



MSIG Insurance (Hong Kong) Limited
 9/F Cityplaza One 1111 King's Road
 Taikoo Shing Hong Kong
 Tel: (852) 2894 0555 Fax: (852) 2902 9109
 Website: www.msig.com.hk

Macau Branch
 Avenida Da Praia Grande No. 693
 Edif Tai Wah, 13th Andar A & B, Macau
 Tel: (853) 2892 3329
 Fax: (853) 2893 3349

Travel Insurance Claim Form 旅遊保險索償申請表

(Please complete in BLOCK letters)

(請以正楷填寫)

Procedures and Notes:

1. Please submit the Claim Form to us within 30 days from the date of accident.
2. Please submit a completed Claim Form, together with original copies of all relevant documents to:

MSIG Insurance (Hong Kong) Limited
 Claims Division
 9/ F Cityplaza One
 1111 King's Road
 Taikoo Shing Hong Kong

3. Incomplete Claim Form cannot be accepted for processing of payment.
4. All medical reports, information and evidences as required by us shall be furnished at the Claimant's own expenses.
5. Further information may be needed.
6. For inquiry, please call our Claims Services Hotline at 2894 0660 or email at claimin@hk.msig-asia.com.

程序及備註:

1. 請將索償表格於事發後之 30 天內呈交本公司。
2. 請將填妥之索償表格連同有關證明文件之正本寄回:

三井住友海上火災保險(香港)有限公司
 理賠部
 香港太古城
 英皇道 1111 號
 太古城中心一期 9 樓

3. 未經填妥之索償表格，將不獲接受索償處理。
4. 本公司要求遞交所有醫療報告、資料及證據之費用須由索償人支付。
5. 稍後可能需要提供進一步資料。
6. 如有任何查詢，請致電我們的賠償服務熱線 2894 0660 或電郵 claimin@hk.msig-asia.com。

Personal Details 個人資料

Name of Certificate Holder 保險證書持有人姓名	_____	Certificate No. 保險證書編號	_____
Correspondence Address 通訊地址	_____		
Email Address 電郵	_____	Contact Tel No. (Daytime) 日間聯絡電話	_____
Name of Claimant 索償人姓名	_____	Occupation 職業	_____
Gender M / F 性別 男/女	Date of Birth 出生日期	_____ D 日/ _____ M 月/ _____ Y 年	
Correspondence Address 通訊地址	_____		
Email Address 電郵	_____	Contact Tel No. (Daytime) 日間聯絡電話	_____

If we need to contact you in written, which method would you prefer most? Mail 郵件 Email 電子郵件
 如本公司需要以書面聯絡閣下，您認為那一種聯絡方式比較適合？

Claim Settlement Method 賠償方法

To quicken our settlement for any valid claim, please provide your banking details if you prefer direct credit. We must stress that this request should not be treated as an admission of our liability whatsoever means by law. Finally, we hereby reserve all rights for assessing your claim subject to terms, conditions and exclusions of the related policy.

在成功審批賠償後，本公司可以將賠款直接過戶。如閣下選擇此項服務，敬請提供銀行名稱和戶口號碼。本公司特此聲明，此項要求並不代表閣下之索償現正獲成功審批。有關決定，本公司在收齊證明文件後，將根據保單一切條款才作最後審批，敬請留意。

For claim payment (if any) direct credit to Policyholder/ Insured Person's bank account, please complete all of the following:

本公司將賠償款項(如有)直接存入保單持有人/投保人之戶口，請填寫以下資料：

Account Holder's Name (Must be the same as the Policyholder/ Insured Person 必須與保單持有人/投保人相同)

戶口持有人姓名

Bank Name 銀行名稱	Bank Code 銀行編號	Branch No. 分行號碼	Bank A/C No. 銀行帳戶號碼

* To facilitate consideration of your claim, please ensure you have submitted the required supporting document.

* 請確定閣下於呈交索償申請表時，一併提交索償所需的基本證明文件，以便本公司辦理閣下的索償事宜。

† Please ✓ the appropriate one (請 ✓ 適用者)

Medical Expenses 醫療費用		Amount Claimed 本節總索償額為 _____
1. Date of sickness 患病日期	Time of sickness 患病時間	Place of sickness 患病地點
_____ D 日/ _____ M 月/ _____ Y 年	_____ a.m.上午/ p.m.下午	_____
2. Diagnosis of sickness 所患為何種疾病 _____		
3. When did the sickness first become apparent 何時首次發現染病 _____		
4. Please indicate your current status 請指出閣下現在的情況 <input type="checkbox"/> Fully recovered from this injury 完全康復 <input type="checkbox"/> Still under treatment 治療中		
5. Have you ever had such sickness before? If yes, please state when 以前有否患過該種疾病? 如有, 請提供於何時患過該種疾病 _____		
6. Name and address of medical practitioner who attended you immediately following the sickness 於患病後首次為閣下診治的醫生姓名及地址 _____		
7. If hospitalisation was required, please state 如需留院治療, 請提供	Date of Admission 入院日期	Date of Discharge 出院日期
_____	_____ D 日/ _____ M 月/ _____ Y 年	_____ D 日/ _____ M 月/ _____ Y 年
8. Name and address of your attending medical practitioner in Hong Kong 香港主診醫生的姓名及地址 _____		
9. Can you get compensation from other sources for the sickness now you suffered? If "yes", please state where and how 閣下可否從其他途徑獲取是次患病的醫療費用的賠償? 如答案為「可以」, 請提供索取有關醫療費用賠償的途徑及如何取得賠償 _____		
10. If you have already claimed under any policy from other insurer or from other policy of our Company, please give brief details: 如閣下曾向其他保險公司或本公司索償, 請列明詳情:		
Name of Insurer 保險公司名稱	Type of Cover 保障類別	Policy No. 保單號碼
_____	_____	_____
Note: Please send copy of the payment document if other insurance company has already paid of the part of medical expenses. 注意: 若其他保險公司曾作出賠償, 請提供該保險公司之賠償證明。		
Basic supporting documents required 索償所需的基本文件		
<input type="checkbox"/> Traveling Schedule and Air ticket (copy) 行程表及機票 (副本)	<input type="checkbox"/> Medical Report (original) 醫療報告 (正本)	
<input type="checkbox"/> Boarding Pass (copy) 登機證 (副本)	<input type="checkbox"/> Copy of HKID/ Birth Certificate* 香港身份證/出世紙*副本 (*applicable if Insured is below age 18 *適用於 18 歲以下之受保人)	
<input type="checkbox"/> ^Medical Receipt with Final Diagnosis (original) ^醫療費用收據及最後診斷 (正本)	<input type="checkbox"/> Other available document 其他可向本公司提供的文件	
^ For all medical reports and original medical receipts, please provide the <u>treatment date, patient's name, diagnosis and countersigned by the attending physician with stamp on it.</u> 請提供治療日期、病者姓名、病症及由主診醫生之印鑑及簽署在所有醫療報告及醫療費用之正本收據上。		

Personal Accident 人身意外		Amount Claimed 本節總索償額為 _____
1. Date of accident 意外發生日期	Time of accident 意外發生時間	Place of accident 意外發生地點
_____ D 日/ _____ M 月/ _____ Y 年	_____ a.m.上午/ p.m.下午	_____
2. Please describe how the accident happened 請描述意外如何發生 _____		
3. Please state nature and extent of injury suffered 請說明損傷的類別及程度 _____		
4. Please indicate your current status 請指出閣下現在的情況		
<input type="checkbox"/> Fully recovered from this injury 完全康復 <input type="checkbox"/> Still under treatment 治療中		
5. Name and address of any witness to the accident 請提供任何可作是次意外證人的姓名及地址 _____		
6. Date of first treatment 第一次接受治療日期		
_____ D 日/ _____ M 月/ _____ Y 年		
Date of last treatment 最後一次接受治療日期		
_____ D 日/ _____ M 月/ _____ Y 年		
7. Name & address of the attending medical practitioner 主診醫生的姓名及地址 _____		

Basic supporting documents required 索償所需的基本文件		
<input type="checkbox"/> Traveling Schedule and Air ticket (copy) 行程表及機票 (副本) <input type="checkbox"/> Other available document 其他可向本公司提供的文件		
<input type="checkbox"/> Boarding Pass (copy) 登機證 (副本) <input type="checkbox"/> Copy of HKID/ Birth Certificate* 香港身份證/出世紙*副本		
<input type="checkbox"/> Medical Report (original) 醫療報告 (正本) <input type="checkbox"/> (*applicable if Insured is below age 18 *適用於 18 歲以下之受保人)		

Cancellation and Curtailment 取消及縮短行程		Amount Claimed 本節總索償額為 _____
1. Name and address of your travel agent 旅行社名稱及地址 _____		
2. The relevant flight no. and/ or tour reference no. 航班編號及/或行程編號 _____		
3. Date of travel arrangement made 訂妥行程日期		
_____ D 日/ _____ M 月/ _____ Y 年		
Date of deposit paid 支付按金日期		
_____ D 日/ _____ M 月/ _____ Y 年		
4. Scheduled date of departure 原定航班日期		
_____ D 日/ _____ M 月/ _____ Y 年		
Time of departure 原定航班時間		
_____ a.m.上午/ p.m.下午		
Place of departure 原定航班地點		

5. Actual date of departure 確實航班日期		
_____ D 日/ _____ M 月/ _____ Y 年		
Actual time of departure 確實航班時間		
_____ a.m.上午/ p.m.下午		
6. Reason for the cancellation or curtailment 取消或縮短行程的原因 _____		

7. Can the pre-paid amount be recovered from other sources? If "Yes", please state where and how 已支付的按金可否從其他途徑獲得發還? 如答案為「可以」, 請提供要求發還按金的途徑及如何獲得發還按金 _____		

Basic supporting documents required 索償所需的基本文件		
<input type="checkbox"/> Traveling Schedule and Air ticket (copy) 行程表及機票 (副本) <input type="checkbox"/> Carrier's/ Airline's document to certify reason of cancellation and amount of non-refundable deposits (original) 客運公司/航空公司發出的文件證明取消行程原因及不能退還之款項 (正本)		
<input type="checkbox"/> Boarding Pass (copy) 登機證 (副本) <input type="checkbox"/> Copy of Birth Certificate (applicable if Insured is below age 18) 出世紙*副本 (*適用於 18 歲以下之受保人)		
<input type="checkbox"/> Travel Deposit Payment Receipt (original) 旅費按金/旅費收據 (正本)		
<input type="checkbox"/> Other available document 其他可向本公司提供的文件		

Travel Delay and Missed Departure 行程延誤及啟程誤點			Amount Claimed 本節總索償額為 _____
1. The relevant flight no. and/or tour reference no. 航班編號及／或行程編號 _____			
2. Scheduled date of departure 原定航班日期 _____ D 日/ _____ M 月/ _____ Y 年	Time of departure 原定航班時間 _____ a.m. 上午/p.m. 下午	Place of departure 原定航班地點 _____	
3. Actual date of departure 確實航班日期 _____ D 日/ _____ M 月/ _____ Y 年			
4. Reason [#] for the delay/ missed departure 行程延誤／啟程誤點的原因 [#] _____			
<small>[#] Reason must be either (a) strike or other industrial action; (b) riot; (c) hijack; (d) adverse weather conditions; or (e) natural disaster; (f) derangement of the public transport [#] 原因必須為 (a) 罷工或其他工業行動；(b) 騷亂；(c) 騎劫；(d) 惡劣天氣；(e) 天然災難；(f) 該公共交通工具機械故障或擾亂影響</small>			
Basic supporting documents required 索償所需的基本文件			
<input type="checkbox"/> Traveling Schedule and Air ticket (copy) 行程表及機票 (副本) <input type="checkbox"/> Carrier's/ Airline's document to certify the reason of delay (original) 客運公司／航空公司發出的文件證明延誤行程原因 (正本)			
<input type="checkbox"/> Boarding Pass (copy) 登機證 (副本) <input type="checkbox"/> Copy of Birth Certificate* (applicable if Insured is below age 18) 出世紙*副本 (適用於 18 歲以下之受保人)			
<input type="checkbox"/> Travel Deposit Payment Receipt (original/copy) 旅費按金／旅費收據 (正本／副本) <input type="checkbox"/> Other available document 其他可向本公司提供的文件			

Personal Liability / Rental Vehicle Excess Cover 個人責任／租車自負金額保障			Amount Claimed 本節總索償額為 _____
<ul style="list-style-type: none"> ▪ For Rental Vehicle Excess Cover, please complete question 1 & 2 only 如索償租車自負金額保障，只需填寫第 1 及 2 項資料 			
1. Date of incident 事故發生日期 _____ D 日/ _____ M 月/ _____ Y 年	Time of incident 事故發生時間 _____ a.m. 上午/ p.m. 下午	Place of incident 事故發生地點 _____	
2. Full description of incident 請詳述事故的經過 _____ _____			
3. Name & Address of third party claimant and other involved parties 要求索償的第三者或有關人士的姓名及地址 _____ _____			
4. Extent of injury/ damage caused with estimate on quantum if possible 請提供第三者的損失／傷亡程度。在可能情況下，請提供第三者索償的約數 _____ _____			
5. Please state your own view on liability 請說明閣下對是次事故責任問題上的意見 _____ _____			
6. Has formal claim been received from third party claimant? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 閣下有否正式收到第三者之索償要求？			
<small>* IMPORTANT – Please forward to us all correspondence directly relating to the third party claim and do not admit any liability to the third party. * 重要事項 — 如收到第三者的索償信件，請勿私下作出回覆。閣下必須將該等信件交予本公司。</small>			
Basic supporting documents required 索償所需的基本文件			
For Personal Liability: 個人責任：			
<input type="checkbox"/> Traveling Schedule and Air ticket (copy) 行程表及機票 (副本) <input type="checkbox"/> Police Report (copy) 警署報案紀錄 (副本)			
For Rental Vehicle Excess Cover (if applicable): 租車自負金額保障 (如適用)：			
<input type="checkbox"/> Rental Vehicle Receipt (original) 租車收據 (正本) <input type="checkbox"/> Police Report (copy) 警署報案紀錄 (副本)			
<input type="checkbox"/> Rental Vehicle Agreement/ Contract (original) 租車協議／合約 (正本) <input type="checkbox"/> Excess Payment Receipt (original) 墊底費／自負金額收據 (正本)			
<input type="checkbox"/> Evidence of motor accident (original) 汽車意外證明文件 (正本) <input type="checkbox"/> Other available document 其他可向本公司提供的文件			

Baggage and Personal Money 行李及個人錢財		Amount Claimed 本節總索償額為 _____		
1. Date of loss/ damage/ delay 財物遺失／損毀／延誤日期	Time of loss/ damage/ delay 財物遺失／損毀／延誤時間	Place of loss/ damage/ delay 財物遺失／損毀／延誤地點		
_____ D 日/ _____ M 月/ _____ Y 年	_____ a.m.上午/ p.m.下午	_____		
2. Please describe how the loss/ damage occurred 請詳述財物遺失／損毀的經過 _____				
3.				
Lost/ Damaged Item(s) 遺失／損毀財物項目	Model No. 型號	Date of Purchase 購買日期	Purchase Cost 購買金額	Conditions Immediately before the Loss/ Damage 該財物於遺失／損毀一刻前之狀況
*Please attach supplementary sheet if necessary. 如有需要，請另附紙張填寫其他遺失／損毀財物項目。				
4. Date of loss reported to the police 向警方報告遺失財物日期	Time of loss reported to the police 向警方報告遺失財物時間	Reference no. of the loss reported to the police 警方檔案編號		
_____ D 日/ _____ M 月/ _____ Y 年	_____ a.m.上午/ p.m.下午	_____		
5. Please give details if you have lodged complaint against any carrier/ airline/ hotel/ other parties concerning the damage/loss 如有就遺失／損毀財物一事向任何客運公司／航空公司／酒店／有關人士作出投訴，請提供詳情 _____				
6. Please give details if you have got any other insurance covering the lost/damaged item(s) 如財物已獲其他保單保障，請提供該等保險之詳情 _____				
Basic supporting documents required 索償所需的基本文件				
<input type="checkbox"/> Traveling Schedule and Air ticket (copy) 行程表及機票 (副本) <input type="checkbox"/> Boarding Pass (copy) 登機證 (副本) <input type="checkbox"/> Travel Deposit Payment Receipt (original/ copy) 旅費按金／旅費收據 (正本／副本) <input type="checkbox"/> Carrier's/ Airline's document to certify loss of/ delay baggage (original) 客運／航空公司發出的文件證明行李遺失／延誤 (正本)	<input type="checkbox"/> Police Memo/ Statement (copy) 警署報案紀錄／口供紙 (副本) <input type="checkbox"/> Purchase/ Replacement Receipt (original) 購買／重新購置物品收據 (正本) <input type="checkbox"/> Copy of Birth Certificate (applicable if Insured is below age 18) 出世紙*副本 (*適用於 18 歲以下之受保人) <input type="checkbox"/> Other available document 其他可向本公司提供的文件			
Declaration & Authorisation 聲明及授權				
1. I/We declare that the above information is in all respect true and complete to the best of my/ our knowledge and belief; 我／我們就此作出聲明，以上所述事項均根據我／我們所知及所信的情況下提供，並且為正確及並無遺漏；				
2. It is agreed that upon request by MSIG Insurance (Hong Kong) Limited, I/We shall make a statutory declaration to re-affirm the genuineness of all information contained in this claim form; and 若三井住友海上火災保險（香港）有限公司提出有關要求，我／我們將同意作出重申本索償申請表內資料均屬真確的法定聲明；及				
3. I, the undersigned claimant, hereby authorise any party concerned to disclose to MSIG Insurance (Hong Kong) Limited or its representative any and all information with respect to my medical history regarding illness or injuries and my claimed loss/ damage under the above Section(s). A photostat copy of this authorisation shall be as effective and valid as the original. 本人為下方簽署之索償人。本人現授權有關人士向三井住友海上火災保險（香港）有限公司或其代表提供任何一切有關本人於上述索償項目中申報本人患病、受傷和財物損失／損毀的資料記錄。本授權書之影印本的法律效力等同正本。				
4. I believe that the facts stated in this claim form are true and correct. I acknowledge that the Insurers will rely upon the information supplied by me/ the policyholder/ the insured, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory/ the policyholders/ insured under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein. 本人確認此索償申請書內之事實均為真實及正確。本人確認貴保險公司會依靠本人／保單持有人／受保人所提供的資料（本人誠實地相信該等資料是真實和正確的），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人／保單持有人／受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。				
Signature of Certificate Holder 保險證書持有人簽署 I.D. Card No. 身份證號碼 Date 日期	Signature of Claimant 索償人簽署 I.D. Card No. 身份證號碼 Date 日期			

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read these terms and conditions carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

PERSONAL INFORMATION COLLECTION STATEMENT

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any document in relation to the Product or any claim made under the Product.

Your personal data may be used for the purpose of:

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- any sales, marketing, promotion of other general insurance services and products provided by us;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- our related, subsidiary or affiliated companies within the MSIG Group or MS&AD Insurance Group in or out of Hong Kong;
- any other company carrying out insurance or reinsurance related business in or out of Hong Kong;
- any association or federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to MSIG or any member of the MSIG Group or MS&AD Insurance Group.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the Hong Kong Personal Data (Privacy) Ordinance, you have the right to request access to and to request correction of your personal data held by us, and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer.

*The Data Protection Officer
MSIG Insurance (Hong Kong) Limited
9/F., Cityplaza One, 1111 King's Road,
Taikoo Shing, Hong Kong.*

Nothing in this statement shall limit your rights under the Personal Data (Privacy) Ordinance.

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、「我們」或「本公司」）請你仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，你須向我們不時供給與我們提供之一般保險服務及產品（下稱「產品」）相關的個人資料，讓我們可向你提供客戶服務及改善服務質素。當中包括但不限於你在申請表填寫或任何與產品有關之文件上或任何透過產品索償上所載之個人資料。

你的個人資料可被用於以下用途：

- 向你提供與產品及設施相關之日常運作及行政用途；
- 任何我們提供的其他一般保險服務及產品之銷售、市場營銷及推廣用途；
- 產品變動、取消或更新用途；
- 評估及處理透過產品索償及任何繼後法律訴訟之用途；或
- 由本公司行使代位權利之用途。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 在三井住友保險集團或 MS&AD 保險集團內，在本港或海外與本公司有關之機構、子公司或附屬公司；
- 任何其他在本港或海外經營有關保險或再保險業務之公司；
- 任何現存或不時成立的協會或保險公司聯會；或
- 任何提供行政服務、索償處理或其他與三井住友保險集團或 MS&AD 保險集團成員相關產品服務之代理、承辦商或第三者。

為了確保你的個人資料之準確性，你同意授權本公司查閱並核實任何由保險業內保險公司聯會所收集有關你的個人資料。

根據香港個人資料（私隱）條例，你有權查閱及更正本公司所持的任何載有你的個人資料之記錄，以及要求選擇拒收任何本公司的直銷通訊。如你欲行使以上權利，請以書面形式通知我們的資料保護主任。

*資料保護主任
三井住友海上火災保險（香港）有限公司
香港太古城英皇道 1111 號
太古城中心第一期 9 樓*

此聲明所述之條文並不限制你就個人資料（私隱）條例可行使之權利。