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ACE Insurance Limited
安達保險有限公司
25th Floor, Shui On Centre, No. 6-8 Harbour Road, Wanchai, Hong Kong
香港灣仔港灣道 6-8 號瑞安中心 25 樓
852.3191.6800 tel / 852.2560 3565 fax
電話: 3191 6800 傳真: 2560 3565



Sun Flower Insurance Brokers Limited
Room 1108, Hing Yip Commercial Centre
282 Des Voeux Road Central, Hong Kong
Tel: (852) 2521-1881 Fax: (852) 2521-1919
Web: www.sunflowerVIP.com www.sunflowerMPF.com

旅遊保險索償書 Travel Insurance Claim Form

Name of Insured
投保人姓名: _____

Policy No.
保單號碼: _____

Name of Claimant
索償人姓名: _____

Occupation
職業: _____

Residential Address 居住地址: _____

Phone No. 聯絡電話: _____

- Type of Claims: 索償類別
- | | | |
|---|---|--|
| <input type="checkbox"/> Medical expenses
醫療費用 | <input type="checkbox"/> Personal accident
人身意外 | <input type="checkbox"/> Baggage / Personal effects
行李 / 隨身財物 |
| <input type="checkbox"/> Loss of Money / Documents
金錢 / 證件遺失 | <input type="checkbox"/> Travel Delay / Re-routing
行程延誤 / 更改 | <input type="checkbox"/> Baggage delay / Emergency Purchase
行李延誤 / 緊急購物 |
| <input type="checkbox"/> Trip Cancellation / Curtailment
取消 / 縮短行程 | <input type="checkbox"/> Personal Liability
個人責任 | <input type="checkbox"/> Others
其他 _____ |

Place of Loss / Accident:
損失 / 意外地點: _____

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

Details of Occurrence:
事件發生詳情: _____

Police Report No.:
報案編號: _____

Police Station Address:
警方地址: _____

Total Claimed Amount 索償總額: _____

To be completed for Claim of Medical Expenses

如索償醫療費用，必須填妥此部份。

A) For Accident : Describe Cause of Accident and Nature of Injury
意外事故: 詳述意外原因及受傷情況: _____

B) For Sickness : Describe Diagnosis of Sickness and Treatment Received:
患病事故: 詳述患疾病之名稱及所接受之治療: _____

C) Did the Sickness Pre-Existing to the Trip:
所患疾病是否出發前已存在: _____

D) Details of Consultation and Hospitalisation 診治或留院詳情:
Period 日期: From 由: _____ To 至: _____
Name of Doctor and Address of Hospital 醫生姓名及醫院地址: _____

To be completed for Claim of Baggage & Personal Effects

如索償行李及隨身財物，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
_____	_____	_____
_____	_____	_____
_____	_____	_____

To be completed for Claim of All Other Sections

如索償其他各項，必須填妥此部份。

- A) Travel / Baggage Delay 行程或行李處延誤
Original Flight No and Schedule Time: _____
原定航班號碼及時間 _____
- Total No. of Hours Delay: _____
延誤總小時 _____
-
- B) For Cancellation / Curtailment 取消／縮短行程
Give Reasons 列明原因 _____
-
- C) For Personal Liability - Details of Causing Third Party Property Damage or Bodily Injury
個人責任 - 引致第三者財物損失或身體受傷之詳情 _____
-
- D) Other Claims 其他索償: _____
-

Claim documentation

索償文件

- Please attach 請附上 1. all original boarding pass and travel tickets
所有登機証和旅遊票據之正本
2. all original medical receipts and medical reports (with diagnosis) for medical claims
所有醫療收據和報告(需列明病症)之正本
3. all original purchase receipts / invoices for baggage and emergency purchase claims
因行李延誤或遺失／損毀物件之購買收據／發票之正本
4. relevant Loss Report from Hotel Management, Airline company or Police, etc
有關酒店、航空公司或警方等之紀錄報告

Additional documents relevant to the claim may be required and to be forwarded upon request of ACE Insurance Ltd.
如有所需，安達保險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。

Note

註明

Any persons from whom the Company have 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 Personal Data Privacy Officer of ACE Insurance Ltd at 25/F Shui On Centre, No. 6-8 Harbour Road, Wanchai, Hong Kong.

就提供上述資料的任何人有權查閱及要求更改由安達保險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，可向本公司之個人資料私隱主任提出，地址為香港灣仔港灣道 6-8 號瑞安中心 25 樓。

Declaration and authorization

聲明及授權書

I declare that to the best of my knowledge and belief the above statement and particulars contained are in all respects true and completed and are made without reservation of any kind. I hereby authorize any physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated to give full particulars about my health to ACE Insurance Limited. A photocopy of this authorization shall be considered as effective and valid as the original.

本人謹此聲明本人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。本人茲授權於任何曾替本人作診療之醫生、醫務人員、醫院或診所提供有關本人病歷之資料予安達保險，此授權書之影印本亦屬有效。

I/We further hereby declare and agree that the personal information collected or held by ACE Insurance Ltd, whether contained in this accident report form or otherwise obtained, may be used by ACE Insurance Ltd or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis.

本人／吾等再在此聲明及同意由安達保險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，均可供本公司使用或向在香港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。

Date 日期: _____

Signature of Claimant 索償人簽署: _____