



本公司專用 Office Use

賠案編號

Claim No. _____

旅遊保險索償表格
TRAVEL INSURANCE CLAIM FORM

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. _____

地址 _____ 電郵 _____
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 _____ 聯絡電話 _____
Name of Claimant / Insured Person _____ Relationship with the Insured _____ Contact Tel 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 _____

地址 _____ 電郵 _____
Address _____ E-mail _____

索償資料
Particulars of Claim

(1) 事故發生的日期及時間 _____ 日 _____ 月 _____ 年 _____ 時間 _____ 上午 _____ 下午 _____
Date and time of incident _____ DD _____ MM _____ YY Time: am pm

(2) 事故發生的地點 _____
Place of incident _____

(3) a. 事故的詳情 _____
Description of incident _____
a. _____
b. 您是否已向警方報案? _____ 否 _____ 是 _____
Have you reported the incident to police? No Yes
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. _____

(4) a. 被保人是否就是次事故向其他保險公司索償? _____ 否 _____ 是 _____
Is the Insured Person entitled to claim under any other insurance policies in respect of this incident? No Yes
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. _____

(5) a. 被保人以往是否曾蒙受類似性質的損失? _____ 否 _____ 是 _____
Has the Insured Person ever sustained losses of similar nature? No Yes
b. 如“是”，列明詳情及何時發生 _____
If “Yes”，state details and date(s) of incident(s). _____

(6) a. 您以往是否曾就其他保險單索償? _____ 否 _____ 是 _____
Have you ever made any claim under other insurance policy(ies)? No Yes
b. 如“是”，列明詳情 _____
If “Yes”，state details. _____

請選擇及填妥您所申請索償項目的部份 Please choose Section(s) you are claiming for and complete the chosen Section(s).

1. 人身意外 Personal Accident 5. 個人錢財及證件 Personal Money
 2. 醫療及其他費用 Medical and Other Expenses 6. 個人責任 Personal Liability
 3. 個人行李和物品 Baggage and Personal Effects 7. 行程延誤 Travel Delay
 4. 行李延誤 Baggage Delay 8. 取消行程 / 縮短行程 Cancellation of Trip / Curtailment of Trip

I. 人身意外 Personal Accident

受益人 姓名 _____ 與保戶關係 _____ 聯絡電話 _____
Name of Beneficiary _____ Relationship with the Insured Person _____ Contact Tel 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 _____

地址 _____ 電郵 _____
Address _____ E-mail _____

請提供有關資料，如醫療報告、意外報告、警方報告、死亡證等。如受益人為未成人任仕，請提供其代理人/監護人的資料，及有關授權證明文件。
Please provide relevant supporting documents, such as Medical Report, Accident Report, Police Report, Certificate of Death, 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.

2. 醫療及其他費用 Medical and Other Expenses

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

請提供有關醫療收據正本 (列明診治日期、斷症及收費明細表)。
 Please provide relevant original medical receipt (showing the date of consultation, diagnosis and breakdown of charges).

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

請提供有關文件正本證明事件經過及損失, 如航空公司發出的物件損失報告、警方報告、失物購買單據及保用証。
 Please provide relevant original supporting documents to prove the loss or damage, such as Airlines Irregularity Report, Police Report, Purchase Receipt or Warranties of the items claimed.

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

請提供有關航空公司發出的延遲證明文件及購買必需品的單據正本。
 Please provide supporting document from the relevant Airlines proving the delay and all original purchase invoices of essential items.

5. 個人錢財及證件 Personal Money

損失項目 (如屬現金, 列明貨幣) Items lost (for cash, state currency) _____

請提供有關文件正本證明事件經過及損失, 如航空公司發出的損失報告、警方報告等。
 Please provide relevant original supporting documents to prove the loss, such as Airlines Irregularity Report, Police Report, etc.

6. 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. _____

地址 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? 否 是 如“是”, 說明詳情
 Have you in any way admitted liability to the claimant? No Yes If “Yes”, state details _____

7. 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 _____

請提供有關文件正本證明總共延誤時間及延誤原因, 如登機證、機票、航空公司或旅行社證明書等。
 Please provide relevant original supporting documents to certify time delayed, such as Boarding Pass, air ticket or certificate issued by the Airlines or Travel Agents, etc.

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

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

請提供有關文件正本證明不能退還之款項及意外之起因, 如醫療報告、死亡證、團費收據之正本等及旅行社之證明書等。
 Please provide relevant original supporting documents to certify non-refundable expenses and incident of claim, such as Medical Report, Certificate of Death, original receipts of travel tour, certificate of traveling agents, etc.

賠款發放方式: 自動轉賬 Claim Payment Method: Auto-pay

祇適用於發放HK\$10,000.00或以下的賠款(For settlement amount below HK\$10,000.00 only)

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

本人不同意以自動轉賬方式接受賠款。 I do not agree that the claim payment be made by auto-pay.

本人同意以自動轉賬方式發放賠款, 並提供以下資料。 I agree that the claim payment be made by auto-pay 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(必須與受保人名稱相符)
 Name of Account Holder (Must be same as Insured) _____

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；
- (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：

- (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) 保險索償投訴局及同類的保險業機構；及
- (m) 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;
- (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:

- (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) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (m) 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
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: