



## Travel Insurance Claim Form 旅遊保險索償表格

M455

- You can report a claim anytime, anywhere around the world, simply click on the following for online claim lodgement:-  
您可以隨時隨地在世界各地申請索賠，只需點擊以下網址提出申請：  
URL : <https://forms.msig.com.hk/Forms/ClaimTravel> QR : 
- Please complete and submit this Claim Form to us within 30 days from the date of accident, together with relevant supporting documents. Further information may be needed in the future.
  - Post: MSIG Insurance (Hong Kong) Limited - Macau Branch, Claims Division  
Avenida Da Praia Grande, No. 693 Edif. Tai Wah 13 Andar A & B, Macau  
請將填妥之索償表格連同有關證明文件，並於事發後 30 天內呈交本公司。稍後可能需要提供進一步資料。
  - 郵寄地址：三井住友海上火災保險（香港）有限公司 澳門分公司 理賠部  
澳門南灣大馬路 693 號 大華大廈 13 樓 A & B 座
- For inquiry, please call our Claims Services Hotline at (853) 2892 3329.  
如有任何查詢，請致電我們的賠償服務熱線 (853) 2892 3329。

<b>Policyholder / Certificate Holder 保單／證書持有人資料</b>				<b>Policy No. / Certificate No. 保單／證書編號</b>	
Surname in English 姓（英文）		Given Name in English 名（英文）			
Company Name (if applicable) 公司名稱（如適用）					
<b>Your Contact Details 聯絡人資料</b>					
Surname in English 姓（英文）		Given Name in English 名（英文）		Gender 性別	<input type="checkbox"/> M 男 / <input type="checkbox"/> F 女
Email Address 電郵		Mobile/Contact No. 手提電話／聯絡電話			
Correspondence Address 聯絡地址		ID No. / Passport No. 身份證／護照號碼		( )	
If we need to contact you in written, which method would you prefer most? 如本公司需要以書面聯絡閣下，您認為那一種聯絡方式比較適合？				<input type="checkbox"/> Mail 郵件 <input type="checkbox"/> Email 電子郵件	
<b>Claimant Details (if not the above contact person) 索償人資料（如非上述聯絡人）</b>					
Surname in English 姓（英文）		Given Name in English 名（英文）		Gender 性別	<input type="checkbox"/> M 男 / <input type="checkbox"/> F 女
Email Address 電郵		Mobile/Contact No. 手提電話／聯絡電話			
Correspondence Address 聯絡地址		ID No. / Passport No. 身份證／護照號碼		( )	

<b>Travel Claim Information 旅遊索償資料</b>			
When did your travel occur? 您於什麼時候旅遊？	From (dd/mm/yy) 由 (日/月/年)	To (dd/mm/yy) 至 (日/月/年)	
Are you making/ Will you make any other insurance or compensation claim as a result of this incident? 您有否或將會因此事故而作出任何其他保險或賠償要求？		<input type="checkbox"/> Yes please specify 有，請註明 <input type="checkbox"/> No 沒有	
Name of Insurer/Carrier 保險／客運公司名稱	Policy No. / Claim No. 保單號碼／索償號碼		
Note: Please send copy of the payment document if other insurance company has already paid part of the claimed amount. 注意：若其他保險公司曾作出賠償，請提供該保險公司之賠償證明。			

<b>Claim Settlement Method 賠償方法 (Available for Bank of China Macau Branch, Banco Nacional Ultramarino or Industrial and Commercial Bank of China only 只適用於中國銀行澳門分行、大西洋銀行或中國工商銀行(澳門)客戶)</b>			
To quicken our settlement for any valid claim, please provide your banking details (in HKD) if you prefer direct credit. 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，敬請提供港幣銀行存款戶口號碼。			
Bank Name 銀行名稱	<input type="checkbox"/> Bank of China Macau Branch 中國銀行澳門分行	<input type="checkbox"/> Banco Nacional Ultramarino 大西洋銀行	<input type="checkbox"/> ICBC(Macau) 工銀澳門
Account Holder's Name 戶口持有人姓名 (Must be the same as the Policyholder / Insured Person 必須與保單持有人／受保人相同)			
Bank A/C No. (HKD) 銀行帳戶號碼 (港幣)			

<b>Travel Delay/ Trip Rearrangement/ Missed Departure/ Baggage Delay</b> <b>行程延誤／行程更改／啟程誤點／行李延誤</b>				
Please tick the box of the claim item(s) 請於方格內填上索償項目		<input type="checkbox"/> Travel Delay 行程延誤／ <input type="checkbox"/> Trip Rearrangement 行程更改／ <input type="checkbox"/> Missed Departure 啟程誤點／ <input type="checkbox"/> Baggage Delay 行李延誤		
Original Flight No./ Transportation Information 原定航班編號／交通工具資料				
Reason of Travel Delay/ Trip Rearrangement/ Missed Departure / Baggage Delay 行程延誤／行程更改／啟程誤點／行李延誤的原因		<input type="checkbox"/> Adverse weather conditions/Typhoon 惡劣天氣／颱風 <input type="checkbox"/> Hijack 騎劫 <input type="checkbox"/> Natural disaster 自然災害 <input type="checkbox"/> Riot 騷亂 <input type="checkbox"/> Mechanical and/or electrical breakdown of the public transport 該公共交通工具機械及／或電力故障 <input type="checkbox"/> Strike or Other industrial action 罷工或其他工業行動 <input type="checkbox"/> Other 其他 _____		
<b>Travel Delay/ Trip Rearrangement/ Missed Departure/ Baggage Delay</b> <b>行程延誤／行程更改／啟程誤點／行李延誤</b>	Departure Date 出發航班日期	Departure Time 出發航班時間	Arrival Date 抵達航班日期	Arrival Time 抵達航班時間
Original scheduled itinerary (dd/mm/yy HH:MM) 原定行程 (日/月/年/時:分)				
Actual itinerary (dd/mm/yy HH:MM) 確實行程 (日/月/年/時:分)				
Total delay period 合計延誤時間	Hour 小時	Mins 分鐘	Place of departure 出發航班地點	Location of arrival 到達地點
Claim Items/ Other Remarks 索償項目／其他				
<b>Basic supporting documents required 索償所需的基本文件</b> <input type="checkbox"/> Traveling Schedule and Air ticket 行程表及機票 <input type="checkbox"/> Carrier's/ Airline's document to certify the reason and the length of delay 客運公司／航空公司發出的文件證明延誤行程原因及時間 <input type="checkbox"/> Boarding Pass 登機證 <input type="checkbox"/> Birth Certificate (*applicable if Insured Person 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				

<b>Loss of or damage to baggage/ money/ personal documents</b> <b>遺失或損毀行李／個人金錢／個人證件</b>			
Please tick the box of the claim item(s) 請於方格內填上索償項目		<input type="checkbox"/> Loss 遺失／ <input type="checkbox"/> Damage 損毀 <input type="checkbox"/> Personal belongings 個人財物 <input type="checkbox"/> Baggage 行李 <input type="checkbox"/> Money 個人金錢 <input type="checkbox"/> Personal documents 個人證件	
Place of loss/ damage 遺失／損毀地點		Date of loss/ damage (dd/mm/yy) 遺失／損毀日期 (日/月/年)	Time of loss/ damage (HH:MM) 遺失／損毀時間 (時:分)
Please describe how the loss/ damage happened 請詳述遺失／損毀的經過			
Did you report the loss to the local police, airline or carrier? * 閣下是否已向警方／航空公司／客運公司報告財物遺失？		<input type="checkbox"/> Yes please specify 有，請註明 <input type="checkbox"/> No 沒有	
Date of report to police (dd/mm/yy) 向警方報告財物遺失日期 (日/月/年)		Reference no. of the loss report 檔案編號	
<b>Full Description of items (including brand name and model no.)</b> <b>請詳述索償財物 (包括品牌名稱和型號)</b>	<b>Month &amp; Year of Purchase</b> <b>購買月份及年份</b>	<b>Purchase Price</b> <b>購買金額</b>	<b>Claim Amount</b> <b>索償金額</b>

<b>Basic supporting documents required 索償所需的基本文件</b> <input type="checkbox"/> Traveling Schedule and Air ticket 行程表及機票 <input type="checkbox"/> Boarding Pass 登機證 <input type="checkbox"/> Photos showing the extent of damage 顯示損毀情況之相片 <input type="checkbox"/> Purchase/ repair/ replacement receipt 購買／維修／重置物品收據 <input type="checkbox"/> All exchange slip/ cash withdrawal records (for loss of money) 有關遺失現金之貨幣找換或提款紀錄 <input type="checkbox"/> Birth Certificate (*applicable if Insured Person is below age 18) 出世紙副本 (*適用於 18 歲以下之受保人) <input type="checkbox"/> Loss or damage report from relevant authorities, e.g. police, airline or hotel 相關機構 (如當地警方，航空公司或酒店) 發出之遺失或損毀報告	
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**Medical Expenses**
**醫療費用**

1. Please tick the box of the claim item(s) 請於方格內填上索償項目

☐ **Sickness 疾病**

Where did you first experience the symptom? 在哪裡第一次出現此症狀?	Date of symptom first appeared (dd/mm/yy) 首次出現症狀日期 (日/月/年)	Diagnosis of sickness 診斷結果

☐ **Injury 受傷**

Place of accident 受傷地點	Date of accident (dd/mm/yy) 受傷日期(日/月/年)	Diagnosis of injury 診斷結果

Please describe how the accident happened  
請詳述受傷經過

## 2. Claim items 索償項目

Date of visit 診症日期	Place of visit 診症地點	Claim amount 索償金額

3. Was hospitalisation required overseas?  
是否需要在海外住院治療?

Date of admission (dd/mm/yy)  
入院日期(日/月/年)

Date of discharge (dd/mm/yy)  
出院日期(日/月/年)

☐ Yes 需要 ☐ No 不需要

4. Do you need to receive further medical treatment in the future after you returned to Hong Kong?  
返回香港後，您會否需要在往後日子再接受治療?

☐ Yes 需要 ☐ No 不需要

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

- |                                                                                          |                                                                                                                       |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Traveling Schedule and Air ticket 行程表及機票                        | <input type="checkbox"/> Boarding Pass 登機證                                                                            |
| <input type="checkbox"/> Original Medical Receipt showing the Diagnosis<br>附有診斷結果之正本醫療收據 | <input type="checkbox"/> Birth Certificate (*applicable if Insured Person is below age 18)<br>出世紙副本 (*適用於 18 歲以下之受保人) |
| <input type="checkbox"/> Medical Report, if any 醫療報告 (如有)                                |                                                                                                                       |

**Trip Cancellation/ Trip Curtailment**
**取消行程／縮短行程**

Please tick the box of the claim item(s)

☐ Trip Cancellation 取消行程 / ☐ Trip Curtailment 縮短行程

Reason of Trip Cancellation / Trip Curtailment

取消行程／縮短行程的原因

Original scheduled date of departure / Scheduled date of returning Hong Kong (dd/mm/yy)  
原定出發日期 / 原定回港日期 (日/月/年)

(For Trip Cancellation) Date of travel arrangement made (dd/mm/yy)  
(For Trip Curtailment) Actual date of returning to Hong Kong (dd/mm/yy)  
訂妥行程日期 (如屬取消行程) / 確實回港日期 (如屬縮短行程) (日/月/年)

Claim items &amp; other remarks 索償項目／其他

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

- |                                                                                                                                                                                                    |                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Traveling Schedule and Air ticket 行程表及機票                                                                                                                                  | <input type="checkbox"/> Boarding Pass (For Trip Curtailment) 登機證 (如縮短行程)                                                                                                |
| <input type="checkbox"/> Travel deposit payment receipt 旅費按金收據                                                                                                                                     | <input type="checkbox"/> Birth Certificate (*applicable if Insured Person is below age 18)<br>出世紙副本 (*適用於 18 歲以下之受保人)                                                    |
| <input type="checkbox"/> Carrier's/ airline's/ travel agent's/ hotel's document to certify reason of cancellation and amount of non-refundable deposits<br>由旅行社/航空公司/酒店發出之有關閣下取消或未能成行，及不予退回旅費的書面證明 | <input type="checkbox"/> Written confirmation from the attending doctor to certify the Insured person being unfit to travel, if applicable<br>由醫生發出之書面文件，證明受保人不宜外遊 (如適用) |

**Personal Liability/ Rental Vehicle Excess Cover / Death / Permanent Disablement**
**個人責任／租車自負金額保障／身故／永久傷殘**

Please tick the box of the claim item(s)  
請於方格內填上索償項目

☐ Rental Vehicle Excess Cover 租車自負金額保障

☐ Personal Liability 個人責任

☐ Permanent Disablement 永久傷殘

☐ Death 身故

Place of incident 事故發生地點	Date of incident (dd/mm/yy) 事故發生日期 (日 / 月 / 年)	Claim amount 索償金額

Full description of incident and the extent of the damage/ loss 請詳述事故發生的經過及損失程度

For Personal Liability claim 個人責任索償

\*IMPORTANT - Please send us all correspondence directly relating to any 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

☐ Traveling Schedule and Air ticket 行程表及機票

☐ Boarding Pass 登機證

☐ Birth Certificate (\*applicable if Insured Person is below age 18)  
出世紙副本 (\*適用於 18 歲以下之受保人)

☐ Other available document 其他可向本公司提供的文件

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

☐ Rental vehicle receipt 租車收據

☐ Rental vehicle agreement/ contract 租車協議／合約

☐ International driving permit 國際駕駛許可證

☐ Police report/ incident report 警署報告／事件報告

☐ Excess payment receipt 自負金額收據

☐ Photos showing the extent of damage 顯示損毀情況之相片

For Death/ Permanent Disablement (if applicable) 身故／永久傷殘 (如適用):

☐ Medical certificate/ medical report 醫療報告

☐ Death Certificate (if applicable) 死亡證書 (如適用)

**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;  
本人 (等) 就此聲明，以上所述事項均根據本人 (等) 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 - Macau Branch. I/We shall make a statutory declaration to re-affirm the genuineness of all the information contained in this claim form; and  
若三井住友海上火災保險 (香港) 有限公司 澳門分公司 提出有關要求，本人 (等) 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 - Macau Branch or its representative any and all information with respect to my claimed loss/ damage 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三井住友海上火災保險 (香港) 有限公司 澳門分公司或其代表提供任何一切有關本人於上述索償項目中申報的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 person, 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 person 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 (本人誠實地相信該等資料是真實和正確的)，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

(with company chop if applicable 如屬公司請蓋章)

ID No. 身份證號碼

( )

Date 日期

Signature of Claimant 索償人簽署

(with company chop if applicable 如屬公司請蓋章)

ID No. 身份證號碼

( )

Date 日期



## PRIVACY POLICY

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read these terms and conditions carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

### **PERSONAL INFORMATION COLLECTION STATEMENT**

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any document in relation to the Product or any claim made under the Product.

Your personal data may be used for the purpose of:

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- any sales, marketing, promotion of other general insurance services and products provided by us;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- our related, subsidiary or affiliated companies within the MSIG Group or MS&AD Insurance Group in or out of Macau;
- any other company carrying out insurance or reinsurance related business in or out of Macau;
- any association or federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to MSIG or any member of the MSIG Group or MS&AD Insurance Group.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the Macau Personal Data Protection Act, you have the right to request access to and to request correction of your personal data held by us, and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer.

*The Data Protection Officer  
MSIG Insurance (Hong Kong) Limited  
Avenida Da Praia Grande No. 693  
Edif. Tai Wah 13 Andar A & B, Macau*

Nothing in this statement shall limit your rights under the Personal Data Protection Act.



## 私隱政策

三井住友海上火災保險（香港）有限公司（下稱「**三井住友保險**」、「**我們**」或「**本公司**」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧義，將以英文版本為準。

### 個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及產品（下稱「**產品**」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與產品有關之文件上或任何透過產品索償上所載之個人資料。

您的個人資料可被用於以下用途：

- 向您提供與產品及設施相關之日常運作及行政用途；
- 任何我們提供的其他一般保險服務及產品之銷售、市場營銷及推廣用途；
- 產品變動、取消或更新用途；
- 評估及處理透過產品索償及任何繼後法律訴訟之用途；或
- 由本公司行使代位權利之用途。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 在三井住友保險集團或 **MS&AD** 保險集團內，在澳門或海外與本公司有關之機構、子公司或附屬公司；
- 任何其他在澳門或海外經營有關保險或再保險業務之公司；
- 任何現存或不時成立的協會或保險公司聯會；或
- 任何提供行政服務、索償處理或其他與三井住友保險集團或 **MS&AD** 保險集團成員相關產品服務之代理、承辦商或第三者。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據澳門個人資料保護法，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄，以及要求選擇拒收任何本公司的直銷通訊。如您欲行使以上權利，請以書面形式通知我們的資料保護主任。

資料保護主任  
三井住友海上火災保險（香港）有限公司  
澳門南灣大馬路 693 號  
大華大廈 13 樓 A&B 座

此聲明所述之條文並不限制您就個人資料保護法可行使之權利。