

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

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「太平國際旅遊保險」索償申請表 TAIPING GLOBAL TRAVEL INSURANCE CLAIM FORM

請用正楷填寫此索償申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。

Please complete this Claim Form in BLOCK LETTERS. If the space is not enough or no applicable field available, please supplement information by attachment.

提交此表格並不代表本公司承擔賠償責任。本公司有權要求索償人提供更多資料以處理索償申請。如所提交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請可能會受延誤或被拒絕。

Submission of this form is not construed as our admission of any liability. The Company is entitled to request for further information for handling the claim application. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

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處理，否則可能影響閣下之賠償。

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.

(1) 索償人資料 (必須填寫) CLAIMANT'S INFORMATION (REQUIRED)			
保單號碼 Policy No.		賠償號碼 (由本公司填寫) Claim No. (For Office Use)	
索償人姓名 Name of Claimant		性別 Sex	出生日期 Date of Birth
聯絡電話 Contact Tel No.	電子郵件 E-mail Address	被保險人香港身份證/護照號碼 Insured Person's HKID No. / Passport No.	
通訊地址 Correspondence Address			
(2) 基本資料 GENERAL INFORMATION			
事件發生之日期及時間 Date and time of the incident		事件發生地點 Location of the incident occurred	
敘述事件發生的經過 Detailed description of the occurrence of the incident			
該事故是否受保於其他保單 Is this incident/loss covered by any other insurance 如有，請詳述: If "yes", please specify		有否就此向其他保險公司索償或報警 Submitted claim to another insurer or reported to police 如有，請詳述: If "yes", please specify	
<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有		<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有	
請連同登機證/機票/電子機票/護照/航空公司或旅行社簽發的收據/其他文件副本一併呈交 Please return the form together with copies of boarding passes/air-tickets/e-tickets/passport/travel agent or airline's official receipt/other supporting documents.			
離境日期 Date of departure (年/月/日 YY/MM/DD)		入境日期 Date of return (年/月/日 YY/MM/DD)	
(3) 索償項目 BENEFITS CLAIMED			
3.1 醫療費用 / 個人意外 / 現金津貼 Medical Expenses / Personal Accident / Cash Allowance			
發生意外或疾病的日期 Date of the injury/sickness: (年/月/日 YY/MM/DD)	第一次求診日期 Date of first consultation with doctor/hospital (年/月/日 YY/MM/DD)	傷勢/病況的診斷結果 Nature of injury/Diagnosis of sickness:	
閣下曾否患上上述類似之疾病或舊病/傷復發? 若「是」，請敘述詳情 If "yes", please give full details:		<input type="checkbox"/> No. 否 <input type="checkbox"/> Yes 是	
閣下曾否因此次疾病或受傷而於旅途中住院? Were you hospitalized overseas as a result of this injury /sickness?		<input type="checkbox"/> No. 否 <input type="checkbox"/> Yes 是	
入院日期 Date of admission : (年/月/日 YY/MM/DD)		出院日期 Date of discharge : (年/月/日 YY/MM/DD)	
是否已痊癒? Are you completely recovered? 若「否」，請說明閣下現時接受的治療 If "No", please state what treatment(s) that you are now receiving.		<input type="checkbox"/> No. 否 <input type="checkbox"/> Yes 是	
請列出索償項目(請一併呈交醫療收據正本) Please list items to be claimed (Please attach original medical receipts)	求診日期 Date of visit	索償金額 Claim amount	
		原有貨幣 Original currency	金額 Amount

3.2 行李及個人物品 / 個人錢財及旅遊證件 Personal Baggage & Personal Effects / Personal Money and Travel Document

閣下是否在 24 小時內向當地警方報案 Did you report it to the police within 24 hours at the place of loss? No. 否
 若「是」, 請附上當地警方報告 If "yes", please attach the local police report. Yes 是

閣下是否已就遺失或損毀財物向承運商/航空公司或其他機構索償或投訴? No. 否
 Have you lodged a claim or complaint against any carrier/airline/other authority for the loss or damage to your property? Yes 是
 若「是」, 請提供相關證明 If "yes", please attach copies of correspondence.
 承運商/航空公司/其他機構名稱
 Name of carrier/airline/ other authority:

有關承運商/航空公司/其他機構有否提供任何形式的賠償(包括維修或更換) Did the carrier/airline/other authority offer compensation in any form No. 否
 (including repair, replacement) Yes 是
 若「是」, 請敘述詳情 If "yes", please specify:

損失/損壞的物品 Item(s) lost/damaged	購買日期 Date of purchase	原價 Original purchase price	維修報價 (如有) Repair quotation (if applicable)	索償金額 Claim amount

3.3 行程延誤 / 行李延誤 Travel Delay / Baggage Delay

行程延誤 Travel Delay 行李延誤 Baggage Delay

地點 Location 延誤原因 Reason for Delay

原定時間 Original arrival/departure time 年 Y / 月 M / 日 D 上午/下午 AM/PM 時 hr / 分 min 航班編號 Flight No.

延誤後實際時間 Actual arrival/departure time 年 Y / 月 M / 日 D 上午/下午 AM/PM 時 hr / 分 min 延誤時數 Hours of Delay

額外交通費用 Extra transportation expenses 索償金額(請註明貨幣) Claim amount (Please indicate the currency)

3.4 取消旅程 / 縮短旅程 Cancellation of Journey / Curtailment of Journey

旅行社名稱及地址 Name and address of your travel agent

取消旅程 Cancellation of Journey 縮短旅程 Curtailment of Journey 取消或縮短旅程的原因 Reason for the cancellation or curtailment

原定行程 Period of original journey 由 From 年 Y / 月 M / 日 D 至 To 年 Y / 月 M / 日 D

縮短後之行程 Period of curtailed journey 由 From 年 Y / 月 M / 日 D 至 To 年 Y / 月 M / 日 D

如旅程取消或提早結束旅程原因是因為被保險人本人或被保險人的直系親屬或緊密業務伙伴或旅遊伙伴死亡、嚴重受傷或患病, 請提供以下資料
 If the journey curtailment/journey cancellation was due to death, serious injury or sickness of the Insured Person /immediate family member/close business partner/traveling companion, please state clearly the following:

死亡、受傷或患者姓名 Full name of sick/injured/deceased person 與被保險人關係 Relationship to the Insured Person Diagnosis 診斷

索償金額(請註明貨幣) Claim amount(Please indicate the currency) 航空公司、酒店及旅行社的退款金額 Amount compensated by airline, hotel and travel agent

3.5 其他 Others

索償項目(請選擇適當項目) Claim item (Please select the appropriate item(s))

個人責任 Personal Liability 租車自負額 Rental Vehicle Excess
 其他, 請註明 Other(s), please specify :

索償項目(請一併呈交證明文件) Claim item (Please attached supporting documents)	索償原因 Claim reason	索償金額 Claim amount

(4) 聲明及授權書 DECLARATION AND AUTHORIZATION

本人/我們茲聲明上述所填報之資料皆為確實詳情, 並沒有隱瞞任何與此索償有關之重要情況。
 I/We hereby warrant the truth of the above statements and declare that I/we have not withheld any material information connected with this claim.

本人/我們謹此代表本人/我們/所有被保險人授權任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他機構、組織或人士, 凡知道或持有任何有關本人/我們/所有被保險人記錄者, 及/或曾診驗或可能將會診驗本人/我們/所有被保險人者, 均可將該等資料提供給中國太平保險(香港)有限公司, 此授權對本人/我們之繼承人及被保險人具有約束力; 即使死亡或無行為能力時, 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 on behalf of myself/ourselves/the Insured Person any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/us/the Insured Person and who has attended or may hereafter to myself/ourselves/the Insured Person to disclose such information to China Taiping Insurance (H.K.) Company Limited. This authorization shall bind my successors and the Insured Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

本人/我們聲明及同意已獲被保險人授權及同意本人/我們作出上述授權。
 I/We declare and agree that I/we have the full authority from and consent of the Insured Person to make the above authorizations.

I/We confirm having read and understand the Company's Personal Information Collection Statement as accompanied with this form.
 本人/我們確認已閱讀及明白隨本表格附上的有關貴公司的收集個人資料聲明。

被保險人/索償人簽署 Signature of the Insured Person / Claimant..... 日期 (年/月/日) Date (YY/MM/DD).....

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

中國太平保險(香港)有限公司(下稱“本公司”)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。閣下提供本索償表格要求的個人資料(包括信用資料和以往申索記錄)·是為了本公司提供保險業務所需·本公司並可能使用閣下的個人資料作以下用途:

- (i) 任何與保險有關的產品或服務(包括處理及審批閣下索償、結清申索、保單相關行政、財務工作、索償調查或分析、偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)及其它相關的服務)·或該等產品或服務的任何更改、變更、取消或續期;
- (ii) 本公司行使任何代位權;
- (iii) 就以上用途聯絡閣下;
- (iv) 其它與上述用途有直接關係的附帶用途;及
- (v) 遵循適用法律·條例及業內守則及指引。

本公司亦可因應上述用途披露/轉移閣下的個人資料予下列各方·而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料:

- (a) 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·或任何從事與保險或再保險業務有關的公司·或閣下的保險中介人(若有)·保險理算人或索償調查員/公司·或其他保險業務有關的服務提供者;
- (b) 僱主;醫護專業人士;醫院;會計師;財務顧問;律師;整合保險業申索和承保資料的組織;防欺詐組織;其他保險公司(無論是直接地·或是通過防欺詐組織或本段中指名的其他人士);警察;和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者);
- (c) 本公司的關連公司(以《公司條例》內的定義為準);
- (d) 政府及市場認可的保險業監管機構:保險投訴局及同類的保險業機構·香港保險業聯會(或同類的保險公司聯會)及其會員;
- (e) 法例要求或許可的政府機關包括運輸署。

閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外)·而就此而言·閣下同意將閣下的資料移轉至香港境外。

閣下可有權隨時查閱及/或更正由本公司持有有關閣下的個人資料。如有需要·請以書面形式向本公司的總經理辦公室提出·地址為香港北角京華道18號15樓或電郵 info@hk.cntaiping.com。另本公司私隱政策的全文已上載於www.hk.cntaiping.com·歡迎查閱。

本公司為預防保險詐騙偵測系統成員·詳情請參閱www.hkfi.org.hk/ifpcd/en/index.html。

本聲明的中英文版本如有任何歧異或不一致·概以英文版為準。

China Taiping Insurance (HK) Company Limited (the “Company”) understands its responsibilities to the collection, retention processing or use personal data under the Personal Data (Privacy) Ordinance. The personal data you provided in this form (including credit information and claims history) is collected to enable the Company to carry on insurance business. The Company may also use your personal data for the following purposes:

- (i) any insurance related product or service (include processing and evaluating your insurance claim, settling claims, providing administration, financing, claim investigation or analysis work, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;
- (ii) exercising any right of subrogation;
- (iii) contacting you for any of the above purposes;
- (iv) other ancillary purposes which are directly related to the above purposes; and
- (v) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose / transfer your personal data to the following persons who may collect and use this data only as reasonably necessary to carry out the purposes described above:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjusters/companies, or other service provider providing services relevant to insurance business;
- (b) employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
- (c) the Company's related companies (as that term is defined in the Companies Ordinance);
- (d) Government and industry recognized insurance regulatory bodies: the Insurance Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members ; and
- (e) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

You have the right to access and/or request correction of any personal data concerning yourself held by the Company. Requests for such access can be made in writing to Office of the General Manager at 15/F, 18 King Wah Road, North Point, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company's Data Privacy Policy can be found at www.hk.cntaiping.com.

The Company is a member of the Insurance Fraud Prevention Claims Database, please go to website www.hkfi.org.hk/ifpcd/en/index.html for details.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.