單編號
Name of Insured _____ Policy No. _____
身份證號碼　性別　出生日期　日　月　年　職業　聯絡電話
Identity Card No. _____ Sex ____ Date of Birth _____ DD _____ MM _____ YY Occupation _____ Contact Tel No. _____
通訊地址　　電郵
Correspondence Address _____ E-mail _____

索償人 / 被保人 資料 (如非保戶)
Particulars of Claimant / Insured Person (if not the Insured)

索償人 / 被保人 姓名　　與保戶關係　　*手提聯絡電話
Name of Claimant / Insured Person _____ Relationship with the Insured _____ *Contact Mobile No._____
身份證號碼　性別　出生日期　日　月　年　職業
Identity Card No. _____ Sex _____ Date of Birth _____ DD_____ MM _____YY Occupation _____
通訊地址　　*電郵
Correspondence Address_____ *E-mail _____

*本公司將會以電話短訊或電郵發送索償表格確認函予索償人。如表格內多於一名索償人，確認函只會發送予其中一名索償人。
Our Company will send the Claim Acknowledgement to the claimant by SMS or Email. If there are multiple claimants, acknowledgement will be sent to one of them only.

索償資料
Particulars of Claim

(1) 事故發生的日期及時間 Date and time of incident	日 DD　月 MM　年 YY　時間 Time:　上午 ☐ am　下午 ☐ pm
(2) 事故發生的地點 Place of incident	
(3) a. 事故的詳情 Description of incident b. 您是否已向警方報案? Have you reported the incident to police? 如“是”，列明報案的警署及報案編號 If “Yes”, state the name of Police Station and the police report no.	a. _____ _____ 否　是 b. ☐ No　☐ Yes _____
(4) a. 就是次事故 被保人是否可從其他保險單索償? Is the Insured Person entitled to claim under any other insurance policies in respect of this incident? b. 如“是”，列明保險公司的名稱，保單編號及索償保障項目 If “Yes”, state the name of insurance company(ies), respective policies numbers and details of benefits.	否　是 a. ☐ No　☐ Yes b. _____
(5) a. 被保人以往是否曾蒙受類似性質的損失? Has the Insured Person ever sustained losses of similar nature? b. 如“是”，列明詳情及何時發生 If “Yes”, state details and date(s) of incident(s).	否　是 a. ☐ No　☐ Yes b. _____
(6) a. 您以往是否曾就其他保險單索償? Have you ever made any claim under other insurance policy(ies)? b. 如“是”，列明詳情 If “Yes”, state details.	否　是 a. ☐ No　☐ Yes b. _____

賠款發放方式 Claim Payment Method：

請在適當的方格內填上“✓” Please tick the appropriate box:

☐ 本人同意以支票方式發放賠款。 I agree that the claim payment be made by cheque.

☐ 本人同意以自動轉帳方式發放賠款(只適用於HK$500,000或以下的賠款)，並提供以下資料。 I agree that the claim payment be made by auto-pay (only applicable for claim amount equivalent to or less than HK$500,000) and provide the following information:

銀行名稱　　戶口號碼
Name of Bank _____ Bank Account No. _____

戶口持有人名稱(必須與被保人名稱相符)
Name of Account Holder (Must be same as Insured Person)_____.

索償項目及文件 Claim items and documentation

請在申請索償項目方格內填上“✓” ，並連同索償人離港及回港證明及下列所需之文件及此表格一併交回本公司。本公司可能要求提供額外相關索償文件。部份賠償項目只適用於指定旅遊保險產品。

Please tick the relevant section(s), submit the claimant's Travel proof for departed from and returned to HK, the following required documents together with this form to our company. Our company may request for additional documents. Certain claim items are only applicable to specific travel insurance products.

申請索償項目Claim items	索償文件Claim documents
☐ **人身意外/身亡撫恤金/信用卡保障 Personal Accident / Compassionate Death Cash Benefit/Credit Card Protection** 請填寫第3頁，第1項 Please fill in No.1, page 3	醫療報告、意外報告、當地警方報告、死亡證等。如受益人為未成年人仕，請提供其代理人/監護人的資料，及有關授權證明文件。 Medical report, accident report, local police report, death certificate, etc. If the beneficiary is/are minors (persons aged under 18), please give particulars of the official administrator(s) and provide copies of the documentation authorizing that person to act in this capacity.
☐ **醫療及其他費用 Medical and Other Expenses** 請填寫第3頁，第2項 Please fill in No.2, page 3	列明傷患名稱的醫院帳單及醫療費用收據正本、治療轉介信、醫療報告/檢驗報告(如有) Original hospital invoice(s) and medical expenses receipt(s) with diagnosis stated, treatment referral letter, medical report/laboratory report (if any)
☐ **行李和個人物品 Baggage and Personal Effects** 請填寫第3頁，第3項 Please fill in No.3, page 3	當地/香港警方報告、購買單據、航空公司行李事件報告正本、損壞物品相片及列明損壞原因之維修報價單或不能維修之證明信。行李箱損毀，可透過本公司網站申請索償，詳情請參閱：https://www.bocgins.com Original local/HKSAR police report, purchase receipt(s), airline's property irregularity report, photos of damaged property and repair quotation stating cause of damage or repairer's written confirmation of irreparable property. Suitcase damaged claim could be submitted through our Company website. For details, please visit : https://www.bocgins.com
☐ **行李延誤 Baggage Delay** 請填寫第3頁，第4項 Please fill in No.4, page 3	購買必需品的單據正本、列明延誤期間的航空公司行李事件報告或公共交通機構證明書 Original purchase invoices of essential items, airline's property irregularity report or public conveyance's confirmation stating the duration of delay
☐ **個人錢財 Personal Money** 請填寫第3頁，第5項 Please fill in No.5, page 3	當地警方報告及索償人之口供紀錄副本 Original local police report and copies of police statement taken by the Claimant
☐ **旅遊證件及交通票據 Travel Document and Travel Ticket** 請填寫第3頁，第6項 Please fill in No.6, page 3	當地警方報告、補領旅遊證件/交通票據費用的收據正本、額外住宿費用收據正本(如有) Original local police report, travel document/travel ticket replacement receipts, original receipt for extra accommodation fee(if any)
☐ **個人責任 Personal Liability** 請填寫第3頁，第7項 Please fill in No.7, page 3	當地警方報告或警方口供記錄(如有) 、第三者索償文件 Local police report or statement to police (if any), demand correspondence of claim from third party
☐ **租車自負額 Rental Vehicle Excess** 請填寫第3頁，第8項 Please fill in No.8, page 3	包含詳細條款及細則之租賃協議、租車費用收據正本、租車自負額收據正本 Copy of rental agreement with detailed terms and conditions, original payment receipt for the rental vehicle charges, original rental vehicle excess receipt
☐ **家居財物損失Loss of Home Contents** 請填寫第3頁，第9項 Please fill in No.9, page 3	香港警方報案記錄、受保人的警方口供副本、受損財物清單及有關財物的購買單據 HKSAR police report, police statement taken by the insured person, list of the damaged property with the relevant purchasing receipts
☐ **行程延誤 Travel Delay** 請填寫第3頁，第10項 Please fill in No.10, page 3	登機證、機票或交通票據副本、由航空公司或公共交通機構發出並列明延誤原因及期間之證明信. 旅程延誤現金津貼，可透過本公司網站申請索償。詳情請參閱：https://www.bocgins.com Copy each of boarding pass, air ticket or travel ticket, written confirmation from the airlines or public conveyances stating the reason and duration of delay.Travel delay cash allowance claim could be submitted through our Company website. For details, please visit : https://www.bocgins.com
☐ **取消旅程/縮短旅程 Cancellation of Trip / Curtailment of Trip** 請填寫第3頁，第11項 Please fill in No.11, page 3	與索償相關之醫院帳單或死亡證、醫生證明信、交通票據、收據及協議書及列明不獲退回之款項的旅程取消或縮短旅程之證明文件正本、有關親屬證明，如結婚證明書、出生證明書等 Copy of hospital invoice or death certificate; original doctor's confirmation, travel tickets, receipts and agreements relevant to the claim and documentary proof of trip cancellation or curtailment with non-refundable amount, and documents certifying the relationship, e.g. marriage certificate, birth certificate agents, etc.
自選保障 Optional Benefits ☐ **郵輪保障** 1. 旅程取消/阻礙 2. 縮短旅程/延誤登船 3. 取消岸上觀光津貼 4. 衛星電話費用 **Cruise Cover** **1. Cancellation/Interruption** **2. Curtailment/Failure to Board** **3. Shore Excursion Cancellation Allowance** **4. Satellite Phone Expenses** ☐ **個人手提電腦/流動電話保障 Personal Notebook Computer and Mobile Phone Cover** ☐ **額外現金補償津貼 Extra Cash Allowance Cover** 請填寫第3頁，第12項 Please fill in No.12, page 3	醫生證明信、當地警方報告、交通票據、收據及協議書及列明不獲退回之款項的郵輪旅程取消或岸上觀光取消之證明文件正本、由航空公司或公共交通機構發出並列明延誤原因及期間之證明信、由郵輪公司發出並列明登上郵輪之確實日期和時間之證明信、衛星電話服務供應商發出之收據正本 Original doctor's written confirmation, original local police report, travel tickets, receipts, and agreements relevant to the claim and documentary proof of cruise cancellation or shore excursion cancellation with non-refundable amount, confirmation from the airline or public conveyances stating the reason and duration of delay, report from cruise company stating the actual boarding date and time, copy of satellite telephone receipt issued by service provider 當地警方報告、購買單據、航空公司行李事件報告正本、損壞物品相片及列明損壞原因之維修報價單或不能維修之證明信 Original local police report, purchase receipts, airline's property irregularity report, photos of damaged property and repair quotation stating cause of damage or repairer's written confirmation of irreparable property 受保人被強制性隔離的證明文件 Documentary proof for the insured having the Compulsory Quarantine by order of the government authority

1. 人身意外 Personal Accident / 身亡撫恤金 Compassionate Death Cash Benefit / 信用卡保障 Credit Card Protection

受益人 姓名 Name of Beneficiary_____ 與保戶關係 Relationship with the Insured Person _____ 聯絡電話 Contact Tel No._____

身份證號碼 Identity Card No. _____ 性別 Sex _____ 出生日期 Date of Birth _____ 日 DD_____ 月 MM _____ 年 YY 職業 Occupation _____

通訊地址 Correspondence Address _____ 電郵 E-mail _____

2. 醫療及其他費用 Medical and Other Expenses

斷症 / 受傷性質及程度 Diagnosis / Nature and extent of injury	所接受之治療 Treatment received	索償金額 (列明貨幣單位) Claimable amount (state currency)

3. 行李和個人物品 Baggage and Personal Effects

物品的詳細資料 (包括品牌、型號及產品編號) Full description of items (including brand name, model and serial no.)	購買日期 Date of Purchase	購買時之價值 Purchase Price	索償金額 Claimable amount

4. 行李延誤 Baggage Delay

延誤原因 Reason for Delay _____ 延誤小時 Hours Delayed _____

必需品的詳細資料 Full description of essential items	索償金額 Claimable amount	必需品的詳細資料 Full description of essential items	索償金額 Claimable amount

5. 個人錢財 Personal Money

損失原因 Cause of loss: ☐ 被搶劫 By Robbery ☐ 被盜竊 By Theft ☐ 意外遺失 Accidental loss 索償金額 Claimable amount : _____

6.旅遊證件及交通票據 Travel Document and Travel Ticket

損失項目 Lost items: _____ 索償金額 Claimable amount : _____

7. 個人責任 Personal Liability

索償人姓名 Name of Claimant _____ 年齡 Age _____ 性別 Sex _____ 職業 Occupation _____ 聯絡電話 Contact Tel. No. _____

通訊地址 Correspondence Address _____

受傷的性質及程度 Nature and extent of injury _____ 財物的資料及受損程度 Description of property and extent of damage _____ 索償金額 Claimable amount _____

您是否已向第三者承認責任? Have you in any way admitted liability to the claimant? 否 ☐ No 是 ☐ Yes 如“是”，說明詳情 If “Yes”, state details _____

8. 租車自負額 Rental Vehicle Excess 索償金額 Claimable amount : _____

9. 家居財物損失 Loss of Home Contents 索償金額 Claimable amount : _____

10. 行程延誤 Travel Delay

	班機編號 Flight No.	出發日期 Departure Date	出發時間 Departure Time	出發地點 Departure Place	目的地 Destination
原定班次 Original schedule					
延誤班次 Delayed schedule					

延誤原因 Reason for Delay _____ 延誤小時 Hours Delayed _____

11. 取消行程 / 縮短行程 Cancellation of Trip / Curtailment of Trip

取消或縮短行程原因 Cause of cancellation or curtailment of trip _____ 索償金額 Claimable amount _____

12. 自選保障

Optional Benefits

☐升級保障
Enhanced Benefit

☐ 個人手提電腦及流動電話保障
Personal Notebook Computer and Mobile Phone Cover
受損情況
Extent of damage_____

☐ 額外現金補償津貼
Extra Cash Allowance
索償金額
Claimable amount_____

☐ 郵輪保障
Cruise cover

☐ 旅程取消/阻礙
Cancellation/Interruption

☐ 取消岸上觀光津貼
Curtailment/Failure to Board

☐ 縮短旅程/延誤登船
Shore Excursion Cancellation Allowance

☐ 衛星電話費用
Satellite Phone Expenses

原因 Cause _____

索償金額 Claimable amount _____

聲明及授權
Declaration and Authorization

本人聲明上述資料完整及正確無訛，並無隱瞞任何重要資料。

本人明白本人提供的資料，為中銀集團保險有限公司(“貴公司”)提供保險業務所需，並可能使用於下列目的:

(i) 處理及審批本人的保險申請或本人將來提交的保險申請；
(ii) 執行本人保單的行政工作及提供與本人保單相關的服務；
(iii) 分析或調查、處理及支付本人保單有關的索償、以及偵測和防止欺詐行為(無論是否與此申請而發出的保單有關)；
(iv) 發出繳交保費通知及向本人收取保費及欠款；
(v) 任何與保險有關的產品或服務的任何更改、變更、取消或續期；
(vi) 就以上用途聯絡本人；
(vii) 貴公司行使任何代位權；
(viii) 其它與上述用途有直接關係的附帶用途；及
(ix) 遵循適用法律，條例及業內守則及指引。

貴公司亦可因應上述用途將本人的個人資料移轉予下列各方 (不論在香港特別行政區境內或境外)：

(a) 就上述用途，向 貴公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
(b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
(c) 追討欠款的收數公司或索償代理；
(d) 保險資料服務公司及信貸資料服務公司；
(e) 再保公司及再保經紀；
(f) 本人的保險經紀（若有）；
(g) 貴公司的法律及專業業務顧問；
(h) 貴公司的關連公司(以《公司條例》內的定義為準)；
(i) 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，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；
(j) 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的；
(k) 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，以達到任何上述或有關目的；
(l) 任何負責處理保險相關投訴及/或爭議之行業或監管機構；及
(m) 整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；及
(n) 法例要求或許可的政府機關。

本人在此授權　貴公司可向「聯會」從保險業內收集的資料中查閱及/或核對本人任何資料。

此外，經本人同意，貴公司可能會以其它方式使用及披露本人的個人資料。

本人有權查閱及要求更正由　貴公司持有有關本人的個人資料。如有需要，可向　貴公司法律與合規部提出 (電話：2867 0888，傳真：3906 9939)。

I declare that the above information is complete and true to the best of my knowledge and belief and I have not withheld any material information connected with this claim.

I understand that the information I provide to Bank of China Group Insurance Company Limited ("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of:

(i) processing and evaluating my insurance application and any future insurance application I may make;
(ii) administering my insurance policy and providing services in relation to my insurance policy;
(iii) analysis or investigating, processing and paying claims made under my insurance policy and detect and prevent fraud (whether or not relating to the policy issued in respect of this application);
(iv) invoicing and collecting premiums and outstanding amounts from me;
(v) any alterations, variations, cancellation or renewal of any insurance related product or service;
(vi) contacting me for any of the above purposes;
(vii) exercising any right of subrogation;
(viii) other ancillary purposes which are directly related to the above purposes; and
(ix) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose my personal data for the above purposes to the following classes of transferees (whether within or outside the Hong Kong Special Administrative Region):

(a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
(b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
(c) in the event of default, debt collectors and recovery agents;
(d) insurance reference bureaus or credit reference bureaus;
(e) reinsurers and reinsurance brokers;
(f) my insurance broker (if I have one);
(g) the Company’s legal and professional advisors;
(h) the Company’s related companies (as that term is defined in the Companies Ordinance);
(i) any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
(j) any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
(k) any related company or any other company 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 for any of the above or related purposes;
(l) any industry or regulatory bodies responsible for handling insurance related complaints and/or disputes;
(m) organisationsthat consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information ; and
(n) government agencies and authorities as required or permitted by law.

The Company 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.

Moreover, the Company may also use and disclose my personal data otherwise with my consent.

I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Requests for such access can be made to the Company’s Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

索償人 / 被保人 簽署 Signature of Claimant / Insured Person	保戶簽署 (如屬公司請蓋章) Signature of Insured (with company chop if applicable)
日期 Date:	日期 Date: