

# 旅遊保險索償書

## Travel insurance claim form



Completed Claim Form together with supporting documents should be forwarded to us within 30 days following the loss. Otherwise, it may prejudice your claim under the policy.

請於蒙受損失後三十天內填妥本表格連同一切有關文件交回本公司以便處理，否則可能影響台端之賠償。

Certificate no. 臨單/證書號碼: \_\_\_\_\_

Policy no. 保單號碼: \_\_\_\_\_

Name of insured 保戶姓名: \_\_\_\_\_

Name of claimant 索償人姓名: \_\_\_\_\_

Address 地址: \_\_\_\_\_

Phone no. (day time) 日間聯絡電話: \_\_\_\_\_

Fax no. 傳真號碼: \_\_\_\_\_ E-mail address 電郵地址: \_\_\_\_\_

Period of Insurance : Form 保險期由 \_\_\_\_\_ To 至 \_\_\_\_\_

- Type of Claims: 索償類別
- |   |  |   |
|---|--|---|
| 1. <input type="checkbox"/> Medical expenses<br>醫療費用              | 2. <input type="checkbox"/> Personal accident<br>人身意外            | 3. <input type="checkbox"/> Baggage / Personal effects<br>行李/隨身財物           |
| 4. <input type="checkbox"/> Loss of money / Documents<br>金錢/證件遺失  | 5. <input type="checkbox"/> Travel delay / Re-routing<br>行程延誤/更改 | 6. <input type="checkbox"/> Baggage delay / Emergency purchase<br>行李延誤/緊急購物 |
| 7. <input type="checkbox"/> Cancellation / Curtailment<br>取消/縮短行程 | 8. <input type="checkbox"/> Others<br>其他 _____                   |   |

Place of Loss / Accident: 損失/意外地點: \_\_\_\_\_

Date and Time of Loss / Accident: 損失/意外日期及時間: \_\_\_\_\_

Details of occurrence: 事件發生詳情: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Claimed Amount 索償總額: \_\_\_\_\_ =

**to be completed for claim under section 1 – Medical expenses**  
如索償類別為第 1 節— 醫療費用，必須填妥此部份。

A) Accident Cause – Nature of Injury: \_\_\_\_\_  
甲) 意外—受傷性質

\_\_\_\_\_

\_\_\_\_\_

B) Sickness Cause – Describe diagnosis of sickness and treatment received: \_\_\_\_\_  
乙) 疾病—所患疾病之名稱及所接受之治療

\_\_\_\_\_

\_\_\_\_\_

## To be completed for claim under section 2 – Baggage & personal effects

如索償類別為第 2 節—行李及隨身財物，必須填妥此部份。

Loss / Damaged Items 損失／損毀之物件	dDate and place of purchase 購買地方及日期	dOriginal purchase value 購入價值
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If space provided is inadequate, please use separate sheet of paper for item list. 如此欄不夠填寫，請另加紙張。

## Claim documentation

### 索償文件

Please attach  
請附上

1. copy of Policy Certificate  
保單副本
2. all original medical receipts and medical reports for medical claims  
所有醫療收據和報告之正本
3. all original purchase receipts / invoices for baggage and emergency purchase claims  
因行李延誤或遺失／損毀物件之購買收據／發票之正本
4. 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 Zurich Insurance Company (The Company). 如有所需，蘇黎世保險（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。

## Note 註明

Any persons from whom the Company have collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. A request for such access may be made to the Personal Data Privacy Officer of the Company of Levels 15-17 Cityplaza 3, 14 Taikoo Wan Road, Hong Kong.

就提供上述資料的任何人有權查閱及要求更改由本公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求，可向本公司之個人資料私隱主任提出，地址為香港太古灣道 14 號太古中心 3 期 15-17 樓。

## 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 authorize any physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated to give full particulars about my health to Zurich Insurance Company. A photocopy of this authorization shall be considered as effective and valid as the original.

本人謹此聲明本人確信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蘇黎世保險，此授權書之影印本亦屬有效。

I/We further hereby declare and agree that the personal information collected or held by Zurich Insurance Company. (the "Company"), whether contained in this accident report form or otherwise obtained, may be used by the Company or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis.

本人／吾等再在此聲明及同意由蘇黎世保險(本公司)所收集或持有的個人資料，不論包含在這意外報告表或以其他方式獲取，均可供本公司使用或向在香港境內或境外之任何人或機構披露作以下用途：(1)評核此項申請，(2)提供保險及客戶服務，(3)處理保險的索償或有關之分析。

Date 日期: \_\_\_\_\_

Signature of Claimant 索償人簽署: \_\_\_\_\_

### 蘇黎世保險

理賠部：香港太古灣道 14 號太古中心 3 期 15-17 樓

電話：29039388 圖文傳真：29681660

Zurich Insurance Company (a company incorporated in Switzerland with limited liability)

Claims dept.: Levels 15-17, Cityplaza 3, 14 Taikoo Wan Road, Hong Kong

Tel: 29039388 Fax: 29681660

# Travel insurance claims guide

## 旅遊保險索償指引

### Personal Accident 個人意外

Please contact us ***immediately***.

請***立即***與我們聯絡。

### Medical Expenses 醫療保障

Please attach the ***original*** of all medical bills showing the expenses and diagnosis.

請附上所有醫療費用單據***正本***。單據上應顯示醫療費用及醫生之診斷。

### Worldwide Emergency Assistance 全球緊急支援服務

Benefit is provided by International SOS (HK) Ltd. Please notify our 24 hour Worldwide Emergency Assistance Hotline: (852) 2886 3977 (collect call) ***immediately*** in case of emergency.

此項保障由國際(SOS)救護中心直接提供，有緊急事故時請***即時***致電本公司的 24 小時全球支援熱線：(852) 2886 3977。〈對方付款〉

### Cancellation & Curtailment 行程取消或縮短

Please state overleaf the reasons of cancellation / curtailment together with the documents proving the amount and cause of the loss e.g. confirmation letters from the Airline Company, medical reports, tour receipts etc.

請於背頁提供取消或縮短行程之理由，並附上有關之證明文件如：航空公司之證明信件、醫療報告、旅行團收據等。

### Loss / Damage of Baggage 行李遺失/損壞

- Please ***notify local police*** and other responsible parties such as the Airline Company and hotel ***immediately***.
- Please state overleaf the circumstances, how the loss was discovered, incident report reference and full address of the police station and hotel.
- Please attach the ***original*** of the purchase/replacement receipts for the lost / damaged items.
- Please provide photographs showing the damaged items and retain the damaged items for inspection.
- If the baggage was damaged / lost in the custody of the Airline Company, please lodge a complaint to the Airline Company immediately.
- 請於發現損失後***即時通知當地警方***及其他有責任的機構如航空公司及酒店等。
- 請於背頁提供事發經過及如何發現該損失、當地警方及酒店的正確地址及檔案編號。
- 請附上損失、補購物品之收據***正本***。
- 請提供損壞財物的相片及保留損毀之財物以供檢驗。
- 如閣下之行李於航空公司保管下受損/遺失，請***即時***追究航空公司。

### Baggage Delay 行李延誤

Please attach copy of the air ticket, boarding pass & written confirmation from the Airline Company stating the length of the delay. If necessities were bought, please attach the ***original*** receipts.

請附上機票副本、登機證及航空公司發出之信件以證明行李延誤多久。如曾購買必需品，請附上收據***正本***。

### Flight Delay 班機延誤

Please attach the copy of the air ticket, boarding pass & written confirmation from the Airline Company stating the length and cause of the delay. If refreshments or hotel accommodation is involved, please attach the ***original*** receipts.

請附上機票副本、登機證及航空公司發出之信件以證明班機因何延誤及延誤多久。如曾購買小食或住宿酒店，請附上收據***正本***。

### Personal Liability 個人責任

Please ***do not*** admit liability on or enter into any settlement agreement with the third party without the our written consent and refer the third party claim to us directly. Upon completing the journey, please provide us with the details of the accident ***as soon as possible***.

如沒有得到我們同意，***切勿與第三者私下訂立協議或承諾***。如收到第三者之索償，請轉交及我們處理。於旅程結束後，請儘快向我們提供遇事之詳情。

For any inquiry, please call our Claims hotline: 2903-9388  
如有任何查詢，請電理賠專線：2903-9388

Fax hotline: 2968-1660  
傳真熱線：2968-1660