

中銀集團保險有限公司  
BANK OF CHINA GROUP INSURANCE COMPANY LTD.

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：2521 8985  
HEAD OFFICE: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong. Tel: 2867 0888 Fax: 2521 8985

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 Date and time of incident	_____ 日 _____ 月 _____ 年 _____ 時間 _____ 上午 _____ 下午 _____ _____ DD _____ MM _____ YY Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm
(2) 事故發生的地點 Place of incident	_____
(3) a. 該事故的詳情 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. 被保人是否就是次事故向其他保險公司索償 Is the Insured Person entitled to claim under any other insurance policies in respect of this incident? 如“是”，列明保險公司的名稱，保單編號及索償保障項目 b. If “Yes”，state the name of insurance company(ies), respective policies numbers and details of benefits.	a. <input type="checkbox"/> No <input type="checkbox"/> Yes 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? 如“是”，列明詳情及何時發生 b. If “Yes”，state details and date(s) of incident(s).	a. <input type="checkbox"/> No <input type="checkbox"/> Yes 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)? 如“是”，列明詳情 b. If “Yes”，state details.	a. <input type="checkbox"/> No <input type="checkbox"/> Yes b. _____

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

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

1. Personal Accident 人身意外

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，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. Medical and Other Expenses 醫療及其他費用

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. Baggage and Personal Effects 行李和個人物品**

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. Baggage Delay 行李延誤**

Reason for Delay 延誤原因	Hours Delayed 延誤小時

  

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. Personal Money 個人錢財及證件**

**Items lost (for cash, state currency) 損失項目 (如現金，列明貨幣)** \_\_\_\_\_  
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. Personal Liability 個人責任**

Name of Claimant 索償人姓名	Age 年齡	Sex 性別	Occupation 職業	Contact Tel. No. 聯絡電話
_____	_____	_____	_____	_____

Address 地址 \_\_\_\_\_

Nature and extent of injury 受傷的性質及程度	Description of property and extent of damage 財物的資料及受損程度	Claimable amount 索償金額
_____	_____	_____

您是否已向第三者承認責任  
Have you in any way admitted liability to the claimant?     No     Yes    如“是”，說明詳情  
If “Yes”, state details \_\_\_\_\_

**7. Travel Delay 行程延誤**

Flight No. 班機編號	Departure Date 出發日期	Departure Time 出發時間	Departure Place 出發地點	Destination 目的地
Original schedule 原定班次 _____	_____	_____	_____	_____
Delayed schedule 延誤班次 _____	_____	_____	_____	_____

Reason for Delay 延誤原因 \_\_\_\_\_ Hours Delayed 延誤小時 \_\_\_\_\_  
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. Cancellation of Trip / Curtailment of Trip 取消行程 / 縮短行程**

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

**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 貴公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償，或該等索償的調查或分析；
- 行使任何代位權；及

可能移轉予：

- 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其他服務提供者，以達到任何上述或有關目的；
- 現存或不時成立的任何保險公司協會或聯會或同類組織（「聯會」），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；及
- 透過「聯會」移轉予任何「聯會」的會員，以達到上述或有關目的。

此外，本人授權 貴公司可向「聯會」從保險業收集的資料中查閱及/或核對本人任何資料。本人明白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，本人將向 貴公司辦公室提出（電話：2867 0888，傳真：2522 1705）

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 Co Ltd ("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of:

- any insurance or financial related products or services or any alterations, variations, cancellation or renewal of said products or services;
- any claim or investigation or analysis of such claim;
- exercising any right of subrogation; and

may be transferred to:

- 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;
- any association, federation or similar organization of insurance companies ("Federation") 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 and
- any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, the Company is hereby authorized to obtain access to any / or to verify any of my data with the information collected by the Federation from the insurance industry. I understand 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 Administration Department of the Company. (Tel: 2867 0888 / Fax: 2522 1705)

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: