

TRAVEL INSURANCE CLAIMS GUIDE

旅遊保險索償指引

Personal Accident 人身意外

Please contact us ***immediately***.
請**立即**與我們聯絡。

Medical Expenses 醫療保障

Please attach all ***original*** medical bills and receipts showing the expenses and diagnosis.
請附上所有醫療費用單據及收據**正本**。單據上應顯示醫療費用及醫生之診斷。

Worldwide Emergency Assistance 全球緊急支援服務

Assistance is provided by Inter Partner Assistance Hong Kong Ltd. ("IPA"). Please call our 24-hour Emergency Assistance Hotline: (852) 2863 5541 (collect call) ***immediately*** in case of emergency.
支援服務由國際救援(亞洲)有限公司直接提供，有緊急事故時請**即時**致電本公司的 24 小時全球支援熱線：(852) 2863 5541。 <對方付款>

Cancellation & Curtailment 行程取消或縮短

Please state overleaf the reasons of cancellation / curtailment together with the documents proving the amount and cause of the loss e.g. confirmation letters from the Airline Company/Tour Company, medical reports, tour receipts, etc.
請於背頁提供取消或縮短行程之理由，並附上有關之證明文件如：航空公司/旅遊公司之證明信件、醫療報告、旅行團收據等。

Loss / Damage of Baggage 行李遺失/損壞

- Please ***notify local police*** and other responsible parties such as the Airline Company and hotel ***immediately***.
- Please state overleaf the circumstances, how the loss was discovered, incident report reference and full address of the police station and hotel.
- Please attach the ***original*** purchase/replacement receipts for the lost / damaged items.
- Please provide photographs showing the damaged items and retain the damaged items for inspection.
- If the baggage was damaged / lost in the custody of the Airline Company, please lodge a complaint to the Airline Company immediately.
- 請於發現損失後**即時通知當地警方**及其他有責任的機構如航空公司及酒店等。
- 請於背頁提供事發經過及如何發現該損失、當地警方及酒店的正確地址及檔案編號。
- 請附上損失、補購物品之**正本**收據。
- 請提供損壞財物的相片及保留損毀之財物以供檢驗。
- 如閣下之行李於航空公司保管下受損 / 遺失，請**即時**追究航空公司。

Baggage Delay 行李延誤

Please attach copy of the air ticket, boarding pass & written confirmation from the Airline Company stating the length of the delay. If necessities were bought, please attach the ***original*** receipts.
請附上機票副本、登機證及航空公司發出之信件以證明行李延誤多久。如曾購買必需品，請附上**正本**收據。

Flight Delay 班機延誤

Please attach the copy of the air ticket, boarding pass & written confirmation from the Airline Company stating the length and cause of the delay. If extra hotel accommodation is involved, please attach the ***original*** receipts.
請附上機票副本、登機證及航空公司發出之信件以證明班機因何延誤及延誤多久。如曾額外住宿酒店，請附上**正本**收據。

Personal Liability 個人責任

Please ***do not*** admit liability on or enter into any settlement agreement with the third party without our written consent and refer the third party claim to us directly. Upon completing the journey, please provide us with the details of the accident ***as soon as possible***.
如沒有得到我們同意，**切勿承認責任或與第三者私下訂立賠償協議或承諾**。如收到第三者之索償，請轉交及我們處理。於旅程結束後，請儘快向我們提供遇事之詳情。

For any inquiry, please call our Claims Hotline: 2207-2063
如有任何查詢，請電理賠熱線：2207-2063

Fax Hotline: 2626-0704
傳真熱線：2626-0704



上海商業銀行

SHANGHAI COMMERCIAL BANK LTD.

Insurance Dept.: 20/F, 666 Nathan Road, Mongkok, Kowloon, Hong Kong

保險部：九龍旺角彌敦道六六六號上海商業銀行大廈二十樓

Tel(電話)：2207 2063 Fax(傳真)：2626 0704

Travel Insurance Claim Form 旅遊保險索償書

Name of Insured: 被保人姓名:		Policy No.: 保單號碼:	
Correspondence Address: 通訊地址:			
Telephone No. : 電話號碼 :		Fax No. : 傳真號碼:	
E-mail Address: 電郵地址:			

Circumstances of Accident 過事情況

Please <input checked="" type="checkbox"/> the appropriate Section of your claim 請用 <input checked="" type="checkbox"/> 選擇索償之項目:			
<input type="checkbox"/> Personal Accident 人身意外	<input type="checkbox"/> Medical Expenses 醫療費用	<input type="checkbox"/> Curtailment or Cancellation 行程延誤或取消	<input type="checkbox"/> Baggage Damage or Loss 行李損壞或遺失
<input type="checkbox"/> Baggage Delay 行李延誤	<input type="checkbox"/> Flight Delay 班機延誤	<input type="checkbox"/> Personal Liability 個人責任	
Date 日期 :	Time 時間 :	Place 地點 :	
Description of the Circumstances: 過程描述 :			
Did you report this accident to the police or hotel? 閣下有否向警方或酒店報告是次意外事件 ?			<input type="checkbox"/> No 否
<input type="checkbox"/> Yes Name & Address of Police Station / Hotel 有 警署/酒店名稱及地址 _____			
Police / Hotel Report No.: 警方/酒店報告號碼:			
Date of Report & Time: 報告日期及時間:			
Are you fully recovered? 是否完全康復 ?		Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	

Details of Your Loss 閣下的損失詳情

Item 項目	Description of Damage/Loss 損壞情況	Month and Year of Purchase 購買年份及月份	*Original Purchased Price*購買時價格	*Amount of Claim *索償金額
1.				
2.				
3.				
4.				
5.				

* Please state the currency. *請註明貨幣單位

Declaration 聲明

- I/We declare that to the best of my/our knowledge and belief the foregoing answers are true. 本人/余等謹聲明上列各細節均屬無訛，更絕未作任何事實之隱瞞。
- I/We hereby declare and agree that any personal information in this claim form or otherwise obtained is provided by me/us and may be held, used and disclosed to enable Pafoong Insurance Company (Hong Kong) Limited ("the Company") to carry on insurance & financial services business; and may be transferred to any individuals, related companies, any other organizations, any independent third party and other service providers for the purpose of (i) processing this application and providing subsequent services for this or other products and services, and or (ii) direct marketing, and/or (iii) data matching, and/or (iv) communication with me/us for such purposes.
本人/余等同意一切由寶豐保險(香港)有限公司「貴公司」在本索償申請書或以其他方式獲取而所收集或持有本人/余等的個人資料均由本人/余等提供，並可由「貴公司」持有、使用及披露作其保險及金融服務業務上所需，並可能轉予任何個人、與「貴公司」關連公司、其他的組織、其他獨立第三者及其他服務提供者(i)能夠處理本人/余等此項申請及提供與此項申請或其他產品有關之服務，(ii)用作直銷，(iii)用作資料配合，並(iv)就任何事宜與本人/余等聯絡，直至本人/余等作出書面指示為止。
- I/We understand that I/we have the right to obtain access and request correction of any personal information concerning myself/ourselves held by the Company. Request for such access can be made to the Data Protection Officer of the Company.
本人/余等明白本人/余等有權查閱及要求更正由「貴公司」持有有關本人/余等的個人資料，如有此項要求，可向「貴公司」的資料保護主任提出。

Date 日期: _____

Signature 簽署: _____

Insurer : Pafoong Insurance Company (Hong Kong) Limited
A subsidiary of Shanghai Commercial Bank Ltd.
承保公司 : 寶豐保險(香港)有限公司
上海商業銀行附屬公司