

This form must be completed truthfully and accurately. If the space is not enough or no applicable field available, please supplement information by attachment.  
請正確填寫此申請表。如果表間空間不足或沒有適用之欄位，請以附件補充資料。

The list of documents required is not exhaustive and we reserve our rights to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing of or result in the denial of your claim.  
各部份之「所需文件」只是概括要求，本公司保留權利在有需要時要求閣下提供更多文件以處理有關的索償申請。如所遞交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請有可能會受延誤或被拒絕。

The completed form should be returned to us together with all supporting documents as soon as possible to the following address:  
請填妥索償申請表並連同所有有關文件盡快寄回以下地址：

**Claims Department****Chartis Insurance Hong Kong Limited**

46/F, One Island East 18 Westlands Road Island East Hong Kong  
Telephone: 852 3666 7090  
Facsimile: 852 2834 8962  
Email address: travel.claim.hk@chartisinsurance.com

**美亞保險香港有限公司  
賠償部**

香港港島東華蘭路18號港島東中心46樓  
電話：852 3666 7090  
傳真：852 2834 8962  
電郵地址：travel.claim.hk@chartisinsurance.com

**Section I - General Information (REQUIRED) 第一部份 受保人及一般資料 (必須填寫)****General Documents Required: 所需文件**

- Certificate of insurance or premium receipt 保險憑證或保費收據
- Travel proof, such as air-ticket, boarding pass, travel agent or airline's official receipt 旅遊證明，例如機票、登機証、航空公司或旅行社簽發的收據
- Letter from employer/company regarding the nature and duration of trip, if claiming under a corporate travel policy. 雇主發出的公幹證明(商務旅遊保單適用)
- Copy of bank passbook or card (applicable to HK Bank Transfer) 銀行存摺或提款卡副本 (適用於本地銀行過數)

Policy/Certificate No. 保單號碼		Name of Policyholder (English) 保單持有人姓名(英文)		Name of Policyholder (Chinese) 保單持有人姓名(中文)	
Name of Insured (English) 受保人姓名(英文)		Name of Insured (Chinese) 受保人姓名(中文)		Insured's HKID No/Passport No 受保人身份証/護照號碼	
Name of Parent/Legal Guardian (English) Only applicable if the Insured is below the age of 18 父母/合法監護人姓名(英文) 只適用於受保人未滿18歲的情況		Name of Parent/Legal Guardian (Chinese) Only applicable if the Insured is below the age of 18 父母/合法監護人姓名(中文) 只適用於受保人未滿18歲的情況		Parent/Legal Guardian's HKID No/Passport No 父母/合法監護人身份証/護照號碼	
E-mail Address 電郵地址		Mobile Phone No. 手提電話號碼		Office / Home Contact No. 辦公室或家居電話號碼	
<small>Acknowledgement will be sent to this mobile phone number via SMS upon receipt of this form. 本公司將會在收到此索償申請表後發送確認短訊至此手提號碼。</small>					
Mailing Address 通訊地址					
Are you a citizen of the United States? 閣下是否美國公民? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	If yes, please provide your social security number 如是，請提供社會保障編號		Policy Category 保單類別 <input type="checkbox"/> Single Trip Policy 單次旅遊保險單 <input type="checkbox"/> Annual Policy 全年旅遊保險單	Journey Period 旅遊日期 From 由 DD MM YYYY 日 月 年 To 至 DD MM YYYY 日 月 年	
Do you have any other insurance policies covering this loss or expenses incurred? 是項索償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 details below 如是，請提供以下資料 Name of Insurer 保險公司之名稱 Policy No. 保單編號			
		Policy Type 保單類別		Sum Insured 保額	
Means of Claim Settlement (Please tick) 賠償支付方式(請選擇) We must emphasize that this request is not an admission of our liability. If the claim is eligible, the indemnity shall be payable to the relevant Insured only. 本公司特此聲明此項要求並不代表閣下之索償必會被賠付。如果索償成功，所有賠償均只可支付予此索償之相關受保人。					
<input type="checkbox"/> Hong Kong Bank Transfer (HKD account only. E-mail Address & copy of bank passbook or card are required) 本地銀行過數(只限港幣戶口，必須填寫電郵地址及提供銀行存摺或提款卡副本) We will facilitate payment by HKD cheque delivered to the mailing address as shown above if e-mail address is not provided. 如果沒有填寫電郵地址，本公司會以港幣支票作為賠償方式並郵寄往通訊地址。					
Account Holder's Name (Must be the Insured or Insured's Parent/ Legal Guardian if the Insured is below the age of 18) 戶口持有人姓名(必須為受保人或受保人之未滿18歲受保人的父母/合法監護人)：			Bank Name 銀行名稱		
Branch Name 分行名稱		Bank Code 銀行號碼	Branch Code 分行號碼	Account No. 戶口號碼	
<input type="checkbox"/> Hong Kong Dollar Cheque 港幣支票		<input type="checkbox"/> Foreign Currency Cheque. Please specify the currency preferred 外幣支票。請註明所需外幣			
<small>(Not available for RMB or MYR) (不適用於人民幣或馬幣)</small>					

## Section II A – Medical Expenses/ Hospital Income/Loss of Income

### 第二部份(甲) 醫療費用 / 住院現金/緊急入息援助

#### Documents required under SECTION IIA:

##### Medical Expense

- Original hospital/medical bill(s)/receipt(s)/medical report stating diagnosis and the date of the injury/sickness commenced and certified by a qualified medical practitioner.
- Letter of referral from general practitioner for the medical treatment conducted by specialists, physiotherapists, etc

##### Hospital Income/Loss of Income

- Medical certificate from a qualified medical practitioner certifying the number of days of hospitalization.
- Hospital discharge summary.
- Letter from employer/company stating that the Insured is under employment during sick leave period as a result of injury/sickness and amount of the salary earned, if claiming loss of income.

#### 第二部份(甲)所需文件

##### 醫療費用

- 由註冊醫生發出的醫療報告/收據正本，並註明診斷結果及受傷或疾病發生日期
- 如果有接受特別或專科治療，例如物理治療，請提供註冊醫生發出的轉介信

##### 住院現金/緊急入息援助

- 由註冊醫生發出的醫療證書證明住院日數
- 出院總結
- 如屬緊急入息援助索償，請提供由公司/僱主發出之信件，證明受保人在受傷或疾病的病假期間仍然受僱及薪酬金額

Date and time of the injury/sickness 發生意外或疾病的日期、時間				Date of first consultation with doctor/hospital 第一次求診日期			Nature of injury/Diagnosis of sickness 傷勢/病況的診斷結果	
DD 日	MM 月	YYYY 年	AM/PM 上/下午	DD 日	MM 月	YYYY 年		
In the case of injury, where and how did the accident occur? In the case of sickness, what were the symptom(s) and when did the symptom(s) first appear? 如屬受傷個案，請詳述意外發生地點及經過。如屬疾病個案，請說明病徵及首次出現病徵的時間。								
Was the injury due to any other person's fault? 如屬受傷個案，請說明是否因為任何第三者的過錯。				If yes, please provide the details of the third party, including the name, address and contact number. 如是，請提供有關第三者的姓名、通訊地址及電話				
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否								
Claim Amount for Overseas Medical Expenses (Please indicate the currency) 海外醫療費用的索償金額 (請註明貨幣)				Claim Amount for Follow Up Medical Expenses in Hong Kong 覆診醫療費用的索償金額				

## Section II B – Loss of Baggage, Travel Documents and Personal Money

### 第二部份(乙) 行李、旅遊證件及金錢損失

#### Documents required under SECTION IIB:

- Loss/damage reports issued by the relevant authorities or organizations (e.g. police, airline, hotel, etc.).
- Photos showing the extent of damage to the property, if applicable.
- Original Purchase receipt of the lost/damaged items
- Repair quotation, if applicable.
- Original receipts for additional hotel accommodation and travel expenses, if applicable.
- Compensation breakdown from other insurers/parties (e.g. airlines), if applicable.

#### 第二部份(乙)所需文件

- 有關機構(如酒店/航空公司/警方)發出的損失/損壞報告
- 顯示物品損壞程度的相片(如適用)
- 損失/損壞物品購買收據正本
- 維修報價(如適用)
- 額外支付的住宿/交通費用收據正本(如適用)
- 其他保險公司或有關團體(如航空公司)的賠償明細(如適用)

Date and time of loss/damage 損失/損壞日期				Location of loss/damage 損失/損壞地點			
DD 日	MM 月	YYYY 年	AM/PM 上/下午				
Description of how the loss/damage occurred 詳細描述事件發生的經過							
Was the loss reported to police / common carrier / hotel? 有否向警方/公共交通機構/酒店報告此損失或者損壞事件?				Did the common carrier / hotel offer compensation in any form (including repair, replacement) 有關公共交通機構/酒店有否提供任何形式的賠償(包括維修或更換)			
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否				<input type="checkbox"/> Yes, please specify 有，請詳述 _____ <input type="checkbox"/> No 沒有			
Name and contact information of the reported police station/common carrier/hotel 警局/公共交通機構/酒店的名稱、通訊地址及電話							
Apart from the above mentioned, was the loss due to any other person's fault? If yes, please provide contact information of the third party. 除以上所提及之機構，損失是否由其他人仕的過錯導致？如是，請提供對方的名稱、電郵、通訊地址及電話							
Details of the lost/damaged items 損失/損壞物品資料資料 (If the space is not enough, please supplement information by attachment 如果表格空間不足，請以附件補充資料)							
Item(s) lost/damaged: 損失/損壞物品		Date of Purchase 購買日期		Purchase Value 購買價錢		Repair Quotation 維修報價	

## Section II C - Travel Delay and Baggage Delay 第二部份(丙) 旅程及行李延誤

### Documents required under SECTION IIC:

- Documentation indicating the reason(s) for and number of hours of delay (e.g. confirmation from common carrier)
- Original receipt(s) for emergency purchase of essential items, if applicable.

### 第二部份(甲)所需文件

- 公共運輸機構發出顯示延誤原因及時數的證明
- 緊急購買必需品的收據正本(如適用)

<input type="checkbox"/> Travel Delay 旅程延誤	Reason for Delay 延誤原因	Location 地點		
<input type="checkbox"/> Baggage Delay 行李延誤				
Date 日期		Departure time 出發時間	Arrival time 抵達時間	Flight No. 航班編號
Original arrival/departure time 原定時間	DD 日	MM 月	YYYY 年	
Actual arrival/departure time: 延誤後實際時間	DD 日	MM 月	YYYY 年	
Did you make any emergency purchases of essential items? 有沒有購買緊急必需品?				<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

## Section II D - Journey Cancellation, Curtailment and Re-arrangement 第二部份(丁) 行程取消/行程縮短/行程更改

### Documents required under SECTION IID:

#### Journey Cancellation and Curtailment

- Original receipt(s) showing any pre-paid costs or deposits made OR additional travel and/or accommodation expenses incurred after the commencement of the insured journey.
- Documentation confirming:
  - a) trip cancellation
  - b) non-refundable/refunded amount
- Copy of the original itinerary.
- Medical certificate indicating diagnosis and reason that the insured is unfit for travel, if applicable.
- Death certificate, if applicable.
- Proof of relationship to the Insured, if applicable.

#### Journey re-arrangement

- Original documentation/receipts indicating the additional travel and/or accommodation expenses incurred after the commencement of the insured journey outside Hong Kong/Macau.
- Documentation from common carrier or travel agent indicating the reason for travel re-arrangement.

### 第二部份(丁)所需文件

#### 行程取消/行程縮短

- 顯示已付費用/按金或於受保行程開始後支付的額外住宿費用的收據正本
- 酒店、航空公司證明文件以便確認:
  - i) 缺席出發/行程取消
  - ii) 退款金額/不能退款
- 原有行程副本
- 醫生證明受保人不適合旅程的診斷及原因(如適用)
- 死亡證明(如適用)
- 與受保人的關係證明(如適用)

#### 行程更改

- 於香港以外的受保行程開始後的額外交通及/或住宿費用文件/收據正本
- 由公共運輸機構/旅行社發出的文件顯示行程更改的原因

<input type="checkbox"/> Journey Cancellation 行程取消	Reason for journey cancellation, curtailment or re-arrangement 行程取消/行程縮短/行程更改的原因					
<input type="checkbox"/> Journey Curtailment 行程縮短						
<input type="checkbox"/> Journey Re-arrangement 行程更改						
From 由		To 至				
Period of original journey 原定行程	DD 日	MM 月	YYYY 年	DD 日	MM 月	YYYY 年
Period of curtailed/re-arranged journey 縮短/更改後之行程	DD 日	MM 月	YYYY 年	DD 日	MM 月	YYYY 年
If the journey curtailment/journey cancellation was due to death, serious injury or sickness of the insured/immediate family member/close business partner/traveling companion, please state clearly the following 如行程取消或行程縮短原因是因為受保人本人或受保人的直系親屬或親密的生意伙伴或旅遊夥伴死亡、嚴重受傷或患病，請提供以下資料						
Full name of sick/injured/deceased person 死亡、受傷或患者姓名		Relationship to the Insured 與受保人關係		Diagnosis 診斷		

## Section II E - Personal Accident (Fatal and Permanent Disability) 第二部份(戊) 個人意外(死亡及永久傷殘)

### Documents required under SECTION IIE:

- Relevant incident report and police report
- Death Certificate if applicable
- Proof of claimant's relationship to the Insured, if applicable
- Medical report regarding the extent of permanent disability suffered

### 第二部份(甲)所需文件

- 有關意外的警方報告、事件報告
- 死亡證明，如適用
- 索償申請人與受保人的關係證明，如適用
- 顯示永久傷殘程度的醫療報告

Date and time 意外發生的日期及時間	Place of accident 意外地點		
DD 日	MM 月	YYYY 年	AM/PM 上/下午
Description of how the accident occurred, and the injuries sustained 詳述意外發生的經過及所遭受的損傷			
Name of Claimant (both English and Chinese) in fatal case 索償申請人中/英文姓名(僅適用於死亡個案)	Claimant's relationship to the Insured 索償申請人與受保人的關係		Claimant's HKID No/Passport No 索償申請人身份証/護照號碼
Cause of death, if applicable 死亡原因(如適用)		Permanent disability (degree and extent), if applicable 永久傷殘的程度(如適用)	

## Section II F - Personal Liability 第二部份(己) 個人責任

Full description of the incident (including how, when and where it happened, and the extent of the damage/loss)  
詳細描述意外發生的時間、地點及經過，以及損失程度

Full name and telephone no. of the third party claimant  
第三者索償人姓名及電話號碼

Full name and telephone no. of witness(es) if any  
證人姓名及電話號碼(如適用)

Remarks 備註:

- Any lawsuit, demand, claim or proceeding of any type relating to the incident of which the claimant becomes aware of, and received from the third party claimant, should be immediately forwarded to us.  
如收到任何第三者對有關事件的索償要求、法庭傳票、通告及書面命令，或涉及任何法律訴訟，應立即通知及提交本公司處理
- No liability should be admitted and no settlement or promise of payment should be reached or made to the third party without our prior approval.  
未得到本公司事先同意前，不要向第三者承認任何責任或達成和解或付款承諾

## Section III – Declaration and Authorization 第三部份 聲明及授權

The undersigned Insured(s) / Claimant(s) HEREBY DECLARE that to the best of the Insured(s) / Claimant(s) knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. The Insured(s) / Claimant(s) agree to the personal information in this form (or otherwise provided during the course of the claim process) being collected, held and used by Chartis Insurance Hong Kong Limited and/or Chartis Insurance Hong Kong Limited (Macau Branch) (“the Company”) for the following purposes: 1) assessing, investigating adjusting and making a decision on this claim; 2) otherwise for the purpose of administering the Insured(s) insurance policy; and 3) informing the Insured(s) (through direct marketing) of any other insurance or financial services related products offered by the Chartis group which may be of interest. For these purposes, the Insured(s) / Claimant(s) agree(s) that such personal information may be disclosed or transferred to the following classes of persons (whether within or outside of Hong Kong and Macau): i) third parties providing services related to the administration of the Insured's policy; ii) financial institutions for the purpose of processing payments; iii) loss adjusters, assessors, third party administrators, emergency providers, retailers, medical providers, legal professionals, insurance industry bodies and travel carriers; iv) for the purposes of direct marketing, marketing companies and companies (within the categories shown on our website) with whom the Company embarks on joint promotion programs (only name and contact details will be transferred for this purpose); v) another member of the Chartis or AIG groups of companies (for all of the purposes identified); or vi) other parties as set out in the Company's Data Privacy Policy (available on its website chartisinsurance.com.hk). If the Insured(s) / Claimant(s) wishes to raise any issues in relation to our services, or gain access to or request correction of their personal data, or opt out of such personal data being used for direct marketing at any time, please contact us by writing to the Company at GPO Box 456 or cs.hk@chartisinsurance.com.

The Insured(s) / Claimant(s) hereby irrevocably authorize:

- any organization, institution, or individual that has any information, record or knowledge of the Insured(s) health and medical history or any treatment or advice rendered thereto to disclose to the Company such information, record and knowledge;
- the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate the Insured(s) health status in relation to the Claims therein and any matter arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites;
- the police that has any of the Insured(s) information to provide the Company with the information including but not limited to the police reports, witness statements, investigation and/or prosecution results;
- airline(s) that has/have any of the Insured(s) information to provide the Company with the information including but not limited to flight details, booking details, irregularities reports and all information related to the Insured(s) bookings; and
- any organization institution or individual that has any information, record or knowledge of the Insured(s) travel record to disclose to the Company such information, record and knowledge.

This authorization shall bind the Insured(s) / Claimant(s) successors and assigns and remain valid notwithstanding the Insured(s) / Claimant(s) death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.

於本索償申請表簽署之受保人/索償申請人謹此聲明盡其所知所信，上述所申報的一切資料均屬正確無誤，並無任何保留。受保人/索償申請人同意美亞保險香港有限公司及/或美亞保險有限公司（澳門分行）（下稱「貴公司」），可按以下目的收集、保留、及使用在此索償申請表所載（或於索償過程時所提供）的個人資料：(i) 評估、調查調整及就索償作出決定；(2) 其它有關管理受保人的保單的用途；及(3) 通知（透過直銷）受保人可能感興趣的由美亞保險集團所提供之其它保險或財務服務之相關產品。就以上目的，受保人/索償申請人同意可向以下類別的人士（不論在香港及澳門以內或以外之地方）披露或轉交該些個人資料：(i) 提供有關受保人的保單管理服務的第三者；(ii) 財務機構，作處理付款用途；(iii) 公證人、調查員、第三者管理人、緊急支援服務提供者、零售商、醫療提供者、法律專家、保險行業機構及交通工具機構；(iv) 市場推廣公司及與美亞保險集團聯合推廣計劃的公司（其業務類別載於美亞保險的網站），作直銷用途（唯只有姓名及聯絡資料方會轉交作此用途）；(v) 其他美亞保險集團或AIG集團之成員公司，作所有列明之用途；或(vi) 其它於美亞保險的私隱政策（全文載於美亞保險的網站www.chartisinsurance.com.hk）列明的人士。如受保人/索償申請人欲就美亞保險的服務提出任何疑問、或查閱或要求修改其個人資料，或選擇不將其個人資料作用直銷用途，請隨時致函到美亞保險香港有限公司（地址：香港郵政總局信箱456號或電郵：cs.hk@chartisinsurance.com）。

本受保人/索償人茲授權：

- 任何知悉或擁有受保人之健康狀況及病歷或任何治療或諮詢記錄或資料及曾為或將為受保人診治之機構、組織或人士，向貴公司透露有關資料及記錄；
- 貴公司或任何其認可之驗身醫生或化驗所，替受保人進行所需之醫療評估及測試，並對受保人之健康狀況進行審核及評估，作為處理本案索償申請及其後與之有關的賠償事宜。此等化驗包括，但並不限於膽固醇及有關之血脂肪、糖尿病、肝或腎功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代謝產物之含量等化驗；
- 警方向貴公司提供有關受保人之任何資料包括但不限於警察報告、証人口供、調查及/或檢控結果；
- 航空公司向貴公司提供有關受保人之任何資料包括但不限於航班資料、訂位資料、違規報告及所有有關受保人之訂位資料；及
- 任何知悉或擁有受保人之出入境資料紀錄之機構、組織或人士向貴公司透露有關資料及紀錄。

此授權書不得撤回，在法律許可下，即使受保人死亡或喪失能力，此授權書仍然存在法律效力，而受保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。

Name of Insured / Claimant (if applicable)  
受保人/索償申請人(如適用)姓名

Signature of Insured / Claimant (if applicable) (If the Insured is below the age of 18, the Insured's Parent/Legal Guardian should sign on his/her behalf)  
受保人/索償申請人(如適用)簽署(如受保人未滿18歲，則由其父母或合法監護人簽署)

Insured / Claimant's ID Card No./Passport No.  
受保人/索償申請人身份證/護照號碼

Date  
日期  
DD 日 MM 月 YYYY 年

Name of Parent/Legal Guardian (If Insured is below the age of 18)  
父母/合法監護人姓名 (如果受保人未滿18歲)

Signature of Parent/Legal Guardian (if the Insured is below the age of 18)  
父母/合法監護人簽署 (如受保人未滿18歲)

Parent/Legal Guardian's ID Card No./Passport No.  
父母/合法監護人身份證/護照號碼

Date  
日期  
DD 日 MM 月 YYYY 年

Producer's Information (if applicable)  
保單經紀資料 (如適用)

Name 名稱	Code 編號	Mobile No. 手提電話號碼	E-mail Address 電郵地址
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