



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 電話：2867 0888 傳真：3906 9921
HEAD OFFICE: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong. Tel: 2867 0888 Fax: 3906 9921

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 Name of Insured _____	保單編號 Policy No. _____
身份證號碼 Identity Card No. _____	性別 Sex _____
出生日期 Date of Birth _____	日 月 年 DD MM YY
職業 Occupation _____	聯絡電話 Contact Tel No. _____
地址 Address _____	電郵 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 Name of Claimant / Insured Person _____	與保戶關係 Relationship with the Insured _____
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 月 年 DD MM YY
職業 Occupation _____	
地址 Address _____	電郵 E-mail _____
索償資料 Particulars of Claim	
(1) 事故發生的日期及時間 Date and time of incident _____	日 月 年 時間 DD MM YY Time: _____
(2) 事故發生的地點 Place of incident _____	上午 下午 <input type="checkbox"/> am <input type="checkbox"/> pm
(3) a. 事故的詳情 Description of incident _____	a. _____
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.	b. <input type="checkbox"/> No <input type="checkbox"/> 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?	a. <input type="checkbox"/> No <input type="checkbox"/> 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.	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?	a. <input type="checkbox"/> No <input type="checkbox"/> Yes
b. 如“是”，列明詳情及何時發生 If “Yes”, state details and date(s) of incident(s).	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)?	a. <input type="checkbox"/> No <input type="checkbox"/> Yes
b. 如“是”，列明詳情 If “Yes”, state details.	b. _____
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).	
<input type="checkbox"/> 1. 人身意外 Personal Accident	<input type="checkbox"/> 5. 個人錢財及證件 Personal Money and Travel Document
<input type="checkbox"/> 2. 醫療及其他費用 Medical and Other Expenses	<input type="checkbox"/> 6. 個人責任 Personal Liability
<input type="checkbox"/> 3. 個人行李和物品 Baggage and Personal Effects	<input type="checkbox"/> 7. 行程延誤 Travel Delay
<input type="checkbox"/> 4. 行李延誤 Baggage Delay	<input type="checkbox"/> 8. 取消行程 / 縮短行程 Cancellation of Trip / Curtailment of Trip
1. 人身意外 Personal Accident	
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 月 年 DD MM YY
職業 Occupation _____	
地址 Address _____	電郵 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

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)

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 and Travel Document

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?

Have you in any way admitted liability to the claimant?

否

No

是

Yes

如“是”，說明詳情

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

Cause of cancellation or curtailment of trip

索償金額

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

Name of Bank

戶口號碼

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: