



保險公司填寫 For Office Use

Claim Ref. No.

Received Date

旅遊保險索償表格
TRAVEL INSURANCE CLAIM FORM

投保人/保單持有人姓名
Name of Insured/Policyholder: _____

聯絡電話
Tel. No. _____

電郵地址
Email Address: _____

保單/保險證書編號
Policy/Certificate No.: _____

保險期
Period of Insurance: From _____ 由 _____ 至 _____ To _____

索償申請人姓名
Name of Claim Applicant: _____

聯絡電話
Tel. No. _____

電郵地址
Email Address: _____

通訊地址
Correspondence Address: _____

香港身份證號碼
HKIDCard No. _____

性別
Sex _____

出生日期
Date of Birth _____ (日/月/年 dd/mm/yyyy)

與保單持有人關係
Relationship to the Policyholder _____

職業
Occupation _____

索償類別 Type of Claim:

請以 選擇索償類別，可同時選擇多個一項。 Please to select the type of claim, you can select multi items at the same time.

- | | | |
|--|---|--|
| <input type="checkbox"/> 醫療開支 Medical Expenses | <input type="checkbox"/> 人身意外傷亡 Personal Accidental Death / Permanent Disablement | <input type="checkbox"/> 行李及私人財物損失 Damage to Baggage & Personal Effect |
| <input type="checkbox"/> 遇劫損失個人現金 Lost of Personal Money | <input type="checkbox"/> 遺失旅遊證件 Lost of Travel Document | <input type="checkbox"/> 個人責任 Personal Liability |
| <input type="checkbox"/> 損失訂金/取消旅程 Loss of Deposit / Trip Cancellation | <input type="checkbox"/> 提早結束旅程 Curtailment of Trip | <input type="checkbox"/> 行李延誤 Baggage Delay |
| <input type="checkbox"/> 旅程延誤 Flight Delay | <input type="checkbox"/> 超額訂票 Overbooking | <input type="checkbox"/> 行程誤點 Missed Journey |
| <input type="checkbox"/> 緊急醫療運送 Emergency Medical Evacuation | <input type="checkbox"/> 遺體運送 Repatriation of Remains | <input type="checkbox"/> 其他 Others (請列明 Please specify) |

一般事項 GENERAL INFORMATION

事發日期及時間 Date and time of incident or loss _____

事發地點 Place of incident or loss _____

閣下有否向警方或其他機構報告失事情況? * 有, 請提供 沒有

Have the police or other authorities been informed? Yes, please provide No _____

(a) 報案警署或機構 name of the police station or authority _____

(b) 報案日期及時間 time and date _____

(c) 警方或該機構之檔案編號 police or authority reference number _____

注意: 請提供警方 / 航空公司 / 該機構之有關報告的正本。

N.B. Please provide ORIGINAL written report from police, airline, or other authorities as relevant.

閣下損失之財物是否同時受其他保險保障? 是, 請提供 否

Is there any other insurance covering the loss/damage? Yes, please provide No _____

(a) 保險公司名稱 Name of the insurance company _____

(b) 保單號碼 Policy number _____

(c) 投保金額 (如適用 amount insured (if applicable) _____

(d) 會否向該公司提出索償? 是 否 whether claim will be submitted to them? Yes No _____

閣下是否蒙受過同樣性質的損失? 是, 請提供詳細資料 否

Have you ever sustained other losses of similar nature? Yes, please provide details No _____

事發時的見證人

Witness of the incident or loss _____

詳細事項 SPECIFIC INFORMATION

(1) 醫療及人身意外 Medical and/or Personal Accident

敘述受傷或疾病之性質及程度

Describe the nature and extent of injuries or sickness: _____

如涉及疾病，閣下是否就有關疾病在旅遊前接受過其他醫生的治療？

是，請提供醫生的詳細資料 否

If sickness is involved, did you receive treatment for this sickness from other doctor before this trip?

Yes, please provide details of the doctor involved No

如涉及意外，請敘述意外發生經過

If accident is involved, please describe how the accident happened _____

請註明索償金額

Amount to be claimed: _____

注意：請提供所有醫療費用收據的正本及所有有關醫療報告的正本。

N.B. Please provide all ORIGINAL medical receipts, copy of all relevant medical reports.

(2) 行李及個人財物 Baggage & Personal Effects 遺失現金及旅遊證件 Personal Money and Travel Document

請敘述事發情況

Describe how the incident happened _____

該財物是否由閣下全權擁有？

否，請提供詳細資料 是

Are you the sole owner of the property?

No, please provide details Yes

閣下是否認為任何人仕必須對事件或損失負責？

是，請註明其姓名及地址 否

Can you identify any parties who may be responsible for the incident or loss?

Yes, please provide particulars No

財物損失 / 損壞或緊急物品購買詳情

Details of property lost or damaged or emergency purchased

物品之詳細資料 (包括牌子及產品號碼) Full description of articles (including brand name & model number)	購買日期 Date of purchase	出售物品之商號名稱及地址 Name and address of the vendor	購買價錢 Purchase price	索償金額 Amount claimed

注意：請提供以上物品的購貨收據、保用證（如適用），或重新購回物品收據之正本，及索償的損壞物品相片之正本（如適用）。

N.B. Please provide ORIGINAL purchase receipts, warranties (if applicable), or replacement receipts of the articles described above. Please also provide ORIGINAL photo(s) showing the

(3) 個人責任 Personal Liability

請敘述事件發生情況

Describe how the incident happened _____

閣下認為是誰導致事件發生？

In your opinion, who cause this incident? _____

敘述有關人仕的詳細資料

Details of the other parties involved _____

請敘述受傷或物件損壞之性質及程度

Nature and extent of injuries or damages _____

注意：請不要回覆及提供所有法庭傳票、告票或有關文件一併呈交給本公司跟進。

N.B. Please pass onto us any correspondence, summons, writ in relation to the incident UNANSWERED.

(4) 旅程延誤、更改行程、行程誤點及超額訂票 **Travel Delay, Trip Re-routing, Missed Journey & Overbooking**
 行李延誤 **Baggage Delay**

事件發生的原因？

What is the cause of the incident? _____

請列明航班延誤的時間 / 行李延誤到達的時間

How long have your flight been delayed / your baggage been delayed from its scheduled arrival _____

注意：請提供航空公司 / 旅運公司 / 旅遊代理 / 酒店的書面確認副本及所有有關費用收據的正本。

N.B. Please provide us copy of written confirmation from the airline(s) / transportation company(ies) / travel agent(s) / hotel(s) / the like and the ORIGINAL receipts of expenses incurred.

(5) 損失訂金或取消旅程 **Loss of Deposit or Cancellation of Trip**
 提早結束旅程 **Trip Curtailment**

事件發生的原因？

What is the cause of the incident? _____

當閣下決定取消行程後，有否即時通知航空公司 / 旅運公司 / 旅遊代理 / 酒店？（如適用）

Where applicable, please confirm if you have notified the airline(s) / transportation company(ies) / travel agent(s) / hotel(s) / the like immediately once you found it necessary to cancel the trip?

沒有，請列明原因
No, please provide reason

有
Yes

航空公司 / 旅運公司 / 旅遊代理 / 酒店是否已退回有關的訂金或部份待用的金額？（如適用）

Where applicable, please confirm if the airline(s) / transportation company(ies) / travel agent(s) / hotel(s) / the like refund you any deposit / unused portion of expenses incurred by you?

是，請列明已退回的金額
Yes, please advise the amount refunded

否
No

注意：請提供航空公司 / 旅運公司 / 旅遊代理 / 酒店的書面確認副本及所有有關費用收據的正本。

N.B. Please provide us copy of written confirmation from the airline(s) / transportation company(ies) / travel agent(s) / hotel(s) / the like and the ORIGINAL receipts of expenses incurred.

(6) 聲明及授權書 **DECLARATION AND AUTHORIZATION**

- 本人 / 我們謹此聲明及同意 (1)上述一切陳述及問題的所有答案，不論是否本人 / 我們親手所寫，就本人 / 我們所知所信，均為事實全部並確實無訛；(2)本人 / 我們對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，中國交銀保險有限公司（“貴公司”）不須受其約束。I/We HEREBY DECLARE AND AGREE that (1) all statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true; (2) China BOCOM Insurance Co., Ltd. (“the Company”) is not bound by and is not required to rely on any statement which I/We may have made to any person if not written or printed here.
- 本人 / 我們茲授權(1)任何僱主、註冊西醫、醫療人員、醫院、診所、保險公司、銀行、財務機構、警察、政府機構、或其他組織、機構或人士、凡知道或持有任何本人 / 我們之紀錄者，均可將該等資料提供給中國交銀保險有限公司；(2) 中國交銀保險有限公司或任何其指定之醫生或化驗所，可就此賠償申請替本人 / 我們進行所需之醫療評估及測試，作為審核本人 / 我們之索償。此授權對本人 / 我們之繼承人具有約束力；即使本人 / 我們身故或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。I/We, HEREBY AUTHORIZE (1) any employer, medical practitioner, paramedical examiners, hospital, clinic, insurance company, bank, financial institution, police, government institution, or other organization, institution or person, that has any records or knowledge of me/us to disclose such information to China BOCOM Insurance Co., Ltd. (“the Company”); (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessments and tests to evaluate in relation to this claim. This authorization shall bind the successors of and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.
- 本人 / 我們確認本人 / 我們已閱讀並明白收集個人資料的聲明。本人 / 我們確認本人 / 我們已被通知本人 / 我們須詳細閱讀該聲明，而本人 / 我們已詳細閱讀該聲明對貴公司所收集或持有之本人 / 我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人 / 我們特此確認並同意中國交銀保險有限公司根據該聲明使用及轉移本人 / 我們的個人資料。I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement (“PICS”). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by China BOCOM Insurance Co., Ltd. in accordance with the PICS.

#投保人/保單持有人簽署

#Signature of Insured/Policyholder

#If the Insured /applicant is a corporation, company's chop is required 若投保人是公司，必須在投保申請人簽署部分蓋上公司印章。

受保人/索償人簽署

Signature of Insured Person/Claimant

日期

Date

如中英文版本的條款有任何分歧，以英文版本為準。 In the event of any inconsistency between the English version and the Chinese version, the English version shall prevail.

CLM-TIP-07-202410

香港中環紅棉路8號東昌大廈18樓
18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.
電話 Tel (852) 2591 2938 傳真 Fax : (852) 2831 9192

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請確保以下所需文件與索償表格一併遞交。

Please ensure the following required documents will be submitted together with the Claim Form

所需文件 Document Required	個人意外 Personal Accident	醫療 Medical	旅程延誤 Travel Delay	損失訂金及 取消旅程 Loss of Deposit / Trip Cancellation	行程提早 結束 Trip Curtailment	行李及 個人財物 Baggage and Personal Effect	行李延誤 Baggage Delay	個人錢財 Personal Money
登機證、機票等證明出發及回程日期 Boarding passes, air tickets etc. confirming the departure and return dates	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
醫療證明/醫療報告 (如適用) Medical certificate/medical report (If applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
住院及醫療單據正本 Original Hospital and Medical Bills showing the period of hospitalization and the receipts		<input checked="" type="checkbox"/>						
航空公司/客運機構證明受延遲多少小時 及有關因 Confirmation from the airline/carrier certifying the number of hour of delay & the reason of delay			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
預繳交通及住宿費用的單據正本 Original receipt for the prepaid of transport cost and accommodation				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
酒店/旅行社/航空公司/客運機構發出的 退款報告 Confirmation from the hotel/travel agent/airline/carrier/certifying the amount of refund on the unused expenses				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
購買必需品的單據正本 Original receipts for purchase of necessity							<input checked="" type="checkbox"/>	
有關機構(例如：警局、航空公司或酒店) 發出的遺失或損毀報告(適用如) Loss or damage report from relevant authorities e.g. police, airline or hotel (If applicable)						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
受損物品的相片 Photos showing the extent of damage to the damaged item(s)						<input checked="" type="checkbox"/>		
所有單據及/或保用證正本 All original receipts and/or warranties						<input checked="" type="checkbox"/>		
銀行兌換收據/提款記錄 Exchange slip/withdrawal records								<input checked="" type="checkbox"/>

備註：在一些情況下，我們可能需要你提供進一步資料以處理你的索償申請。

Remarks: In certain circumstances, more information may be required to substantiate the claim.

In the event the Insurance claims application consisting of personal information, such application will not be processed unless this personal information collection statement is duly read and signed by the Policyholder/Insured Person.

PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

COLLECTION AND USE OF PERSONAL DATA

China BOCOM Insurance Co., Ltd. (hereafter called "the Company") may use the personal data collects from you (whether contained in this application or otherwise) for the purposes of

- (i) investigating, processing and paying claims made under your insurance policy;
- (ii) collecting deductibles for claim settlement and/or any outstanding amounts from you;
- (iii) conducting market research for statistical or other purposes;
- (iv) matching any data held which relates to you from time to time for any of the purposes listed herein;
- (v) conducting identity and/or credit checks and/or debt collection;
- (vi) carrying out other services in connection with the operation of the Company's business;
- (vii) contacting you for any of the above purposes;
- (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.

Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The Company may disclose your 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, bank for executing direct debit payment 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) your insurance broker (if you have one);
- (g) our legal and professional advisors;
- (h) our related companies;
- (i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- (j) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (k) government agencies and authorities as required or permitted by law.

The Company may also use and disclose your personal data otherwise with your consent.

"Related companies" in this form means the holding company of the China BOCOM Insurance Co., Ltd (Bank of Communications Co., Ltd.) which includes branches, subsidiaries, representative offices and/or any corporations or legal entity under the effective management control by the Bank of Communications Co., Ltd. and/or any subsidiaries and/or representative offices of China BOCOM Insurance Co., Ltd, wherever situated.

DIRECT MARKETING

Unless with your consent, the Company MAY NOT use any extra information obtained under this form for any direct marketing purpose except for those information obtained from you before for processing the insurance application. In the event you **DO NOT WISH** the Company and/or its affiliated companies to use your personal data in direct marketing and receive the direct marketing materials, you may inform us in writing to the address in the section on "**ACCESS AND CORRECTION OF PERSONAL DATA**". The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

ACCESS AND CORRECTION OF PERSONAL DATA:

Under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"), you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: **Data Privacy Officer of China BOCOM Insurance Co., Ltd. 18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.**

保單持有人/受保人必須閱讀及簽署此收集個人資料聲明後有關的索償申請將會被處理

收集個人資料的聲明

收集及使用個人資料

中國交銀保險有限公司（下稱“本公司”）可能會使用客戶提供的個人資料(不論是否此表格所載或從其他途徑所取得)作以下用途：

- (i) 調查、處理及支付 閣下保單有關的索償；
- (ii) 向 閣下收取自負額及欠款；
- (iii) 為統計或其他目的進行市場研究；
- (iv) 不時就本條款所列的任何目的核對所持有的與 閣下有關係的任何資料；
- (v) 進行身份和/或信用核查和/或債務追收；
- (vi) 開展與本公司業務經營有關的其他服務；
- (vii) 就以上用途聯絡 閣下；
- (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，條列及業內守則及指引。

本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

本公司亦可因應上述用途披露 閣下的個人資料予下列各方：

- (a) 就上述用途，向本公司提供行政、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、執行直接付款方式繳付保費之銀行及數據處理服務商）；
- (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) 閣下的保險經紀（若有）；
- (g) 本公司的法律及專業業務顧問；
- (h) 本公司的關連公司；
- (i) 香港保險業聯會（或同類的保險公司聯會）及其會員；
- (j) 保險索償投訴局及同類的保險業機構；
- (k) 法例要求或許可的政府機關。

經 閣下同意，本公司可能會以其它方式使用及披露 閣下的個人資料。

“關連公司”是指本公司的控股公司『交通銀行股份有限公司』其中亦包括交通銀行股份有限公司屬下之分行、附屬公司及代表處及/或任何被交通銀行股份有限公司在管理上控制的公司及/或中國交銀保險有限公司的附屬公司及代表處，不論其所在地。

直銷促銷

若非經 閣下同意，本公司不可能使用 閣下在索償申請書中提供的額外聯絡資料用作任何直接促銷用途。這並不包括早前在投保申請處理時提供的資料。

若閣下**不願意**本公司及與本公司關聯的公司使用及將 閣下的個人資料提供予其他人士作任何形式的直接促銷用途。請 閣下請發信至下文“**個人資料的查閱和更正**”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將 閣下納入日後的直接促銷活動中。

個人資料的查閱和更正

根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：**中國交銀保險有限公司位於香港中環紅棉路8號東昌大廈18樓個人資料保護主任收。**