

Credit Card Purchase Protection Plan Claim Form

信用卡購物保障計劃賠償申請表

QBE General Insurance (Hong Kong) Limited 昆士蘭保險(香港)有限公司



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Claims Hotline 理賠熱線
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Claims Email 理賠電郵

852 2828 3138
852 3009 0998
claims.qgi@qbe.com

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A. NOTES 注意事項



Insurance claims are now easier and faster with QBE eClaims.
Visit or scan the QR code to lodge your claim on any device, anytime, anywhere
請登入以下網址或掃描 QRcode，立即享受快捷的網上理賠體驗

claims.qbe.com/hk

- All questions must be answered. If not applicable, please write "n/a". You may attach additional sheet(s) if necessary.
所有問題必須作答。如不適用者，請填上「不適用」。如有需要，可附上額外紙張。
- This claim form should be fully completed and signed. Relevant claim documents listed below should be furnished to avoid delay in the claim process. This claim form must be submitted immediately, even if any of the claim documents is not readily available.
請詳細填寫本索償申請表並簽署，並遞交以下所列之相關索償文件，以免延緩索償進度。如未能即時提供任何相關索償文件，此索償申請表亦必須立即遞交予本公司處理。
 - Copies of purchase invoice, receipt, credit card purchase slip and monthly statement
購物賬單、收據、信用卡交易紀錄及月結單之副本
 - Police report for property loss
若屬失物，警方報告書
 - Repair quotation and photos showing the extent of damage for property damage
若屬財物損毀，修理報價單及展示損毀情況之照片
 - Copy of sales and services agreement for mobile phone claim
若屬流動電話索償，銷售及服務合約之副本
- Any loss of property must be reported to the Police within 48 hours and a report obtained.
任何失物必須於四十八小時內向警方報案並索取警方報告書。
- The issue of this claim form is not an admission of liability by QBE Hong Kong.
發出此索償申請表並不代表昆士蘭保險香港承認任何責任。

B. CARDHOLDER'S INFORMATION 持卡人資料

Name 姓名：	Gender 性別：	HKID Card / Passport No. 香港身份證 / 護照號碼：
Credit Card No. 信用卡號碼：	Occupation 職業：	
Mobile phone no. 流動電話號碼：	Email address 電郵地址：	
Address 地址：		

C. CLAIM INFORMATION 索償資料

Date of Loss / Damage (DD/MM/YYYY) 失物 / 損毀日期 (日/月/年)：	Time 時間：	Place 地點：
Detailed Circumstances of Loss / Damage 失物 / 損毀之詳細經過：		
Has it been reported to the Police? 有否向警方報案？		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please provide the following details 如「有」，請提供以下資料：		
Police Station 警署：	Date Reported (DD/MM/YYYY) 報案日期 (日/月/年)：	Case No. 案件編號：
Is the Cardholder the sole owner of the lost / damaged property? 持卡人是否失物 / 損毀物品之唯一主人？		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

Is there any other insurance covering the same property? 是否有其他保險保障該物品？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please state the name of the insurance company(ies) 若「有」，請列明其他保險公司名稱：	
Has the Cardholder sustained losses of the same nature before? 持卡人過去有否遭遇同樣性質之損失？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please provide full particulars 若有，請詳述之：	
Has the Cardholder ever claimed on any insurance company(ies) for loss / damage of the same nature? 持卡人過去有否因同樣性質之損失向任何保險公司索償？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please state the name of the insurance company(ies) 若「有」，請列明保險公司名稱：	
Has the Cardholder already replaced the lost / damaged property? 持卡人是否已經重新購置失物 / 損毀物品？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Amount claimed 索償數目	HK\$ 港元

D. PAYMENT MODE 收取賠償款項方式

Subject to the terms and conditions of your policy, you may select to receive the claim payable amount by way of direct credit or cheque. Normally, you will receive your payment 3-5 working days earlier if you choose the direct credit option. If you do not provide your payment preference, a cheque will be issued for any claim payment.

在保單條款許可情況下，閣下可選擇以銀行轉賬或支票方式收取賠償款項。一般情況下，選擇銀行轉賬收取賠償款項較支票快 3-5 個工作天。如閣下沒有選擇收取賠償款項方式，將會視作選擇以支票收取賠償款項。

Important Note for Direct Credit 銀行轉賬重要事項

- a. The claim payment shall be credited to the bank account in the name of the Insured Person in accordance with the terms and condition of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.
有關之賠款將按其保單條款，存入該受保人名下之銀行賬戶。請確保賬戶號碼及賬戶持有人名稱正確，以免引致不必要之延誤。
- b. If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and/or account holder name, we shall not be liable to make any further payment and any other additional banking handling charges regardless of whether the claim payment can be recovered.
如索償人提供之銀行賬戶號碼及 / 或戶口持有人名稱不正確，而導致本公司錯誤將賠款存至第三者戶口，無論有關賠款能否取回，本公司無任何責任再支付該賠款及其引致之相關銀行手續費用。

<input type="checkbox"/> Option (1) 選擇 (一)	By direct credit – for HKD account only 銀行轉賬 – 只限港元戶口	
	Please provide your bank account details 請提供相關銀行資料	
	Bank Name 銀行名稱	<input type="checkbox"/> Hang Seng Bank 恒生銀行 <input type="checkbox"/> Others, please specify 其它，請列明：
	Name of Account Holder (in English & block letter) 賬戶持有人姓名（英文及以大楷書寫）：	
<input type="checkbox"/> Option (2) 選擇 (二)	Bank Account Information 銀行賬戶資料：	
	Bank Code 銀行編號	Bank A/C No. 銀行賬戶號碼

E. DECLARATION & AUTHORIZATION 聲明及授權

I/We declare that the above information is true and complete to the best of my/our knowledge and belief and I/we have not withheld any material information connected with this claim. I/We understand that the Company can request for more information. I/We confirm that I/We have read the QBE General Insurance (Hong Kong) Limited's Personal Information Collection Statement ("Notice") and acknowledge and agree that all personal data and information with respect to me/us which are provided by me/us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Notice.

I/We hereby authorise any authorities or organisation that has any records or knowledge of me/us or my/our property loss, to furnish to QBE General Insurance (Hong Kong) Limited or its authorised representative, any and all information with respect to my/our report of property loss for the purpose of assessment of my/our present claim. A photostat copy of this authorisation shall be considered as effective and valid as the original.

本人 / 吾等聲明上述資料完整及正確無訛。本人 / 吾等並無隱瞞任何重要資料。本人 / 吾等明白公司可要求更多資料。本人 / 吾等確認本人 / 吾等已細閱昆士蘭保險（香港）有限公司的收集個人資料聲明（「通知」），並知悉及同意有關於本人 / 吾等於是次申請由本人 / 吾等提供的所有個人資料及其他資料將可能被持有、使用、處理或披露予有關各方以用作「通知」上所載的用途上。

本人 / 吾等現授權任何機構可將本人 / 吾等之財物損失報告等資料給予昆士蘭保險（香港）有限公司或其代表以作為評估現有賠償申請之用途。此授權書之副本與正本同等有效。

Signature of the Cardholder

持卡人簽署：

Date (DD/MM/YYYY)

日期 (日/月/年)：

/

/

Name

姓名：

注意：中英文版本如有歧異，概以英文版本為



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A part of the worldwide QBE Insurance Group 屬澳洲昆士蘭保險集團一份子

QBE General Insurance (Hong Kong) Limited - Personal Information Collection Statement

In relation to the personal data collected by [QBE General Insurance (Hong Kong) Limited] ("QBE HK"), I/we agree and acknowledge that:

- a) the personal data requested is necessary for QBE HK to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed.
- b) the personal data collected in this form may be used by QBE HK for the purposes stated in its Privacy Policy found at <https://www.qbe.com/hk/en/privacy-policy>. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes)
- c) QBE HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) above:
 - i. third parties providing services related to the administration of my/our policy (including reinsurance);
 - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
 - iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
 - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein
- d) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:

QBE General Insurance (Hong Kong) Limited –

Address: 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong

Email: info.gihk@qbe.com.hk

- e) That where I/we are providing personal data on behalf of another person to QBE HK, I/we have obtained consent from the other person who have agreed that their personal data will be released to QBE HK in accordance with paragraphs (a), (b) and (c) above.
- f) That in the event of differences between the English and Chinese, the English version shall prevail.

Jan 2022



QBE General Insurance (Hong Kong) Limited
昆士蘭保險（香港）有限公司

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昆士蘭保險（香港）有限公司 - 收集個人資料聲明

關於[昆士蘭保險（香港）有限公司]（“昆士蘭保險香港”）收集之個人資料，本人 / 我等同意並承認：

- a) 索取之個人資料對於昆士蘭保險香港處理本人 / 我等之保險或索償申請乃屬於必需。若未提供此類資料，可能導致無法處理此項申請或索償。
- b) 昆士蘭保險香港可以將此表格所收集的個人資料用於其網頁 <https://www.qbe.com/hk/zh-hk/privacy-policy> 所載私隱政策當中表明之目的，其中包括承保和管理本人 / 我等正在申請之保險（包括獲得再保險、承保續期、理賠、調查、付款、代位索償以及各種相關目的）。
- c) 昆士蘭保險香港可為以上 (b) 項指明之目的，將個人資料轉交以下無論是在香港還是在海外之各類人士：
 - i. 提供與本人 / 我等的保險（包括再保險）之管理有關的服務的第三方；
 - ii. 為處理此項申請並獲得保單付款，將個人資料轉交金融機構；
 - iii. 在發生索償時，將個人資料轉交有關的損失理算師、評估師、第三方管理人員、緊急服務提供者、法律服務提供者、零售商、醫療服務提供者和旅行社；
 - iv. 昆士蘭保險集團不論位於任何國家或地區的另一成員（為以上 (b) 項所述各種目的而提供該個人資料）；
 - v. 為昆士蘭保險私隱政策所指的各種目的，將個人資料提供予該私隱政策提及的其他人士。
- d) 本人 / 我等可以查閱或要求更正自己的個人資料（在這兩種情況下均需支付一筆合理費用）。提出有關要求，可經電郵或郵遞方式向以下地址發信：

昆士蘭保險（香港）有限公司 -

地址：香港鰂魚涌英皇道 979 號太古坊濠豐大廈 33 樓

電郵：info.gihk@qbe.com.hk

- e) 若本人 / 我等乃代表另一人士向昆士蘭保險香港提供個人資料，本人 / 我等已徵得該人士表示同意根據以上 (a)、(b)、(c) 款將其個人資料發放給昆士蘭保險香港。
- f) 若本文件之中、英文版之間意義有分歧，應以英文版本為準。

2022 年 1 月