

旅遊保險索償書

Travel insurance claim form



康泰旅行社
www.hongthai.com
牌照號碼: 350070



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.

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，否則可能影響台端之賠償。

Certificate no. 臨單/證書號碼: _____

Policy no. 保單號碼: _____

Name of insured 保戶姓名: _____

Name of claimant 索償人姓名: _____

Address 地址: _____

Phone no. (day time) 日間聯絡電話: _____

Fax no. 傳真號碼: (optional / 非必須填寫) _____ e-mail address 電郵地址: (optional / 非必須填寫) _____

Period of Travel : From 旅遊期由 _____ To 至 _____

Place of Loss / Accident: 損失/意外/患病地點: _____

Date and Time of Loss / Accident: 損失/意外/患病日期及時間: _____

Details of occurrence: 事件發生詳情: _____

Total Claimed Amount 索償總額: _____

Claim documentation:

Please ensure the documents required in relation to the claiming section below are submitted with this form. Additional documents relevant to the claim may be required and to be forwarded upon request of Macau Insurance Company Limited.

索償文件:

請提供下列所需之文件連同本表格一併交回。如有需要，澳門保險股份有限公司將要求索償人提供額外之有關文件以供處理索償事宜用途。

| 申請賠償項目 | 所需之文件 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Medical Expenses 醫療費用 | i) Original medical bills showing the expenses and diagnosis 所有正本醫療單據，單據上應顯示醫療費用及醫生之診斷 |
| <input type="checkbox"/> Personal Accident 個人意外 | i) Death Certificate 死亡證 ii) Medical report/coroner's report 醫療報告/法醫官報告 iii) Police report, if any 警方報告，如有 |
| <input type="checkbox"/> Compassionate Visit 緊急啓程費用 | i) Medical report 醫療報告 ii) Proof of relationship (e.g. Birth Certificate, Marriage Certificate etc) 關係證明 (如出世紙、結婚證明書等) iii) Official receipts of traveling and/or accommodation expenses incurred 已支付的旅費及/或住宿費用正式收據 |
| <input type="checkbox"/> Loss / Damage of Personal Baggage 個人行李遺失/損毀 | i) Police report 警方報告 ii) Original purchase receipts of lost items 損失物品之正本購買收據 |
| <input type="checkbox"/> Loss of Personal Money, Travel Documents and/or Travel Tickets, 個人現金損失、旅行證件及或旅行票遺失 | i) Police report 警方報告 ii) Official receipts for additional hotel and/or traveling expenses and receipts for replacement of lost travel documents or travel tickets 額外住宿、交通及補發旅行證件或旅行票正式收據 iii) Statements issued by the issuing authority showing the record of unauthorized use of credit card 發卡機構發出載有信用卡被盜用記錄之月結單 iv) Copy of notification to the issuing authority 致發卡機構的通知書副本 |
| <input type="checkbox"/> Baggage / Travel Delay 行李/行程延誤 | i) 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文件以證明延誤原因及時間 ii) Baggage Delay - original receipts of the emergency purchase items 行李延誤：緊急購買物品之正本收據 |
| <input type="checkbox"/> Cancellation of Trip, Trip Interruption, Cruise Cancellation & Interruption, Excursion Tour Cancellation 取消行程、行程受阻、郵輪旅程阻礙 保障、取消岸上觀光旅行 | i) Medical report or Death Certificate 醫療報告或死亡證 ii) Proof of relationship (e.g. Birth Certificate, Marriage Certificate etc) 關係證明 (如出世紙、結婚證明書等) iii) Official receipts of traveling and/or accommodation expenses incurred 已支付的旅費及/或住宿費用正式收據 iv) Written confirmation from airlines/public common carriers or travel agent indicating if the paid travel fare is refundable 航空/公共交通工具公司或旅遊公司發出之文件證明已付的旅費可否作出退還 |
| <input type="checkbox"/> Personal Liability, Identity theft 個人責任、身份被盜用 | i) Details of incident 事件發生之詳情 ii) Police report, if any 警方報告，如有 iii) Other related documents (e.g. copies of summons, all court documents, solicitors' correspondences etc) 其他有關是次事件之文件 (如法院傳票、法院文件、律師函件等) |
| <input type="checkbox"/> Satellite Phone 衛星電話費用 | i) Medical report 醫療報告 ii) Official receipts issued by satellite phone service provider 已支付的衛星電話服務費用正式收據 |

Private & Confidential 私人及保密文件

Are you making any other insurance or compensation claim as a result of this incident? 閣下是否正就此次損失申領其他賠償?

NO 否 YES 是 Policy no. 保單號碼

Name of insurance company 保險公司名稱

To be completed for claim under Medical Expenses section. 如索償類別為醫療費用，必須填妥此部份。

(1) Do you need to attend follow up treatment/consultation? 是否需要繼續應診? YES 是 NO 否

To be completed for claim under – Baggage & personal effects 如索償類別為一行李及隨身財物，必須填妥此部份。

Loss / Damaged Items 損失／損毀之物件 Date and place of purchase 購買地方及日期 Original purchase value 購入價值

If space provided is inadequate, please use separate sheet of paper for item list. 如此欄不夠填寫，請另加紙張。

Any persons from whom the Company has collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. A request for such access may be made to the Claims Department of Macau Insurance Company Limited.

就提供上述資料的任何人有權查閱及要求更改由本公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求，可向本公司之賠償部提出。

Declaration and authorization 聲明及授權書

- 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。
- I/We hereby further declare and agree that the personal information collected or held by Macau Insurance Company Limited (the "Company"), whether contained in this accident report or otherwise obtained, may be used by the Company or disclosed to any individual or organization within or outside Macau for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims analysis.
本人／吾等再在此聲明及同意由澳門保險股份有限公司(貴公司)所收集或持有的個人資料，不論包含在這意外報告表或以其他方式獲取，均可供貴公司使用或向在澳門境內或境外之任何人或機構披露作以下用途：(1) 評核此項申請，(2) 提供保險及客戶服務，(3) 處理保險的索償或有關之分析。
- 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人。
- 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。
- 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: 8396-9519
如有任何查詢，請電理賠熱線：8396-9519

Fax hotline: 2832-9370
傳真熱線：2832-9370

澳門保險 - 賠償部
澳門南灣大馬路 594 號澳門商業銀行大廈 10 樓

Claims Department, Macau Insurance Company
Avenida da Praia Grande No.594, Edf. BCM, 10 Floor, Macau