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Thank you for considering Sun Flower to be one of your selected intermediaries.  
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

## 旅遊綜合保險索償申請表

# TRAVEL PACKAGE INSURANCE CLAIM FORM

茲此聲明，提供本申請表並不代表本公司已承諾了賠償責任，為審核您的索償申請，請據實填寫以下資料後盡快寄回本公司。  
This form is issued without admission of liability, and it must be completed and returned to the company immediately.

### 受保人資料 Details of Insured

保單持有人姓名 Name of Policyholder		保單編號 Policy No.	
受保人姓名 Name of Insured Person		身份証號碼 I.D. Card No.	
電話號碼 Contact no.	傳真號碼 Fax no.	電郵 E-mail Address	出生日期 Date of Birth
地址 Address			

### 索償類別 Type of Claim

1) <input type="checkbox"/> 醫療費/ 有關費用 Medical Expenses / Related Costs	2) <input type="checkbox"/> 個人意外 Personal Accident
3) <input type="checkbox"/> 緊急醫療運送( 遺體運返 ) Emergency Medical Evacuation (Repatriation of Remains)	4) <input type="checkbox"/> 行程取消/ 縮短/ 更改 Trip Cancellation / Curtailment / Re-arrangement
5) <input type="checkbox"/> 旅程延誤/ 行李延誤 Travel Delay / Baggage Delay	6) <input type="checkbox"/> 個人財物 Personal Belongings
7) <input type="checkbox"/> 其他附加保障 ( 請註明 ) Other Special Care (Please Specify)	8) <input type="checkbox"/> 個人責任 Personal Liability

### 索償事由 Description of Claim

事件發生日期，時間及地點  
Date, Time and Place of incident

請詳細描述事件發生的過程  
Describe in full how the incident happened

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### 如屬醫療費/ 有關費用索償 If Claim for Medical Expenses / Related Costs

受傷性質/ 病因  
Nature of Injury / Diagnosis of Sickness

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( 如空間不敷使用，請另以紙張列舉 If space is insufficient, please attach separate page.)

索償項目 Claimed Items	購買日期 / 診治日期 Purchase Date / Medical Treatment Date	索償金額 Claimed Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		

### 其他保險資料 Other Insurance

請問除本公司外，有否投保於其他保險公司？如有，請述： 沒有  有  
Do you have other insurance coverage? If so, please state: No Yes

保險公司名稱  
Name of Insurer

投保種類  
Type of Coverage

保單編號  
Policy No.

保單生效日期 ( 日 / 月 / 年 )  
Policy Effective Date (dd / mm / yy)

## 索償所需之基本文件 Basic Documents Required

為方便本公司審核您的申請，敬請提供以下列舉文件，一併將此申請表送回本公司

To facilitate consideration of your claim, please ensure you have submitted all the necessary documents with this form

索償種類 Type of Claim	個人意外 / 醫療費用 Personal Accident/ Medical Expenses	個人財物 Personal Belongings	旅程 / 行李延誤 Travel / Baggage Delay	行程取消 / 縮短 / 更改 Trip Cancellation / Curtailment / Re-arrangement
公司證明信( 只限商務旅遊 ) Company Letter ( for Business Travel only)	✓	✓	✓	✓
行程表/ 機票存根( 副本 ) Itinerary / Air-ticket Voucher (copy)	✓	✓	✓	✓
登機証( 副本 ) Boarding Pass (copy)	✓	✓	✓	✓
索償人之香港身份証( 副本 ) Claimant's HKID Card (copy)	✓			
醫療收據及報告之正本 Original Medical Receipts & Medical Report	✓			
遺失物件的購買 / 重新購置收據 Purchase / Replacement Receipt of Lost Item		✓		
損壞物件的維修報價單 / 發票及照片 Repair Quotation / Invoice for Damaged Item & its Photo		✓		
客運 / 航空公司 / 酒店之事件證明 Confirmation from Carrier / Airline / Hotel		✓	✓	✓
警方報案記錄 Police Report		✓		
購買應急用品之收據 Emergency Purchase Receipt			✓	
旅費按金 / 額外交通 / 住宿費用的收據 Receipt for Travel Deposit / Additional Travel Fare / Accommodation Expenses				✓
其他有關文件 Other Relevant Documents	✓	✓	✓	✓

## 收取索償款項提示 Claim Payment Method

- If the claim payment method "Autopay to bank account" is chosen,
    - Please provide Insured/Insured Person/Eligible Person/Claimant's bank account proof showing account holder name and account number (e.g. copy of bank book, ATM card or bank statement etc).
    - For Insured/Insured Person/Eligible Person/Claimant who is an individual, only personal banking saving/current accounts will be accepted by Assicurazioni Generali S.p.A.
    - For Insured/Insured Person/Eligible Person/Claimant who is a corporate entity, only commercial banking saving/current accounts will be accepted by Assicurazioni Generali S.p.A.
    - Assicurazioni Generali S.p.A will only pay/transfer Hong Kong Dollars to the designated bank account.
    - If the bank transfer payment is rejected, declined or unsuccessful, a cheque will be issued to Insured/Insured Person/Eligible Person/Claimant and posted to address stated on the claim form instead without further notice.
    - If the claim payment amount is over HKD 20,000, a cheque will be issued to Insured/Insured Person/Eligible Person/Claimant and posted to the address stated on the claim form.
  - If the claim payments are settled in currencies other than the policy currency(ies), the payment amounts would be subject to change according to the prevailing exchange rate determined by Assicurazioni Generali S.p.A from time to time. The fluctuation in exchange rates may have impact on the payment amounts. You are subject to exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values as a result of the exchange rate fluctuations.
  - Assicurazioni Generali S.p.A reserves the right to determine the claim payment method at its absolute discretion.
- 凡選擇以「自動轉賬至銀行戶口」方式收取索償款項,
    - 請同時提交印有投保人/受保人/合資格人士/索償人士全名及銀行戶口號碼之戶口證明 (如銀行存摺或自動櫃員機卡或銀行月結單副本等)。
    - 投保人/受保人/合資格人士/索償人士是個人客戶，忠意保險有限公司 只接受個人銀行儲蓄/支票戶口。
    - 投保人/受保人/合資格人士/索償人士是公司客戶，忠意保險有限公司只接受公司銀行儲蓄/支票戶口。
    - 忠意保險有限公司將支付/轉賬港元到指定的銀行賬戶。
    - 如銀行轉賬被拒絕或不成功，款項將以支票形式寄予投保人/受保人/合資格人士/索償人士於索償書上所提供的地址，而恕不另行通知。
    - 當索償金額超過 20,000 港元，款項將以支票形式寄予投保人/受保人/合資格人士/索償人士於索償書上所提供的地址。
  - 如索償款項的不是保單貨幣，該款項可能會受忠意保險有限公司不時落定的匯率而改變。匯率之波動會對索償款項構成影響。您須承受匯率風險。匯率會不時波動，您可能因匯率之波動而損失部分的利益價值。
  - 忠意保險有限公司保留權利自行決定其索償款項的付款方式。

I/WE hereby request and authorize Assicurazioni Generali S.p.A to pay benefit due in respect of this claim by (Please "✓" the appropriate box to indicate your choice):

我/我們在此要求並授權忠意保險有限公司用以下方式支付索償款項 (請以"✓"作出選擇):

Cheque (to be drawn in Hong Kong Dollar) 支票 以港元結算支付款項

Autopay\* to bank account (By HKD and only apply to claim amount not over HKD 20,000) 自動轉賬至銀行戶口 (以港元結算及只適用於索償金額不超過 20,000 港元)

\*Please fill in Part below 請填妥以下部分

Bank Account Information 銀行戶口資料												
Name of Bank 銀行名稱												
Full Name in English of Account Holder(s) 銀行戶口持有人的名稱												
Bank Account No. 銀行戶口號碼												
Bank Code 銀行編號			Branch Code 分行編號			Account No. 戶口號碼						

## 聲明及授權書 Declaration & Authorization

- 本人 / 吾等作出聲明，就本人 / 吾等所知及所信，上述資料均屬真確及並無遺漏。  
I/We declare that the above information is in all respect true and complete to the best of my/our knowledge and belief.
- 本人 為下述簽署茲授權任何醫院、醫生、診所、其他人士、有關官方或機構，向忠意保險有限公司或其受權之代表提供所有有關本人之損失、受傷、症病、病歷、醫療診斷及藥方、警方報告、口供、所有醫院或醫療報告之副本。  
I, the undersigned, hereby authorize any hospital, physician, clinic, or other person/authority/organization, to furnish to Assicurazioni Generali S.p.A. or its authorized representative, any and all information with respect to my loss, injury or illness, medical history, consultation, prescriptions or treatment and copies of police reports, incident reports, statement and all hospital or medical records.  
本授權書之副本與正本俱有同等之效力。  
A photostat copy of this authorization shall be considered as affective as effective and valid as the original.
- 本人 / 吾等再在此聲明及同意由忠意保險有限公司（「忠意保險」），不論在本申請表或其他途徑取得，均可供「忠意保險」使用或向在香港境內或境外任何人仕或機構以作下列用途：（1）評核此項申請；（2）提供保險及客戶服務；（3）處理保險索償或有關分析。  
I/We further declare and agree that the personal information collected or held by Assicurazioni Generali S.p.A. ("the Company"), whether contained in this Claim Form or otherwise obtained, may be used by the Company or disclosed to any individual or organization within or outside Hong Kong for the following purpose: (1) to assess and process this application; (2) to provide insurance and customers services; (3) to conduct insurance claim or analysis.
- 本人 / 吾等確認，本人 / 吾等已獲提供一份由忠意保險有限公司（「忠意保險」）發出的收集個人資料聲明（「該聲明」），本人 / 吾等確認已經閱讀並且明白該聲明，本人 / 吾等同意忠意保險可依照該聲明的條款收集、使用、儲存、披露、轉移及其他方式處理本人 / 吾等的個人資料，本人 / 吾等進一步確認，本人 / 吾等已獲得投保人和任何有關人士（如適用的話）的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給忠意保險，並允許忠意保險可依照該聲明的條款收集、使用、儲存、披露、轉移及其他方式處理該等個人資料。  
I/We acknowledge that I/we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Assicurazioni Generali S.p.A. ("Generali"). I/We confirm that I/we have read and understand the Statement. I/We agree that Generali may collect, use, store, disclose, transfer and otherwise process my/our personal data in accordance with the terms of the Statement. I/We further confirm that I/we have obtained the express consent of the life insureds and my other relevant individuals (where applicable) for providing their personal data to Generali for the purpose stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of statement.

簽署 Signature _____	受保人 / 父母或監護人簽署 (如受保人未滿 18 歲) Signature of Insured Person/ Parent or Guardian (if Insured person is below 18 years old) _____
日期 Date _____	日期 Date _____

保單持有人 Policyholder



### ® Sun Flower Insurance Brokers Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong  
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk [www.sunflowerVIP.com](http://www.sunflowerVIP.com)

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## 收集個人資料聲明

- a) 閣下須要不時向忠意保險有限公司香港分行（「本公司」）提供關於閣下自己、保單持有人、受保人、受益人、索償人及 / 或其他有關人士的資料（「個人資料」），以讓本公司為閣下提供保險及 / 或相關產品與服務，處理經由本公司發出及 / 或安排的保單之下的索償事宜，及 / 或處理閣下提出的任何或所有其他要求、查詢和投訴。
- b) 閣下是自願向本公司提供個人資料的。然而，若閣下未能提供個人資料，可能導致本公司不能夠為閣下提供保險及 / 或相關產品與服務，處理經由本公司發出及 / 或安排的保單之下的索償事宜，及 / 或處理閣下提出的任何或所有其他要求、查詢和投訴。
- c) 個人資料可被用於以下用途：
- i) 處理（包括但不限於承保）及 / 或審批保險及 / 或相關產品與服務的申請，以及該等產品與服務的任何附加、更改、變更、取消、續期及 / 或復效；ii) 管理經由本公司發出及 / 或安排的保單；iii) 處理（包括但不限於調查、分析、評估和裁定）及 / 或理賠經由本公司發出及 / 或安排的保單之下的索償事宜；iv) 如適用的話，行使代位權；v) 向客戶追收尚欠金額（如有）；vi) 經由本公司發出及 / 或安排的保單之下籌劃共同保險及 / 或再保險；vii) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；viii) 客戶服務（包括但不限於處理查詢和投訴）、推銷，以及其他相關活動；ix) 進行資料核對程序；x) 設計保險及 / 或相關產品與服務供客戶使用；xi) 推銷本公司及 / 或本公司的關聯公司（包括但不限於本集團的公司、母公司、本母公司的信託公司（該等關聯公司在下文合稱為「關聯公司」））的保險及 / 或其他相關產品與服務；xii) 就閣下事前訂明的同意（如有）約束之下，直接促銷保險及 / 或其他相關產品與服務，而閣下可在任何時間知會本公司以行使撤回同意的權利；xiii) 本公司、關聯公司、相關的保險業協會或聯會、監管當局、政府部門及 / 或其他法定監管機構的統計或精算研究；xiv) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及本公司及 / 或關聯公司應要遵守的任何其他有關規定，包括但不限於披露有關資料；及 xv) 實現與上述（i）至（xiv）直接有關的任何其他用途。
- d) 由本公司持有的個人資料將受到保密，但本公司可依據以上（c）段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供個人資料，事前無須知會閣下及 / 或該等個人資料所涉及的任何其他有關人士：
- i) 就本公司的業務營運向本公司提供行政、電訊、電腦、付款、推銷、調查、諮詢及 / 或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、銀行及信用卡公司、健康和醫療機構、專業顧問、承包商、業務夥伴及 / 或任何其他有關各方，以適用者為準；ii) 相關的保險業協會或聯會，及 / 或該等協會或聯會的成員；iii) 本公司及 / 或關聯公司的海外辦事處或分行，以適用者為準；iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及應要遵守的任何其他有關規定之下，本公司及 / 或關聯公司負有義務須向其作出披露的人士；v) 根據對本公司及 / 或關聯公司有約束力的任何法律之下，本公司及 / 或關聯公司須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構（包括但不限於稅務局）；vi) 本公司的合法繼承人或受讓人；及 vii) 對本公司及 / 或關聯公司負有保密責任的人士。
- e) 本公司可使用由相關的保險業協會或聯會及 / 或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有個人資料。
- f) 根據《個人資料（私隱）條例》：
- i) 任何人士均有權：A) 查詢本公司有沒有持有其資料，如有的話，可取得一份該等資料；B) 要求本公司改正其任何不正確的個人資料；及 C) 查明關於本公司的個人資料政策和處事常規，並可獲通知有關本公司所持個人資料的種類；及 ii) 本公司有權就處理任何查閱個人資料的要求之下收取合理的費用。
- g) 如欲查閱及 / 或改正個人資料及 / 或查詢關於本公司的政策和處事常規及所持個人資料的種類，請向以下人員提出要求：
- 個人資料保護主任  
忠意保險有限公司香港分行  
香港英皇道1111號太古城中中心一期21樓

附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版為準。

## Personal Information Collection Statement

- a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the "**Company**") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/ or other relevant individuals (the "**Personal Data**") in connection with the provision of insurance and/ or related products and services to you, the processing of claims under insurance policies issued and/ or arranged by the **Company**, and/ or the processing of any or all other requests, enquiries and complaints from you.
- b) Provision of the **Personal Data** to the **Company** by you is voluntary. However, failure to supply the **Personal Data** may result in the **Company** being unable to provide insurance and/ or related products and services to you, process claims under insurance policies issued and/ or arranged by the **Company**, and/ or process any or all other requests, enquiries, or complaints from you.
- c) The purposes for which the **Personal Data** may be used are as follows: i) processing (including, without limitation, underwriting) and/ or approving applications for insurance and/ or related products and services, and any addition, alteration, variation, cancellation, renewal and/ or reinstatement of such products and services; ii) administering insurance policies issued and/ or arranged by the **Company**; iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/ or settlement of claims under insurance policies issued and/ or arranged by the **Company**; iv) exercising rights of subrogation, if applicable; v) collection of amounts outstanding (if any) from customers; vi) arranging coinsurance and/ or reinsurance in respect of the insurance policies issued and/ or arranged by the **Company**; vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; viii) customer services (including, but not limited to, processing enquiries and complaints), marketing, and other related activities; ix) conducting data matching procedures; x) designing insurance and/ or related products and services for customers' use; xi) marketing insurance and/ or other related products and services of the **Company** and/ or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the **Company**'s parent company (hereinafter such affiliated companies are collectively referred to as the "**Affiliated Companies**")); xii) direct marketing of insurance and/ or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the **Company** at any time; xiii) statistical or actuarial research of the **Company**, its **Affiliated Companies**, relevant insurance industry associations or federations, supervisory authority, government department and/ or other competent authority; xiv) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/ or its **Affiliated Companies** are expected to comply with, including, without limitation, making disclosures of the relevant information; and xv) fulfilling any other purposes directly relating to (i) to (xiv) above.
- d) The **Personal Data** held by the **Company** shall be kept confidential, but the **Company** may provide the **Personal Data** to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/ or any other relevant individuals to whom the **Personal Data** is related: i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/ or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the **Company** in connection with the operation of its business; ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations; iii) overseas locations or branches, as appropriate, of the **Company** and/ or its **Affiliated Companies**; iv) persons to whom the **Company** and/ or its **Affiliated Companies** are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/ or its **Affiliated Companies** are expected to comply with; v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the **Company** and/ or its **Affiliated Companies**; vi) lawful successors or assigns of the **Company**; and vii) persons who owe a duty of confidentiality to the **Company** and/ or its **Affiliated Companies**.
- e) The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and/ or members of such industry associations or federations.
- f) In accordance with the **Personal Data** (Privacy) Ordinance: i) any individual has the right to: A) check whether the **Company** holds data about him/ her and, if so, obtain a copy of such data; B) require the **Company** to correct any data relating to him/ her that is inaccurate; and C) ascertain the **Company**'s policies and practices in relation to data and to be informed of the kind of data held by the **Company**; and ii) the **Company** has the right to charge a reasonable fee for the processing of any data access request.
- g) The person to whom requests for access to data and/ or correction of data and/ or for information regarding policies and practices and kinds of data held are to be addressed as follows: Personal Data Protection Officer,  
Assicurazioni Generali S.p.A., Hong Kong Branch,  
21/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.