

Travel insurance claim form 旅遊保險索償申請表

Please complete this claim form and submit it together with all required supporting documents to us within 30 days following the loss. Otherwise, it may affect the process of your claim. **If you have faxed your form, please do not post it again to avoid duplication.**

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,否則可能影響閣下之賠償處理。**為免重複,如已傳真表格,請勿重複郵寄。**

Certificate no./Booking no. 臨單/證書號碼		Policy no. 保單號碼	
Name of insured/claimant 保戶姓名			
Mobile phone no. 手提電話號碼 Fax no.		b. 傳真號碼	
E-mail address 電郵地址			
Address 地址			
General Information 一般事項			
Place of Loss/Accident 損失/意外地點	Period of T	ravel 旅遊期:From 由	To 至
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	Period of T	ravel 旅遊期:From 由 Total Claimed Amount §	
	Period of T		
Date and Time of Loss/Accident 損失/意外日期及時間	Period of T		
Date and Time of Loss/Accident 損失/意外日期及時間	the box and we w	Total Claimed Amount 9	索償總額

③ Claim Documentation 索償文件

Please ensure the documents required are submitted with this form. Additional documents relevant to the claim may be required upon request of Zurich Insurance Company Ltd. Please check the appropriate box below.

請確保所需之文件連同本表格一併交回。蘇黎世保險有限公司有可能要求提供額外有關索償之文件。請勾選下列適用之空格。

Nature of Benefit Claimed 申請賠償項目	Claim Documents Checklist 賠償文件清單			
Medical Expenses 醫療費用	1. Original medical bills showing the medical expenses and diagnosis 顯示醫療費用及診斷之醫療單據正本			
	2. Please specify in details 請詳細説明: How the accident happened, medical diagnosis and treatment received 意外受傷之過程,醫療診斷及所接受之治療			
	3. Copy of referral letters and medical reports for MRI/X-ray/Physiotherapy treatment 轉介信及磁力共振/X光檢查/物理治療之醫療報告副本			
	4. Do you need to attend follow up treatment/consultation in Hong Kong? 閣下是否需要在香港繼續治療/應診? YES 是 NO 否			
Personal Accident 人身意外	1. Copy of death certificate 死亡證副本			
7 (23 /3/21	2. Copy of medical report/coroner's report 醫療報告/法醫官報告副本			
	3. Copy of police report, if any 警方報告副本,如有			
	4. Original/Certified true copy for the Letters of Administration 遺產管理書之正本/核實副本			
Loss/Damage of Personal Baggage 個人行李遺失/損毀	1. Original purchase receipts for the lost/damaged item(s) 遺失/損毀物品之購買收據正本			
四八八丁 及八八次以	2. Photographs showing the extent of damage to the claim item(s) 顯示損毀物品程度的相片			
	3. Copy of written report issued by local police and other responsible parties such as the airline company and hotel 當地警方及其他有責任的機構如航空公司及酒店等發出之書面報告副本			
	4. Copy of repair quotation for the damaged item(s) 損毀物品之維修報價單			
Loss of Personal Money, Travel Documents and/or Travel Tickets 個人現金損失、旅行證件及/ 或旅遊門票遺失	1. Copy of police report 警方報告副本			
	2. Original official receipts for extra accommodation fee, traveling expenses and replacement of lost travel documents or travel tickets 額外住宿費用、交通費用及補發遺失之旅行證件或旅遊門票之收據正本			
Rental Vehicle Excess 租車自負額保障	1. Copy of rental vehicle's comprehensive insurance policy 租車綜合保單條款副本			
四十日	2. Copy of vehicle rental agreement 租車合約副本			
	3. Original excess receipt and rental receipt 墊底費收據及租車收據之正本			
	4. Copy of damage incident report 損壞事故報告副本			

Claim Documentation (continued) 索償文件 (續)

Nature of Benefit Claimed 申請賠償項目	Claim Documents Checklist 賠償文件清單	
Travel/Baggage Delay 行程/行李延誤	1. Copy of written report issued by the airline company specifying the reason and period of travel/baggage delay 航空公司發出有關行程/行李延誤原因及時間之書面報告副本 Original departure/arrival date and time 原定出發/到達日期及時間:	
	—————————————————————————————————————	
	Total delay duration 總延誤時間:	
	Reason of delay 延誤原因:	
	2. Original purchase receipts for the emergency items due to baggage delay 因行李延誤而購買緊急物品之收據正本	
	3. Copy of boarding passes showing all the incurred flights and the scheduled itinerary 顯示所有航班的登機證及預定行程之副本	
	4. Copy of written report from the related public common carrier with reason and duration for the delay 有關公共交通工具公司發出之書面報告副本以證明延誤原因及時間	
	5. Original receipts for the extra accommodation expenses due to travel delay 因航班延誤而引致額外住宿費用之收據正本	
	6. Original receipts for the re-routing costs 重新計劃行程所須費用之收據正本	
Trip Cancellation, Trip Interruption, Cruise Cancellation & Interruption Protection, Excursion Tour Cancellation	1. Documents in relation with trip cancellation, such as copy of medical report or death certificate 有關取消行程理由之文件,如醫療報告或死亡證副本	
	2. Copy of documents for the proof of relationship (e.g. birth certificate, marriage certificate etc) 關係證明文件副本(如出世紙、結婚證明書等)	
取消行程、行程受阻、 取消郵輪旅程及阻礙保障、 取消岸上覲光行程	3. Copy of written report issued by airlines/public common carriers/cruise company and travel agent indicating whether there is any refund for the paid travel fare 航空/公共交通工具公司/郵輪公司及旅遊公司發出之有否退還已付旅費的書面報告副本	
	4. Original official receipts for the paid travel fare and/or accommodation and/or travel tour and/ or excursion tour 已付旅費及/或住宿及/或旅行團及/或岸上觀光行程收據正本	
Personal Liability, Identity theft	1. Details of incident 事件發生之詳情	
個人責任、身份被盜用	2. Copy of police report or incident report issued by relevant authority 警方報告或有關機構發出之事件報告副本	
	3. Original compensation invoice and payment receipt for the damaged item 補償損毀物品的發票和付款收據正本	
	4. Copy of other related documents (e.g. summons, all court documents, solicitors' correspondences etc) 其他有關之文件副本(如法院傳票、法院文件、律師函件等)	
Unauthorized Use of Credit Card while Travelling Overseas	1. Copy of notification to the credit card issuing authority in relation with the incident of unauthorized use of credit card 致信用卡發卡機構有關信用卡被盜用的通知書副本	
海外旅遊期間信用卡被盜用	2. Copy of statements and investigation outcome issued by the credit card issuing authority showing the incident of unauthorized use of credit card 信用卡被盜用之月結單及有關調查結果副本	
Satellite Phone on Cruise Ship (Applicable for CruisePlus plan only)	1. Copy of medical report 醫療報告副本	
郵輪衛星電話費用 (只適用於「安心暢郵」郵輪 假期計劃)	2. Copy of receipts issued by satellite phone service provider 衛星電話服務供應商發出之收據副本	

Nature of Benefit Claimed 申請賠償項目	Claim Documents Chec 賠償文件清單	klist		
Damage of Evening Wear to Formal Dinner on Cruise SI (Applicable for CruisePlus plan only) 郵軸工式晚宴禮服損毀	nip damaged while usin the permanent dam 由郵輪公司發出之I 久損壞程度(不包持	ument from the cruise management indicating that the evening wear w g the laundry service (other than self-service laundry facility) with details age E式文件證明有關之晚宴禮服於使用郵輪之洗衣服務而損壞及詳細列明 話使用郵輪上自助洗衣服務引致之損壞)之副本		
(只適用於「安心暢郵」郵輪 假期計劃)	2. Proof (e.g. photogr Night	aph) showing the evening wear was worn for the "Dinner with Captai 仒「與船長晚餐」時穿著之證明(如相片)		
Hotel Cost due to Involunt Journey Extension (Applicable for CruisePlus plan only)	delay	ort from the related public common carrier with reason and duration for t 公司發出之書面報告副本以證明延誤原因及時間		
因非自願性滯留引致之 額外酒店費用 (只適用於「安心暢郵」 假期計劃)	_{影輪} check-in and check-	2. Original official receipt of the extra hotel cost payment including the daily accommodation cos check-in and check-out date issued by the relevant hotel 由有關酒店發出之額外酒店費用正式收據正本並列明每日之住宿貴用、入住及退房日期		
Pet Care Cover (Applicable for CruisePlus plan only)	delay	1. Copy of written report from the related public common carrier with reason and duration for t delay 有關公共交通工具公司發出之文件副本以證明延誤原因及時間		
寵物照顧服務保障 (只適用於「安心暢郵」郵輸 假期計劃)	including check-in a	eipt of the extra daily accommodation cost payment to the pet ho nd check-out date issued by the relevant pet hotel 出之額外每日住宿費用正式收據正本並列明每日之住宿貴用、入住及退		
Park and Fly Cover (Applicable for CruisePlus plan only)	delay	1. Copy of written report from the related public common carrier with reason and duration for th delay 有關公共交通工具公司發出之文件副本以證明延誤原因及時間		
機場泊車保障 (只適用於「安心暢郵」 假期計劃)	including daily parl company inside the 由香港國際機場內基	2. Original official receipt of the parking fee to the car park in Hong Kong International Airpoincluding daily parking rate, check-in and check-out date issued by the relevant car park company inside the Hong Kong International Airport 由香港國際機場內之有關泊車公司發出於香港國際機場內泊車費用之收據正本並列明每日泊車貴用、泊入及駛出日期		
we you making any other insuran 引下是否正就此次損失申領其他		result of this incident? If yes, please specify.		
NO 否 YES 是	Policy no. 保單號碼	Name of insurance company 保險公司名稱		
To Do Completed For Cla	m Under Less/Dames	vo of Dovernal Rossess		
「o Be Completed For Clai 如索償類別為 一 個人行李遺				
Loss/Damaged Items 損失/損毀之物件 Date and pl 購買地方及				
		1 1		

Subject to policy liability, you are given an optio 在保單條款許可的情況下,閣下可勾選以支票	for settlement by claims cheque or by direct credit. 銀行轉帳方式收取賠償款項。
	credit/wire transfer (Limited to listed banks below and for claim less than HKD20,000) (只適用於以下列出之銀行及少於港幣貳萬元之賠償)
supply of any information or documents under th all our rights for assessing your claim subject to to 如閣下選擇銀行轉帳,請提供相關銀行資料。」	yment by direct credit. However this is subject to the bank's arrangement. Furthermore, the section is not construed as an admission of liability under your policy. We hereby reservents and conditions of your policy. :服務必須得到銀行安排下進行。本公司特此聲明,上述要求並不代表閣下之索賠現立文件後,將根據保單一切條款才作最後審批。敬請留意。
Account Holder's Name (Must be the same as t	e Policyholder) 戶口持有人姓名(必須與保單持有人相同)
Bank Name 銀行名稱	
HSBC 匯豐銀行	Standard Chartered Bank 渣打銀行
Bank of China (Hong Kong) 中國銀行(看	港) Hang Seng Bank 恆生銀行

〔6〕 Declaration and authorization 聲明及授權書

- 1. I/We declare that all information and particulars contained above are true and complete to the best of my knowledge and belief and they are made without reservation of any kind.
 - 本人/吾等謹此聲明,本人/吾等確信,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。
- 2. I/We understand and agree the following issues about the arrangement of my/our personal information collected or held by Zurich Insurance Company Ltd.
 - 本人/吾等明白並同意以下有關 Zurich Insurance Company Ltd(「本公司 」)處理所收集及保存本人/吾等之個人資料的安排
 - (1) The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by Zurich Insurance Company Ltd ("Company") may be used by the Company for the following **obligatory purposes** necessary in providing services to the customers (otherwise the Company is unable to provide services

to customers who fail to provide the required information):
由**Zurich Insurance Company Ltd**(「**本公司**」)收集或持有的客戶(包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人)個人資料,均可供本公司使用作以下**強制性用途**,以便為客戶提供服務(否則本公司將無法為未能 提供所需資料的客戶提供服務):

- to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services: 辦理,調查(及協助他人調查)和決定保險申請、保險索償及提供持續的保險服務;
 - to process requests for payment, and for direct debit authorization;
- 辦理付款要求及直接付款授權;
- to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right; 處理任何對客戶的索償、訴訟及/或司法程序;以及行使本公司的權利(詳情見適用保單條款所定),包括但不限於代位
- IV. to compile statistics or use for accounting and actuarial purposes; 編撰統計數字,或作會計及精算用途;
- to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group ("**Zurich Insurance Group**") and conduct matching procedures where necessary; 符合對本公司及/或其所屬集團(「**蘇黎世保險集團**」)具約束力的任何本地或外國法例、規則、守則或指引的披露規定及如需要時進行核對程序;
- VI. to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments; 遵循香港法院及監管機構作出的合法要求或指令,包括但不限於保險業監理處、香港保險業聯會、核數師、政府組織和政 府相關機構;
- VII. to collect debts;
 - 債務追討;
- VIII. to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and
 - 便利本公司的認可服務供應商,就上述目的為本公司及/或客戶提供服務;及
- to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment. 使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。
- (2) The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the obligatory purposes:-

本公司可就強制性用途,向以下於香港境內或境外的人士提供任何客戶個人資料:

Declaration and authorization (continued) 聲明及授權書(續)

I. companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;

蘇黎世保險集團成員公司,或任何進行保險或再保險相關業務的其他公司或中介人;

- II. any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business; 任何向蘇黎世保險集團提供行政、電訊、電腦、付款或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商;
- III. third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors; 第三方服務供應商,包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員、及資料處理者;
- IV. credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;

信貸諮詢機構、而在客戶欠賬時,任何債務追收代理或進行索償或調查服務的公司;

V. any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;

companies are expected to comply; 根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例,及就任何由政府、監管或其他機關所頒佈且蘇黎世保險集 團或其任何關連機構預期須遵守的任何規例、守則或指引而言,蘇黎世保險集團有責任向其作出披露的任何人士;

- VI. any person pursuant to any order of a court of competent jurisdiction; and 根據主管司法權區的法院的任何頒令的任何人士;及
- VII. any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners: 蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。
- (3) All customers have the right to access to, correct, or change any of their own personal information held by the Company by request in writing to the Company's Personal Data Privacy Officer at the address below.

 所有客戶均有權以書面向本公司之個人資料私隱主任(地址如下)要求查閱、修正及/或更改由本公司所持有有關其本身的任何個人資料。

Personal Data Privacy Officer 個人資料私隱主任 26/F, One Island East 香港港島東華蘭路 18號 18 Westlands Road 港島東中心26樓 Island East

Island East Hong Kong

- (4) In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request. 根據私隱條例,本公司有權收取合理費用,藉以處理任何資料的查閱要求。
- (5) In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

 本通知的中英文版本如有任何歧異或不一致,概以英文版為準。
- 3. I/We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I/We have been observed or treated to give full particulars about my/our health to the Company or its agents.

 本人/吾等授權於任何曾替本人/吾等作診療之醫生、醫務人員、醫院或診所提供有關本人/吾等病歷之資料予貴公司或其代理
- 4. I/We hereby further authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies etc who are in possession of my insurance proposal information, claim information or any related information to release part or all of the information about the subject or related incidents of injury, loss or damage to the Company or its agents. 本人/吾等授權持有本人/吾等投保資料,索償紀錄或任何有關資料之一方,包括但不限於警方及政府機構,航空公司,旅遊公司,保險公司等任何有關人士或組織,可以將部份或全部有關本人是次或相關事件等資料提供貴公司或其代理人。
- 5. A photocopy of this authorization shall be considered as effective and valid as the original. 此授權書之影印本亦屬有效。

Date 日期	Signature of Claimant 索償人簽署

For any inquiry, please call our Claims hotline: +852 2903 9439 Fax hotline: +852 2968 1660 如有任何查詢,請電理賠熱線:+852 2903 9439 傳真熱線:+852 2968 1660

Please return this form together with supporting documents to: 請將此表格連同一切有關文件交回:

Zurich Insurance Company Ltd (a company incorporated in Switzerland) 蘇黎世保險有限公司 (於瑞士註冊成立之公司)

Claims Department: 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

理賠部:香港島東華蘭路18號港島東中心25-26樓

Tel 電話:+852 2903 9388 Fax 傳真:+852 2968 1660 Website 網址:www.zurich.com.hk

