

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

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「祥昇旅遊達人寶」索償申請表 "Peaceful Talent Travel Scheme" Claim Form

請用正楷填寫此索償申請表。如果表格空間不足或沒有適用之欄位,請以附件補充資料。 Please complete this Claim Form in BLOCK LETTERS. If the space is not enough or no applicable field available, please supplement information by attachment..

提交此表格並不代表本公司承擔賠償責任。本公司有權要求索償人提供多資料以處理索償申請。如所提交的索償申請表未填妥或有關資料或文件不足,閣下的索償申請可能

BY A CHARGE AND A

請於蒙受損失後三十天內填妥本表格連同一切有關文件交回本公司處理,否則可能影響 閣下之賠償。

Completed Claim Form together with supporting documents should be forwarded to us within 30 days following the loss. Otherwise, it may prejudice your claim under the

第一部份 - 索償人資料 (必須填寫) SECTION 1 - CLAIMANT'S INFORMATION (REQUIRED)

保單號碼			賠償號碼	(由本公司填寫)				
Policy No.			Claim No.	(For Office Use)				
索償人姓名			性別		出生日期			
Name of Claimant			Sex		Date of Birth			
聯絡電話	電子郵件			被保險人香港身	份證/護照號碼			
Contact Tel No.	E-mail Address			Insured Person'	s HKID No. / Passport No.			
通訊地址								
Correspondence Address								
Í								
第二部份 - 索償項目(請選擇	劉適當項目) SE	CTION 2 - BEI	VEFITS C			ate item(s))		
□ 人身意外保障 Personal Accider				□ 行李延誤 B				
□ 燒傷保障 Major Burns (2nd & 3rd degreed burns)				□ 行程延誤 Travel Delay				
□ 醫療費用保障 Medical Expense	s Benefits			□ 取消旅程	Cancellation of Journey			
□ 現金津貼 Hospital Cash Allowance				□ 縮短旅程 Curtailment of Journey				
□ 個人責任 Personal Liability				□ 身故恩恤金 Compassionate Death Allowance				
□ 個人行李及個人物品 Personal Baggage and Personal Effects			□ 信用卡欠款結餘 Credit Card Protection					
口 個人錢財 Personal Money			□ 家居物品損失 Loss of Home Contents					
□ 旅遊證件/旅票 Travel Documen	t/Travel Tickets			□ 缺席特別活	動 Missed Special Events			
				□ 租車自負額	Rental Vehicle Excess Protecti	on		
Management and Committee and								
第三部份 - 基本資料 SEC	TION 3 - GENE	RAL INFORM						
旅遊期 Period of Travel:				Total Claimed A				
事件發生之日期及時間 Date and til	me of the incident		事件發生	地點 Location of	the incident occurred			
敘述事件發生的經過 Detailed desc	ription of the occur	rence of the incider	nt					
				•				
該事故是否受保於其他保單		□ No. 沒有	有否就此	向其他保險公司領	索僧或報警	□ No. 沒有		
Is this incident/loss covered by any	other insurance	□ Yes 有			er insurer or reported to police	□ Yes 有		
如有,請詳述: If yes, please specif		100%	如有,請	詳述: If yes, plea	se specify			



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<u>第四部份 - 索償文件 SECTION 4 - CLAIM DOCUMENTATION</u>

請勾選適合的賠償項目,並提供下列所需之文件 Please choose the appropriate claim section, er	nsure the documents require	d in relation to the claim				nal documents	
relevant to the claim may be required and to be 申請賠償項目	賠償所需的基本文件						
NATURE OF BENEFIT CLAIMED	BASIC SUPPORTING DOCUMENTS REQUIRED						
適用於所有項目 Applying to all items	出發及回程日期的證明文件,例如飛機、車、船的乘搭證或票據副本 Tickets confirming departure and return dates, e.g. hoarding pass(es) (copy)						
□ 人身意外保障	Tickets confirming departure and return dates, e.g. boarding pass(es) (copy) 1. 死亡證 Death Certificate						
Personal Accident Benefits	2. 醫療報告/法醫官報告 Medical report/coroner's report						
□ 身故恩恤金 Compassionate Death Allowance	3. 警方報告,如有 Police report, if any						
Compassionate Death Allowance	4. 遺產管理書之正本/核實副本 Original/Certified true copy for the Letters of Administration						
Par W/A charlis crt / Pa live	5. 關係證明(如出世紙、結婚證明書等) Proof of relationship (e.g. Birth Certificate, Marriage Certificate etc)						
□ 醫療費用保障 Medical Expenses Benefits	1. 所有正本醫療收據,單據上應顯示醫療費用及醫生之診斷 Original medical bills showing the expenses and diagnosis						
□ 現金津貼保障 Hospital Cash Allowance Benefits	2. 是否痊愈 Are you completely recovered? □ 是 YES □ 否 NO						
	如果否, 請在痊癒後提交所有醫療收據 If no, please present all medical receipts after recover. 3. 此是否原有之傷病? Is this pre-exiting disease? □ 是 YES □ 否 NO						
	若是,已存在多久 if yes, how long?						
	4. 此是否先天性缺陷'	? Is condition conger	nital?	口是YES		否 NO	
口 個人責任	1. 事故發生之詳情 De	tails of incident					
Personal Liability	2. 損毀項目證明及賠償	賞金額 Original certific	cate of loss/ damage i	tem(s) and pai	d receipts		
	3. 警方報告,如有 Po						
	4. 其他有關此事件之了 Other related document	文件(如法院傳票,法院 ments (e.g. copies of	記文件,律師函件等)	ocumente eolic	itore' corres	nondences etc.)	
□ 個人行李及個人物品	1. 當地警方報告 Loca		sammons, an court ac	ocuments, sone	illora correa	portacrices etc.)	
Personal Baggage & Personal Effects		大/損壞,須向公共交通	工具機構報告並索取詞	该公司的正式基	面收條或證	明	
		diate notification to air	line/carrier and their of	official acknowl	edgment in	writing when loss	
	or damage has occ 3. 損失/丟失物品之ī	curred E本購買收據 Original	nurchase receints of	lost/broken iter	ns		
		日報價單及收據正本(n(s)	
		像(如適用)Repair re					
		ease provide the belo					
		損失/損毀之物件 購買日期 購買地方 原價 索償金額 (港					
	Damaged / lost items	Date of purchase	Place of purchase	Original Cos	Amoun	t Claimed (HK\$)	
			The state of the s				
-				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1111		
□ 個人錢財及旅遊證件/旅票 Personal Money	1. 當地警方報告 Loca		-/	T-1-			
Travel Document/Travel Tickets		A費用及補發遺失之旅 eipts for extra accomm			d replaceme	nt of lost travel	
	Original official receipts for extra accommodation fee, traveling expenses and replacement of lost travel document or travel tickets.						
口 行李延誤							
Baggage Delay	Written report from the related public common carrier with reason and duration for the delay. 2. 行程、機票及登機證之複印件 Copies of the itinerary, Travel Ticket and boarding pass						
□ 行程延誤				icket and boar	ung pass		
Travel Delay	 未使用的原行程旅票及購買額外旅票及住宿費用的收據或證明 The unused original itinerary Travel Tickets and receipts or proofs of extra trip tickets and accommodation. 						
	4. 因行李延誤而購買必需品之正本收據						
		purchased necessity lease provide the belo		e delay.			
	5. 請提供以下資料 PI	日期/時間	曲(出發)	#) 至	(目的地)	班機號碼	
		Date/Time	From (Depa	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	(Arrival)	Flight No.	
	原定時間		-		-		
	Original Schedule				-		
	延誤後時間 Delayed Schedule	10	**************************************	***************************************	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	近誤原因 延誤小時						
	Reason for Delay				rs Delayed		
□ 取消旅程 Cancellation of Trip	1. 按醫生意見下取消		Advice on the need of	cancellation o	r curtailmen	t of journey	
Cancellation of Trip	2. 關係證明(如出世紀 Proof of relationshi	紙、結婚證明書等) ip (e.g. Birth Certificat	e. Marriage Certificate	e. etc)			
口 縮短旅程	3. 已支付的旅費及/3		o, marriago oerunoau	J, 310)			
Official receipts of traveling and/or accommodation expenses incurred							
	4. 由旅行社/有關機構發出關於是否可退還旅費之文件證明 Written confirmation from travel agent or airlines indicating if the paid travel fare is refundable						
	I ANTIGED COMMUNICATION	ıı ırom traver agent or	an intes indicating if t	ne paiu travel i	are is retund	Jable	



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口 信用卡欠款結餘保障	1. 受保旅程期間所購買商品的發票及收據正本
Credit Card Protection Benefit	Invoices and original receipts of the goods purchased during the Insured Journey
	2. 受保旅程期間所購買的商品的信用卡月結單
	Credit card monthly statement(s) of the goods purchased during the Insured Journey
□ 缺席特別活動	1. 發生有關事件的書面證明
TO A COLUMN TO A COLUMN TO THE	Documents relating to the occurrence of the incident
Missed Special Events	2. 未使用的正本門票
	Original unused ticket for the special events
	3. 提供來自實際抵達所列目的地的「公共交通工具」機構書面證明,當中須列明實際抵達的當地時間及發生 延誤的原因
	Written confirmation from the Public Conveyance provider with the delay stating the actual local arrival
	time at the stated destination and the reason for the delay in reaching that destination is required.
□ 家居爆竊	4. 警方報告 Police report
Home Burglary	5. 損失/丢失物品之正本購買收據 Original purchase receipts of lost/broken items
□ 租車自負保障	1. 被保險人與租車公司之間的租借協議,包含詳細之條款及細則
Rental Vehicle Excess Protection	Rental agreement with detailed terms and conditions between the Insured Person and the rental vehicle
	company
	2. 租車公司發出以證明租車之費用之發票正本
	Original receipts issued by the rental vehicle company evidencing the rental charges
	3. 警方報告 Policy report, if any
	4. 被保險人向其租用之汽車所屬的保險公司提出索償之文件
	Documents of the claim which the Insured Person has lodged with the insurer of the rental vehicle
	5. 租車公司發出以證明「被保險人」需負責支付自負額之報告
	Written report from the rental vehicle company confirming that the Insured Person is liable to pay the
	excess

第五部份 - 聲明及授權書 SECTION 5 - DECLARATION AND AUTHORIZATION

本人/我們茲聲明上述所填報之資料皆為確實詳情,並沒有隱瞞任何與此索償有關之重要情況。

本人/我們聲明及同意已獲被保險人授權及同意本人/我們作出上述授權。

Signature of Claimant.....

I/We hereby warrant the truth of the above statements and declare that I have not withheld any material information connected with this claim.

本人/我們謹此代表本人/我們/所有被保險人授權任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他機構、組織或人士,凡知道或持有任何有關本人/我們/所有被保險人記錄者,及/或曾診驗或可能將會診驗本人/我們/所有被保險人者,均可將該等資料提供給中國太平保險(香港)有限公司,此授權對本人/我們之繼承人及被保險人具有約束人;即使死亡或無行為能力時,此授權仍具效力,本授權書的影印本與正本均有同等效力。

I/We hereby authorize on behalf of myself/ourselves/the Insured Person any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/us/the Insured Person and who has attended or may hereafter to myself/ourselves/the Insured Person to disclose such information to China Taiping Insurance (H.K.) Company Limited. This authorization shall bind my successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

ı	we declare and agree that time have the full authority from and consent of the insured Ferson to make the above authorizations.							
ı								
ı								
ı								
ı								
ı	索償人簽署 日期							
1	1/N PK / NATE (170)							

Date_____