

**Blue Cross 藍十字**

Member of BEA Group 東亞銀行集團成員

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Tel 電話: 3608 2888 Fax 傳真: 3608 2938
www.bluecross.com.hk**TRAVEL INSURANCE CLAIMS FORM 旅遊保險賠償申請表**Please complete this Form in **BLOCK LETTERS** and return together with all supporting documents to **Blue Cross (Asia-Pacific) Insurance Limited**.

申請人在填妥此份申請表格後，請連同有關文件盡速寄回「藍十字（亞太）保險有限公司」。

Insurance Certificate No. 保單號碼		Claim No. (Office Use) 賠償記錄號碼 (本公司填寫)	
Name of Claimant (English) 申請賠償者姓名 (英文)		(Chinese) (中文)	
I.D. Card No. 身分證號碼	Postal Address 通訊地址		
Phone No. (Day time) 電話號碼 (日間)		(Night time) (夜間)	

Baggage/Baggage Delay/Personal Money/Loss of Travel Documents 行李 / 行李延誤 / 個人錢財 / 旅遊證件遺失

Date, time and place of incident 事件發生之日期、時間及地點
State the occurrence of the incident 事件發生之詳細經過

Amount Claimed 索償金額	Name of Payee 收款人姓名
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Please give particulars for items claimed. 請詳列失物資料。

Item(s) 項目	Original Cost 購買時之價值	Date of Purchase 購買日期

Any other insurance policy covering the items claimed? e.g. credit card protection plan, household all risk 上述項目是否受保於其他保險合約? (如信用卡購物保障、家居保險)	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
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If yes., please provide the following information. 若「是」，請提供以下資料。

Name of Insurance Company 保險公司名稱	Class of Insurance 保險種類	Policy No. 保單號碼
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Remarks: Please attach the relevant supporting documents to certify the expenses/losses and incident and items of claim e.g. airlines irregularity report, original police reports, original purchase receipts of the items claimed.
備註: 請附交有關證明事件經過及損失數目之文件，如航空公司遺失/損毀報告、警方報告及購物收據等之正本文件。

Medical Expenses/Emergency Services 醫療費用 / 緊急支援服務

Date, time and place of incident 事件發生之日期、時間及地點		
Diagnosis of conditions/Cause fo injury 病因 / 受傷原因		
Amount Claimed 索償金額	Currency 貨幣	
Any other insurance policy covering the expenses involved? 上述項目是否受保於其他保險合約?		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If yes, please provide the following Information. 若「是」，請提供以下資料。		
Name of Insurance Company 保險公司名稱	Class of Insurance 保險種類	Policy No. 保險號碼
Remarks: Please attach the relevant medical report and original medical expenses receipts to certify the expenses. 備註: 請附交有關之醫療報告及收條正本以證明索償金額。		

Cancellation Charges/Curtailment of Trip 旅程取消 / 縮短旅程

Causes of claims 索償原因		
Amount claimed 索償金額	Name of Payee 收款人姓名	
Name, address, phone no. and contact person of Travel Agent 旅行社名稱、地址、電話號碼及聯絡人姓名		
Any other insurance policy covering the expenses involved? 上述項目是否受保於其他保險合約?		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If yes, please provide the following information. 若「是」，請提供以下資料。		
Name of Insurance Company 保險公司名稱	Class fo Insurance 保險種類	Policy No. 保單號碼
Remarks: Please attach the relevant supporting documents to certify the expenses and incident of claim. e.g. medical report, death certificate, original receipts of amount claimed etc. 備註: 請附交有關之文件以證明不能退還之款項及意外之起因，如醫生報告、死亡證、收條正本等。		

Travel Delay 旅程延誤

	Date/Time 日期/時間	From 由	To 至	Flight No. 班機號碼
Original Schedule 原定時間				
Delayed Schedule 延誤後時間				
Reason of Delay 延誤原因	Hours Delayed 延誤小時			
Any other insurance policy covering the expenses involved? 上述項目是否受保於其它保險合約?				<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If yes, please provide the following information. 若「是」，請提供以下資料。				
Name of Insurance Company 保險公司名稱	Class fo Insurance 保險種類		Policy No. 保單號碼	
Remarks: Please attach the relevant supporting documents to certify the hours delayed. e.g. copy of boarding pass and/or airticket, confirmation from Airlines/Travel Agent. 備註: 請附交有關文件以證明延誤時間及原因，例如：登機證及/或機票影印本、航空公司或旅行社證明信等。				

Personal Accident 人身意外

Date, time and place of accident
意外發生之日期、時間及地點

State the occurrence of the accident
意外發生之經過

Amount claimed
索償金額

Name of Payee
收款人姓名

Please give particulars of the next of kin(s) of the Insured Person. 請填報直系親屬資料。

Name 姓名	Age 年齡	Address 地址	Relationship 關係	H.K.I.D. No. 香港身分證號碼

Remarks: Please attach the supporting documents e.g. accident report, police report, death certificate and/or any relevant documents. If the next of kin(s) is/are minors (persons under 18 Years of age) please give particulars of the official Administrator(s) and provide copies of the documentation authorizing that person to act in this capacity.
備註: 請附交有關資料如意外報告、警方報告、死亡證及其他有關文件等。如受益人為未成年人士，請提供其代理人之資料，以及有關之授權代理證明文件。

Authorization/Declaration 授權 / 聲明

I hereby authorize any hospital, physician, or other person and/or authority who has attended or examined me, to furnish to Blue Cross (Asia-Pacific) Insurance Limited or its authorized representative, any and all information with respect to my loss, illness or injury, medical history, consultation, prescription or treatment, and copies of police reports, accident reports, airlines or other carriers irregularity reports, statements, all hospital or medical records. A photostat copy of this authorization shall be considered as effective and valid as original.
茲授權任何曾照料及診察本人之醫院、醫生、或其他人士及或有關當局，向藍十字(亞太)保險有限公司或其授權之代表提供所有有關本人之損失、疾病、意外受傷、健康背景、醫療記錄之資料，以及警方報告、意外報告、航空公司或其他運輸公司之延誤報告、聲明、所有醫院或醫療記錄之副本。此授權書之副本具有原本之同等效力。

I declare to the best of my knowledge and belief that the above statements and particulars are true and correct, I further understand and agree that if I have made or shall make any false statement or concealment, the Policy shall be void and all rights of recovery under the Policy shall be forfeited.

本人根據全部所知聲明，以上所述各項資料均為真實無誤，並同意如以上或將來提供之資料有虛假成分或有隱瞞，此保險單將被作廢，而一切依據此保險單賦予之索償權利亦將喪失。

Personal Information Collection Statement 收集個人資料聲明

I/We hereby understand and agree that the any personal information is collected or held by Blue Cross (Asia-Pacific) Insurance Limited ("the Company") (whether contained herein or otherwise obtained) to enable the Company to carry on insurance business and may be used, stored, disclosed and transferred (whether within or outside Hong Kong) to any individuals/organizations associated with the Company or any selected third party as the Company may consider necessary including any other company carrying on insurance or reinsurance related business, any intermediary, claims investigator, medical facilities, other service provider providing services relevant to insurance business, professional advisor, government authority or industry association/federation for the purpose of: (1) any insurance or financial related product or service or any addition, alteration, variations, cancellation or renewal or reinstatement of them; (2) any scope of insurance coverage, claim processing/investigation, any analysis and data matching; (3) statistical or actuarial research; (4) promotion of financial products and services by the Company and its affiliated companies; and (5) communication with me/us/the insured or any relevant organization/person as the Company may consider necessary. I/We have the right to obtain the "Privacy Policy Statement", access to and to request correction of any personal information concerning myself/ourselves held by the Company. Such request can be made in writing to the Company's Corporate Data Protection Officer at 29th Floor, BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong.

本人/我們明白並同意藍十字(亞太)保險有限公司("貴公司")可收集或持有本人/我們之個人資料(不論在本表格或其他途徑所得)用於保險業務之用途，並可將此等資料使用、儲存、透露及轉交(於本地或以外)予任何與貴公司有關之人士/機構或被選定之第三者，包括其他從事與保險或再保險業務有關之公司、中介人、理賠調查員、醫療機構、有關提供保險業務服務之公司、專業顧問、政府機關、或保險業組織或聯會，作以下用途:(1)有關保險或財務之產品或服務，或該等產品或服務之增加、更改、轉變、取消、更新或復效;(2)任何保障範圍、處理理賠/調查或其有關分析及資料核對;(3)統計或精算研究用途;(4)任何貴公司及其附屬公司之財務計劃、商品及服務之推廣活動;及(5)與本人/我們/受保人或貴公司認為有關之機構/人仕聯絡。本人/我們有權致函香港九龍觀塘道418號創紀之城5期東亞銀行中心29樓向貴公司之個人資料保護主任索取「私隱政策聲明」，查詢及要求更正貴公司所持有有關之個人資料。

Date
日期

Claimant's Signature
申請賠償者簽署

Notes 注意事項

- By furnishing this form the Company makes no admission of liability.
呈上此表格非視為本公司承認有關責任。
- All original itemized bills and copy of the Insurance Certificate must be submitted together with this form in order to avoid delay.
呈上填妥之表格時請附交所有單據正本及保險單副本，以免延誤賠償程序。
- Claims will not be processed unless authorization and declaration are signed by the claimant.
本公司只接受已簽署授權書及聲明書之索償申請表。

Supplementary Sheet claims detail
索償資料之補充頁

For Claims Department use only
本公司填寫
