

**MSIG**

MSIG Insurance (Hong Kong) Limited
 9/F Cityplaza One 1111 King's Road
 Taikoo Shing Hong Kong
 Tel: (852) 2894 0555 Fax : (852) 2902 9109
 Website : www.msig.com.hk

Macau Branch
 Avenida Da Praia Grande No. 693
 Edif Tai Wah, 13th Andar A & B, Macau
 Tel : (853) 2892 3329
 Fax : (853) 2893 3349

Travel Insurance Claim Form

旅遊保險索償申請表

(Please complete in BLOCK letters)

(請以正楷填寫)

Procedures and Notes:

1. Please submit the Claim Form to us within 30 days from the date of accident.
2. Please submit a completed Claim Form, together with original copies of all relevant documents to:

MSIG Insurance (Hong Kong) Limited
 Claims Division
 9/ F Cityplaza One
 1111 King's Road
 Taikoo Shing Hong Kong

3. Incomplete Claim Form cannot be accepted for processing of payment.
4. All medical reports, information and evidences as required by us shall be furnished at the Claimant's own expenses.
5. Further information may be needed.
6. For inquiry, please call our Customer Service Hotline at 3122 6922.

程序及備註:

1. 請將索償表格於事發後之 30 天內呈交本公司。
2. 請將填妥之索償表格連同有關證明文件之正本寄回:

MSIG Insurance (Hong Kong) Limited
 理賠部
 香港太古城
 英皇道 1111 號
 太古城中心一期 9 樓

3. 未經填妥之索償表格，將不獲接受索償處理。
4. 本公司要求遞交所有醫療報告、資料及證據之費用須由索償人支付。
5. 稍後可能需要提供進一步資料。
6. 如有任何查詢，請致電我們的客戶服務熱線 3122 6922。

Personal Details 個人資料

Name of Certificate Holder

保險證書持有人姓名

Certificate No.

保險證書編號

Correspondence Address

通訊地址

Contact Tel No. (Daytime)

日間聯絡電話

Name of Claimant

索償人姓名

Occupation

職業

Sex M / F

性別 男/女

Date of Birth

出生日期

D 日/

M 月/

Y 年

Correspondence Address

通訊地址

Contact Tel No. (Daytime)

日間聯絡電話

Claim Settlement Method 賠償方法

To quicken our settlement for any valid claim, please provide your banking details if you prefer direct credit. We must stress that this request should not be treated as an admission of our liability whatsoever means by law. Finally, we hereby reserve all rights for assessing your claim subject to terms, conditions and exclusions of the related policy.

在成功審批賠償後，本公司可以將賠款直接過戶。如閣下選擇此項服務，敬請提供銀行名稱和戶口號碼。本公司特此聲明，此項要求並不代表閣下之索償現正獲成功審批。有關決定，本公司在收齊證明文件後，將根據保單一切條款才作最後審批，敬請留意。

For claim payment (if any) direct credit to Policyholder's bank account, please complete all of the following:

本公司將賠償款項(如有)直接存入閣下之戶口，請填寫以下資料：

Account Holder's Name (Must be the same as the Policyholder 必須與保單持有人相同)

戶口持有人姓名

Bank Name

銀行名稱

Bank Code

銀行編號

Branch No.

分行號碼

Bank A/C No.

銀行帳戶號碼

* To facilitate consideration of your claim, please ensure you have submitted the required supporting document.

* 請確定閣下於呈交索償申請表時，一併提交索償所需的基本證明文件，以便本公司辦理閣下的索償事宜。

† Please ✓ the appropriate one (請 ✓ 適用者)

Personal Accident 人身意外

Amount Claimed

本節總索償額為 _____

1. Date of accident

意外發生日期

_____ D 日/ _____ M 月/ _____ Y 年

Time of accident

意外發生時間

_____ a.m. 上午/p.m. 下午

Place of accident

意外發生地點

2. Please describe how the accident happened

請描述意外如何發生

3. Please state nature and extent of injury suffered

請說明損傷的類別及程度

4. Please indicate your current status

請指出閣下現在的情況

Fully recovered from this injury 完全康復

Still under treatment 治療中

5. Name and address of any witness to the accident

請提供任何可作是次意外證人的姓名及地址

6. Date of first treatment

第一次接受治療日期

_____ D 日/ _____ M 月/ _____ Y 年

Date of last treatment

最後一次接受治療日期

_____ D 日/ _____ M 月/ _____ Y 年

7. Name & address of the attending medical practitioner

主診醫生的姓名及地址

Basic supporting documents required 索償所需的基本文件

Traveling Schedule and Air ticket (copy) 行程表及機票 (副本)

Medical Report (original) 醫療報告 (正本)

Boarding Pass (copy) 登機證 (副本)

Other available document 其他可向本公司提供的文件

Copy of HKID/ Birth Certificate* 香港身份證/出世紙副本*

(*applicable if Insured is below age 18

*適用於 18 歲以下之受保人)

Medical Expenses 醫療費用

Amount Claimed

本節總索償額為 _____

1. Date of sickness

患病日期

_____ D 日/ _____ M 月/ _____ Y 年

Time of sickness

患病時間

_____ a.m. 上午/p.m. 下午

Place of sickness

患病地點

2. Diagnosis of sickness

所患為何種疾病

3. When did the sickness first become apparent

何時首次發現染病

4. Please indicate your current status

請指出閣下現在的情況

Fully recovered from this injury 完全康復

Still under treatment 治療中

5. Have you ever had such sickness before? If yes, please state when

以前有否患過該種疾病? 如有, 請提供於何時患過該種疾病

6. Name and address of medical practitioner who attended you immediately following the sickness

於患病後首次為閣下診治的醫生姓名及地址

7. If hospitalisation was required, please state Date of Admission Date of Discharge
 如需留院治療，請提供 入院日期 出院日期
 _____ D 日/ _____ M 月/ _____ Y 年 _____ D 日/ _____ M 月/ _____ Y 年

8. Name and address of your attending medical practitioner in Hong Kong
 香港主診醫生的姓名及地址 _____

9. Can you get compensation from other sources for the sickness now you suffered? If "yes", please state where and how
 閣下可否從其他途徑獲取是次患病的醫療費用的賠償？如答案為「可以」，請提供索取有關醫療費用賠償的途徑及如何取得賠償

Basic supporting documents required 索償所需的基本文件

- Traveling Schedule and Air ticket (copy) 行程表及機票 (副本)
- Medical Report (original) 醫療報告 (正本)
- Boarding Pass (copy) 登機證 (副本)
- Copy of HKID/ Birth Certificate* 香港身份證/出世紙副本*
 (*applicable if Insured is below age 18
 *適用於 18 歲以下之受保人)
- ^Medical Receipt (original) ^醫療費用收據 (正本)
- Other available document 其他可向本公司提供的文件

^ For all medical reports and original medical receipts, please provide the treatment date, patient's name, diagnosis and countersigned by the attending physician with stamp on it.
 請提供治療日期、病者姓名、病症及由主診醫生之印鑑及簽署在所有醫療報告及醫療費用之正本收據上。

Cancellation and Curtailment 取消及縮短行程

Amount Claimed
 本節總索償額為 _____

1. Name and address of your travel agent
 旅行社名稱及地址 _____

2. The relevant flight no. and/or tour reference no.
 航班編號及/或行程編號 _____

3. Date of travel arrangement made Date of deposit paid
 訂妥行程日期 支付按金日期
 _____ D 日/ _____ M 月/ _____ Y 年 _____ D 日/ _____ M 月/ _____ Y 年

4. Scheduled date of departure Time of departure Place of departure
 原定航班日期 原定航班時間 原定航班地點
 _____ D 日/ _____ M 月/ _____ Y 年 _____ a.m. 上午/p.m. 下午 _____

5. Actual date of departure Actual time of departure
 確實航班日期 確實航班時間
 _____ D 日/ _____ M 月/ _____ Y 年 _____ a.m. 上午/p.m. 下午

6. Reason for the cancellation or curtailment
 取消或縮短行程的原因 _____

7. Can the pre-paid amount be recovered from other sources? If "Yes", please state where and how
 已支付的按金可否從其他途徑獲得發還？如答案為「可以」，請提供要求發還按金的途徑及如何獲得發還按金

Basic supporting documents required 索償所需的基本文件

- Traveling Schedule and Air ticket (copy) 行程表及機票 (副本)
- Carrier's/Airline's document to certify cancellation and non-refundable expenses (original) 客運公司/航空公司發出的文件證明行程取消及不能退還之款項 (正本)
- Boarding Pass (copy) 登機證 (副本)
- Copy of Birth Certificate (applicable if Insured is below age 18) 出世紙副本 (適用於 18 歲以下之受保人)
- Travel Deposit Payment Receipt (original/copy) 旅費按金/旅費收據 (正本/副本)
- Other available document 其他可向本公司提供的文件

Travel Delay and Missed Departure 行程延誤及啓程誤點	Amount Claimed 本節總索償額為 _____
1. The relevant flight no. and/or tour reference no. 航班編號及／或行程編號 _____	
2. Scheduled date of departure 原定航班日期 _____ D 日/ _____ M 月/ _____ Y 年	Time of departure 原定航班時間 _____ a.m. 上午/p.m. 下午
3. Actual date of departure 確實航班日期 _____ D 日/ _____ M 月/ _____ Y 年	Actual time of departure 確實航班時間 _____ a.m. 上午/p.m. 下午
4. Reason for the delay/missed departure 行程延誤／啓程誤點的原因 _____ _____	
Basic supporting documents required 索償所需的基本文件	
<input type="checkbox"/> Traveling Schedule and Air ticket (copy) 行程表及機票 (副本) <input type="checkbox"/> Boarding Pass (copy) 登機證 (副本) <input type="checkbox"/> Travel Deposit Payment Receipt (original/copy) 旅費按金／旅費收據 (正本／副本)	<input type="checkbox"/> Carrier's/Airline's document to certify the delay (original) 客運公司／航空公司發出的文件證明行程延誤 (正本) <input type="checkbox"/> Copy of Birth Certificate (applicable if Insured is below age 18) 出世紙副本 (適用於 18 歲以下之受保人) <input type="checkbox"/> Other available document 其他可向本公司提供的文件

Baggage and Personal Money 行李及個人錢財	Amount Claimed 本節總索償額為 _____
1. Date of loss/damage/delay 財物遺失／損毀／延誤日期 _____ D 日/ _____ M 月/ _____ Y 年	Time of loss/damage/delay 財物遺失／損毀／延誤時間 _____ a.m. 上午/ p.m. 下午
2. Please describe how the loss/damage occurred 請詳述財物遺失／損毀的經過 _____ _____	
3.	
Lost/Damaged Item(s) 遺失／損毀財物項目	Model No. 型號
Date of Purchase 購買日期	Purchase Cost 購買金額
Conditions Immediately before the Loss/Damage 該財物於遺失／損毀一刻前之狀況	
*Please attach supplementary sheet if necessary. 如有需要，請另附紙張填寫其他遺失／損毀財物項目。	
4. Date of loss reported to the police 向警方報告遺失財物日期 _____ D 日/ _____ M 月/ _____ Y 年	Time of loss reported to the police 向警方報告遺失財物時間 _____ a.m. 上午/p.m. 下午
Reference no. of the loss reported to the police 警方檔案編號 _____	
5. Please give details if you have lodged complaint against any carrier/airline/hotel/other parties concerning the damage/loss 如有就遺失／損毀財物一事向任何客運公司／航空公司／酒店／有關人士作出投訴，請提供詳情 _____ _____	
6. Please give details if you have got any other insurance covering the lost/damaged item(s) 如財物已獲其他保單保障，請提供該等保險之詳情 _____ _____	
Basic supporting documents required 索償所需的基本文件	
<input type="checkbox"/> Traveling Schedule and Air ticket (copy) 行程表及機票 (副本) <input type="checkbox"/> Boarding Pass (copy) 登機證 (副本) <input type="checkbox"/> Travel Deposit Payment Receipt (original/copy) 旅費按金／旅費收據 (正本／副本) <input type="checkbox"/> Carrier's/Airline's document to certify loss of/delay baggage (original) 客運／航空公司發出的文件證明行李遺失／延誤 (正本)	<input type="checkbox"/> Police Memo/Statement (copy) 警署報案紀錄／口供紙 (副本) <input type="checkbox"/> Purchase/Replacement Receipt (original) 購買／重新購置物品收據 (正本) <input type="checkbox"/> Copy of Birth Certificate (applicable if Insured is below age 18) 出世紙副本 (適用於 18 歲以下之受保人) <input type="checkbox"/> Other available document 其他可向本公司提供的文件

Personal Liability / Rental Vehicle Excess Cover
個人責任／租車自負金額保障

Amount Claimed
本節總索償額為 _____

- For Rental Vehicle Excess Cover, please complete question 1 & 2 only
- 如索償租車自負金額保障，只需填寫第 1 及 2 項

1. Date of incident
事故發生日期

Time of incident
事故發生時間

Place of incident
事故發生地點

_____ D 日/ _____ M 月/ _____ Y 年

_____ a.m.上午/p.m.下午

2. Full description of incident
請詳述事故的經過 _____

3. Name & Address of third party claimant and other involved parties
要求索償的第三者或有關人士的姓名及地址 _____

4. Extent of injury/damage caused with estimate on quantum if possible
請提供第三者的損失／傷亡程度。在可能情況下，請提供第三者索償的約數 _____

5. Please state your own view on liability
請說明閣下對是次事故責任問題上的意見 _____

6. Has formal claim been received from third party claimant? Yes 有 No 沒有
閣下有否正式收到第三者之索償要求？

- * IMPORTANT – Please forward to us all correspondence directly relating to the third party claim and do not admit any liability to the third party.
- * 重要事項—如收到第三者的索償信件，請勿私下作出回覆。閣下必須將該等信件交予本公司。

Basic supporting documents required 索償所需的基本文件

For Personal Liability: 個人責任：

Traveling Schedule and Air ticket (copy) 行程表及機票（副本） Police Report (copy) 警署報案紀錄（副本）

**For Rental Vehicle Excess Cover (if applicable):
租車自負金額保障（如適用）：**

Rental Vehicle Receipt (original) 租車收據（正本） Police Report (copy) 警署報案紀錄（副本）
 Rental Vehicle Agreement/Contract (original) 租車協議／合約（正本） Excess Payment Receipt (original) 墊底費／自負金額收據（正本）
 Evidence of motor accident (original) 汽車意外證明文件（正本） Other available document 其他可向本公司提供的文件

Declaration & Authorisation 聲明及授權

- I/We declare that the above information is in all respect true and complete to the best of my/our knowledge and belief;
我／我們就此作出聲明，以上所述事項均根據我／我們所知及所信的情況下提供，並且為正確及並無遺漏；
- It is agreed that upon request by MSIG Insurance (Hong Kong) Limited, I/We shall make a statutory declaration to re-affirm the genuineness of all information contained in this claim form; and
若 MSIG Insurance (Hong Kong) Limited 提出有關要求，我／我們將同意作出重申本索償申請表內資料均屬真確的法定聲明；及
- I, the undersigned claimant, hereby authorise any party concerned to disclose to MSIG Insurance (Hong Kong) Limited or its representative any and all information with respect to my medical history regarding illness or injuries and my claimed loss/damage under the above Section(s). A photostat copy of this authorisation shall be as effective and valid as the original.
本人為下方簽署之索償人。本人現授權有關人士向 MSIG Insurance (Hong Kong) Limited 或其代表提供任何一切有關本人於上述索償項目中申報本人患病、受傷和財物損失的資料記錄。本授權書之影印本的法律效力等同正本。
- I believe that the facts stated in this claim form are true and correct. I acknowledge that the Insurers will rely upon the information supplied by me / the policyholder / the insured, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory / the policyholders / insured under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.
本人確認此索償申請書內之事實均為真實及正確。本人確認貴保險公司會依靠本人／保單持有人／受保人所提供的資料（該等提供的資料本人誠實地相信是真實和正確的），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人／保單持有人／受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。

Signature of Certificate Holder 保險證書持有人簽署

I.D. Card No. 身份證號碼

Date 日期

Signature of Claimant 索償人簽署

I.D. Card No. 身份證號碼

Date 日期