



QBE General Insurance (Hong Kong) Limited

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昆士蘭保險(香港)有限公司

香港鯉魚涌英皇道979號太古坊德宏大廈16樓1608室
賠償部電話: +852 2828 3133 賠償部傳真: +852 2537 1384 www.qbegihk.com

旅遊綜合保障計劃索償表格

TRAVELSURE PROTECTION PLAN CLAIM FORM

請填妥此索償表格上之所有資料。倘若表格不敷應用，請另加紙張填寫。
Please complete this claim form in full. If space provided for your answers is insufficient, please continue on a separate sheet.

日期: _____
Date: _____

此表格並不代表本公司會承擔任何責任。
The issue of this claim form is not an admission of liability on the part of the Company.

甲項 保單持有人資料 SECTION A POLICYHOLDER DETAILS

保單持有人姓名 _____ 保單編號 _____
Name of Policyholder _____ Policy number _____

通訊地址 _____
Correspondence address _____

日間聯絡電話 _____ 電郵地址 _____
Contact phone number (Day-time) _____ Email address _____

索償人 / 受保人姓名 (如非保單持有人) _____
Name of Claimant / Insured Person (if not the Policyholder) _____

通訊地址 _____
Correspondence address _____

日間聯絡電話 _____ 電郵地址 _____
Contact phone number (Day-time) _____ Email address _____

乙項 一般事項 SECTION B GENERAL INFORMATION

(請於適當的地方加上 號 Please as appropriate)

事發日期及時間 _____
Date and time of incident or loss _____

事發地點 _____
Place of incident or loss _____

任何事發目擊者的姓名和地址 _____
Names and addresses of any witnesses to the incident or loss _____

閣下有否向警方或其他機構報告失事情況? _____ 有 否
Have the police or other authorities been informed? Yes No

如答「有」，請提供 (a) 報案警署或機構名稱 name of the Police Station or authority _____
If "Yes", please provide

(b) 報案日期及時間 date & time reported _____

(c) 警方或該機構之檔案編號 police or authority report number _____

注意：請提供警方 / 航空公司 / 該機構之有關報告的**正本**。
N.B. Please provide **ORIGINAL** written report from police, airline, or other authorities as relevant.

閣下損失之財物是否同時受其他保險保障? _____ 是 否
Is there any other insurance covering the loss/damage? Yes No

如答「是」，請提供 (a) 保險公司名稱 _____
If "Yes", please provide name of the insurance company

(b) 有關之保單號碼 _____
relevant policy number

(c) 投保金額 (如適用) _____
amount insured (if applicable)

(d) 會否向該公司提出索償? _____ 是 否
Whether claim will be submitted to them? Yes No

索償人 / 受保人以往有否曾蒙受類似性質的損失? _____ 有 否
Has the Claimant / Insured Person sustained other losses of similar nature? Yes No

如答「有」，請提供詳細資料 _____
If "Yes", please provide details _____

丙項 索償資料
SECTION C CLAIM INFORMATION

(請於適當的地方加上☑號 Please☑as appropriate)

請填寫下列適當的部份並連同相關證明文件一併遞交。

Please complete the appropriate section(s) below and submit to us all supporting documents.

1. 醫療及相關費用 或 人身意外
Medical and Related Expenses OR Personal Accident

敘述受傷或疾病性質及程度

Describe the nature and extent of injuries or sickness _____

如涉及疾病，閣下是否就有關疾病在旅遊前接受過其他醫生的治療？

If sickness is involved, did you receive treatment for this sickness from other doctor before this trip? _____

是

否

如答「是」，請提供醫生的詳細資料

If "Yes", please provide details of the doctor involved _____

如涉及意外，請敘述意外發生經過

If accident is involved, please describe how the accident happened _____

索償金額

Amount claimed _____

注意：請提供所有醫療費用收據的**正本**及所有有關醫療報告的副本。

N.B. Please provide all **ORIGINAL** medical receipts together with copy of all relevant medical reports.

2. 行李及個人財物 或 行李延誤 或 個人錢財及文件
Baggage and Personal Effects OR Delayed Baggage OR Personal Money and Documents

請敘述事發情況

Describe how the incident or loss happened _____

該財物是否閣下全權擁有？

Are you the sole owner of the property? _____

是

否

如選擇「否」，請提供詳細資料

If "No", please provide details _____

閣下是否認為其他人仕須就此事件或損失負責？

Can you identify any parties who may be responsible for the incident or loss? _____

是

否

如選擇「是」，請註明其姓名及地址

If "Yes", please provide his/her name and address _____

財物損失 / 損壞或緊急物品購買詳情

Details of property lost or damaged or emergency purchased

物品之詳細資料 (包括牌子及產品號碼) Full description of articles (including the brand name & model number)	購買日期 Date of purchase	出售物品之商號名稱及地址 Name and address of the vendor	購買價錢 Purchase price	索償金額 Amount claimed
總索償金額 Total Amount Claimed				

注意：請提供以上物品的購貨收據、保用證（如適用），或重新購回物品收據之**正本**，及索償的損壞物品相片之**正本**（如適用）。

N.B. Please provide **ORIGINAL** purchase receipts, warranties (if applicable), or replacement receipts of the articles described above. Please also provide **ORIGINAL** photo(s) showing the extent of damage to the property claimed (if applicable).

3. 個人責任
Personal Liability

請敘述事件發生情況

Describe how the incident happened _____

閣下認為是誰導致事件發生？

In your opinion, who cause this incident? _____

第三者索償人的姓名和地址

Name and address of third party claimant _____

請敘述受傷或物件損壞之性質及程度

Nature and extent of injuries or damages _____

注意：有關第三者索償文件，請不要回覆並儘早呈交予本公司。

N.B. Please immediately forward to us all correspondence relating to the third party claim unanswered.

4. 旅程延誤 / 更改行程
Travel Delay / Re-Routing

事發原因

Cause of the incident _____

請列明延誤的時數

Please state the number of hours of delay _____

注意：請提交運輸公司的書面確認書，列明延誤的時數和延誤的原因。

N.B. Please submit us the carrier's written confirmation as to the number of hours of delay and the reason of such delay.

5. 損失訂金或取消旅程 或 提早結束旅程
Loss of Deposit or Cancellation **OR** **Curtailment**

事發原因
Cause of the incident _____

當閣下決定取消行程後，有否即時通知航空公司 / 旅運公司 / 旅遊代理 / 酒店？（如適用）
 Have you notified the airline(s) / transportation company(ies) / travel agent(s) / hotel(s) immediately once you found it necessary to cancel the trip? (If applicable) 有 否
 Yes No

如選擇「否」，請列明原因
 If "No", please provide reason(s) _____

航空公司 / 旅運公司 / 旅遊代理 / 酒店是否已退回有關的訂金或部份待用的金額？（如適用）
 Did the airline(s) / transportation company(ies) / travel agent(s) / hotel(s) refund you any deposit / unused portion of expenses incurred by you? (If applicable) 是 否
 Yes No

如選擇「是」，請列明已退回的金額
 If "Yes", please state the amount refunded _____

注意：請提交如醫療報告、死亡證、團費收據之正本及旅行社之證明書等，證明不能退還之款項及事件發生之起因。
 N.B. Please submit us the medical report, certificate of death, original receipts of travel tour, certificate of travel agent, etc. to certify non-refundable expenses and incident of claim.

聲明及授權書

本人 / 吾等聲明本人 / 吾等獲有關受保人授權代表他 / 她呈交此索償表格並作出以下聲明。

本人 / 吾等，並代表有關受保人，同意所有賠償將根據保單條款被付予有關受保人或其指定受益人（被保險公司接納）或撥作其遺產（如適用）。

本人 / 吾等，並代表有關受保人聲明此表格內填報的資料，就本人 / 吾等及有關受保人所知所言，全部正確無訛，並無任何可保留。本人 / 吾等，並代表有關受保人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 / 吾等所提供的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，並代表有關受保人授權持有本人 / 吾等的任何記錄（包括任何已取錄之陳述）或資料之人士或團體，向昆士蘭保險（香港）有限公司或其代理人，提供與本索償事宜或與保險公司的追償權有關之記錄或資料。此授權書之副本與正本同等有效。

Declaration and Authorisation

I/We hereby declare that I/We have been duly authorised by relevant Insured Person to submit this claim form and to make the following declarations.

I/We, and on behalf of relevant Insured Person, agree that all indemnity will be paid to relevant Insured Person/ his or her designated beneficiary (as accepted by the Insurer)/ his or her estate (if applicable).

I/We, and on behalf of relevant Insured Person, hereby declare that to the best of my and relevant Insured Person knowledge and belief the above statement and particulars contained herein are in all respects true and complete and are made without reservation of any kind. I/We, and on behalf of relevant Insured Person, understand that the Company can request for more information. I/We confirm that I/We have read the Personal Information Collection Statement of QBE General Insurance (Hong Kong) Limited ("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, and on behalf of relevant Insured Person further authorise individual or entity holding any records (including any statements taken) or knowledge of me/us which is/ are relevant to the settling of this claim and/or the Insurer's rights of recovery thereunder to furnish such records or knowledge to QBE General Insurance (Hong Kong) Limited or its authorised representatives. A photostat of this authorisation shall be considered as effective and valid as the original.

保單持有人簽署
Signature of Policyholder _____

日期
Date _____ 索償人 / 受保人簽署
Signature of Claimant / Insured Person _____



QBE General Insurance (Hong Kong) Limited

昆士蘭保險(香港)有限公司

A member of the worldwide QBE Insurance Group 澳洲昆士蘭保險集團成員

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

Insurance Services

The information you provide to QBE General Insurance (Hong Kong) Limited ("the Company") is collected to enable the Company to carry on insurance business and may be used for the following mandatory purposes of:

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. any alterations, variations, cancellation or renewal of any insurance and related services
3. any claims or investigation or analysis of such claims;
4. exercising any right under the insurance policy including right of subrogation, if applicable;
5. meeting the requirements under any law and regulation, requests from regulators, industry bodies, government agencies and court order;
6. any activities directly relating to the above purposes.

The information you provide to the Company may be provided or transferred to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:

- a. any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
- b. any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and
- c. any members of the Federation by the Federation for any of the above or related purposes;
- d. regulators;
- e. lawyers;
- f. auditors; and
- g. any party under a duty of confidentiality to the Company including a group company of the Company which has undertaken to keep such information confidential

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services.

You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company subject to payment of an administrative fee. Requests for such access or correction can be made in writing to the Data Protection Officer, QBE General Insurance (Hong Kong) Limited, Suite 1608, 16/F, Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. Fax: (852) 3607 0391.

If you do not want to receive any sale or marketing of any of the products or services from the Company at any time, you may also contact our Data Protection Officer.

MARCH 2013

昆士蘭保險(香港)有限公司 - 收集個人資料聲明

保險服務

閣下向昆士蘭保險(香港)有限公司(本公司)提供的資料,是收集作為本公司進行其業務所需,並可能用作下列強制性的用途:

1. 處理及評估任何保險產品之申請,及有關服務之日常運作;
2. 有關保險產品及服務的任何更改、變更、取消或續期;
3. 任何索償或該等索償的調查或分析;及
4. 行使有關保險單賦予的任何權利包括代位權,如適用;
5. 根據任何有約束力的法例及條例規定,監管機構、相關行業認可機構、政府機構及法庭頒令的要求;
6. 供作任何與上述事項有關的用途。

閣下向本公司提供的資料可能會提供或轉送予下列各方在香港或海外單位作前段所述的用途:

- a. 任何代理人、承包商或提供行政、電訊、電腦、付賬、債務追討、數據處理或儲存或有關服務的第三者服務供應商或任何其他從事與保險或再保險業務有關的公司,或中介人,或索償或調查或其他提供與保險業務有關的服務供應商,以達到任何上述或有關的用途;
- b. 現存或不時成立的任何保險公司協會或聯會或類同組織(聯會),以達到任何上述或有關的用途,或以便聯會執行其監管職能,或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能;
- c. 或透過聯會提供予任何聯會的會員,以達到任何上述或有關的用途;及
- d. 監管機構;
- e. 執業律師;
- f. 認可核數師;及
- g. 任何已向本公司承擔保密責任,並已承諾為資料保密的任何人士,包括本公司的集團公司。

如果閣下不同意本公司使用閣下的個人資料於上述用途上,本公司可能不能處理閣下之申請及提供服務。

閣下有權查明本公司就個人資料的政策和實務,並有權要求查閱及更正由本公司持有有關閣下的個人資料,並須支付所需的行政費用。

有關查閱或更正的要求,可致函香港鰂魚涌英皇道979號太古坊德宏大廈16樓1608室,傳真:(852) 3607 0391向昆士蘭保險(香港)有限公司資料保護主任提出。

如閣下於任何時間不欲收取本公司的任何產品或服務的任何銷售或推廣,閣下亦可聯絡上述資料保護主任。

[中文譯本僅供參考,文義如與英文本有歧異,概以英文版為準。]

2013年3月