

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

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「太平旅遊寶」索償申請表
TAIPING COMPREHENSIVE 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更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會受延誤或被拒絕。

Submission of this form is not construed as our admission of any liability. The Company is entitled to request for further information for handling the claim application. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

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 policy.

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

保單號碼 Policy No.		賠償號碼 (由本公司填寫) Claim No. (For Office Use)	
索償人姓名 Name of Claimant		性別 Sex	出生日期 Date of Birth
聯絡電話 Contact Tel No.	電子郵件 E-mail Address	被保險人香港身份證/護照號碼 Insured Person's HKID No. / Passport No.	
通訊地址 Correspondence Address			

第二部份 - 索償項目(請選擇適當項目) SECTION 2 - BENEFITS CLAIMED (Please select the appropriate item(s))

<input type="checkbox"/> 人身意外保障 Personal Accident Benefits	<input type="checkbox"/> 取消旅程 Cancellation of Journey
<input type="checkbox"/> 醫療費用保障 Medical Expenses Benefits	<input type="checkbox"/> 縮短旅程 Curtailment of Journey
<input type="checkbox"/> 現金津貼保障 Hospital Cash Allowance Benefits	<input type="checkbox"/> 身故恩恤金 Compassionate Death Allowance
<input type="checkbox"/> 個人責任 Personal Liability	<input type="checkbox"/> 信用卡欠款結餘保障 Credit Card Protection Benefit
<input type="checkbox"/> 個人行李及個人物品 Personal Baggage and Personal Effects	<input type="checkbox"/> 滑雪項目保障 Skiing Events Benefits
<input type="checkbox"/> 個人錢財及旅遊證件/旅票 Personal Money & Travel Document/Travel Tickets	<input type="checkbox"/> 非自願性滯留保障 Involuntary Journey Extension
<input type="checkbox"/> 行李延誤 Baggage Delay	<input type="checkbox"/> 家居爆竊 Loss of Home Contents
<input type="checkbox"/> 行程延誤 Travel Delay	<input type="checkbox"/> 租車自負額保障 Rental Vehicle Excess Protection Benefit

第三部份 - 基本資料 SECTION 3 - GENERAL INFORMATION

旅遊期 Period of Travel :	索償總額 Total Claimed Amount :
事件發生之日期及時間 Date and time of the incident	事件發生地點 Location of the incident occurred
敘述事件發生的經過 Detailed description of the occurrence of the incident	
該事故是否受保於其他保單 Is this incident/loss covered by any other insurance 如有，請詳述: If yes, please specify	有否就此向其他保險公司索償或報警 Submitted claim to another insurer or reported to police 如有，請詳述: If yes, please specify

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第四部份 – 索償文件 SECTION 4 - CLAIM DOCUMENTATION

請勾選適合的賠償項目，並提供下列所需之文件連同本表格一併交回。如有需要，本公司將要求索償人提供額外之有關文件以供處理索償事宜用途。
Please choose the appropriate claim section, ensure the documents required in relation to the claim section below are submitted with this form. Additional documents relevant to the claim may be required and to be forwarded upon request by our company.

申請賠償項目 NATURE OF BENEFIT CLAIMED	賠償所需的基本文件 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. boarding pass(es) (copy)										
<input type="checkbox"/> 人身意外保障 Personal Accident Benefits <input type="checkbox"/> 身故恩恤金 Compassionate Death Allowance	1. 死亡證 Death Certificate 2. 醫療報告/法醫官報告 Medical report/coroner's report 3. 警方報告，如有 Police report, if any 4. 遺產管理書之正本/核實副本 Original/Certified true copy for the Letters of Administration 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)										
<input type="checkbox"/> 醫療費用保障 Medical Expenses Benefits <input type="checkbox"/> 現金津貼保障 Hospital Cash Allowance 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 2. 是否痊愈 Are you completely recovered? <input type="checkbox"/> 是 YES <input type="checkbox"/> 否 NO 如果否，請在痊愈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-existing disease? <input type="checkbox"/> 是 YES <input type="checkbox"/> 否 NO 若是，已存在多久 if yes, how long? 4. 此是否先天性缺陷？ Is condition congenital? <input type="checkbox"/> 是 YES <input type="checkbox"/> 否 NO										
<input type="checkbox"/> 個人責任 Personal Liability	1. 事故發生之詳情 Details of incident 2. 損毀項目證明及賠償金額 Original certificate of loss/ damage item(s) and paid receipts 3. 警方報告，如有 Police report, if any 4. 其他有關此事件之文件(如法院傳票，法院文件，律師函件等) Other related documents (e.g. copies of summons, all court documents, solicitors' correspondences etc.)										
<input type="checkbox"/> 個人行李及個人物品 Personal Baggage & Personal Effects	1. 當地警方報告 Local police report 2. 附運途中發生的損失/損壞，須向公共交通工具機構報告並索取該公司的正式書面收條或證明 A copy of the immediate notification to airline/carrier and their official acknowledgment in writing when loss or damage has occurred 3. 損失/丟失物品之正本購買收據 Original purchase receipts of lost/broken items 4. 損失項目之修理費用報價單及收據正本 Original receipt of repaired fees for damaged item(s) 5. 損壞物品之維修單據（如適用） Repair receipts of the damaged property (if any) 6. 請提供以下資料 Please provide the below information <table border="1" data-bbox="510 1209 1500 1422"> <thead> <tr> <th>損失/損毀之物件 Damaged / lost items</th> <th>購買日期 Date of purchase</th> <th>購買地方 Place of purchase</th> <th>原價 Original Cost</th> <th>索償金額 (港幣) Amount Claimed (HK\$)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	損失/損毀之物件 Damaged / lost items	購買日期 Date of purchase	購買地方 Place of purchase	原價 Original Cost	索償金額 (港幣) Amount Claimed (HK\$)					
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<input type="checkbox"/> 個人錢財及旅遊證件/機票 Personal Money Travel Document/Travel Tickets	1. 當地警方報告 Local police report 2. 額外住宿費用、交通費用及補發遺失之旅行證件或機票之收據正本 Original official receipts for extra accommodation fee, traveling expenses and replacement of lost travel document or travel tickets.										
<input type="checkbox"/> 行李延誤 Baggage Delay <input type="checkbox"/> 行程延誤 Travel Delay	1. 有關公共交通工具公司發出之文件以證明延誤原因及時間 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 3. 未使用的原行程機票及購買額外機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 Original receipts of purchased necessity items due to baggage delay.										
<input type="checkbox"/> 取消旅程 Cancellation of Trip <input type="checkbox"/> 縮短旅程 Curtailment of Trip	1. 按醫生意見下取消或縮短旅程之建議書 <input type="checkbox"/> Advice on the need of cancellation or curtailment of journey 2. 關係證明（如出世紙、結婚證明書等） Proof of relationship (e.g. Birth Certificate, Marriage Certificate, etc) 3. 已支付的旅費及/或住宿費用正式收據 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										
<input type="checkbox"/> 信用卡欠款結餘保障 Credit Card Protection Benefit	1. 受保旅程期間所購買商品的發票及收據正本 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										
<input type="checkbox"/> 非自願性滯留保障 Involuntary Journey Extension	1. 非自願性滯留之證明文件 Documentary proof of involuntary extension of journey 2. 由旅行社、酒店或其他安排旅程或住宿之服務供應商之發票正本 Original receipts of issued by any tour operator, travel agent, hotels or any provider of travel arrangement or accommodation										

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<input type="checkbox"/> 滑雪項目保障 Skiing Events Benefits	1. 已向警方或相應的當地執法人員報告損失的書面證明 The written proof of loss from the policy or equivalent local law enforcement officials
	2. 滑雪入場證、滑雪用品的實際費用及學費之收據 Any receipts of actual expenses from the ski pass, hiring the skiing equipment and tuition cost
	3. 到達最近滑雪場的交通費用的收據 The receipts of extra travel expenses for reaching the nearest skiing site
	4. 滑雪場地的服務商的未能提供服務之書面文件 The documents relating to the occurrence of the incident which interrupts the skiing events from the service provider
	5. 須提供不適宜參與滑雪活動的醫生診斷報告(如適用) The certified document by a Medical Practitioner as rendering that the Insured Person unfit to participate in the skiing activity (if any)
<input type="checkbox"/> 家居爆竊 Home Burglary	1. 警方報告 Police report
<input type="checkbox"/> 租車自負保障 Rental Vehicle Excess Protection	2. 損失/丟失物品之正本購買收據 Original purchase receipts of lost/broken items 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 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 - 付款資料 SECTION 5 - PAYMENT DETAILS

付款資料: 在保單許可的情況下, 閣下可選擇以支票或銀行轉帳方式收取賠償款項
Payment Details: Subject to policy liability, you are given an option for settlement by claims cheque or by bank transfer

支票 By Cheque 銀行轉帳 By Bank Transfer

如閣下選擇銀行轉帳, 請提供相關銀行資料。本公司特此聲明, 上述要求並不代表閣下之索賠現正獲成功審批。有關決定, 本公司在收妥全部證明後, 將根據保單一切條款才作最後審批。請詳細審查所填寫的資料, 如有錯漏引致的損失, 本公司不負任何責任。敬請留意。
 Please provide your banking details if you prefer payment by bank transfer. Furthermore, the supply of any information or documents under this section is no construed as an admission of liability under your policy. We hereby reserve all our rights for assessing your claim subject to terms and conditions of your policy. Please ensure all your information in the form is correct. We shall take no responsibility on any losses arising therein.

戶口持有人姓名 (必須與持有人相同) Account's Claimant Name (must be the same as the Claimant)		銀行名稱 Name of Bank	分行名稱 Branch Office
銀行編號 Bank Code	分行編號 Branch Code	帳戶號碼 Account No.	

戶口持有人簽署:
Signature of Account Holder:

第六部份 - 聲明及授權書 SECTION 6 - 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。
 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力; 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.

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。
 I/We declare and agree that I/we have the full authority from and consent of the Insured Person to make the above authorizations.

索償人簽署
Signature of Claimant.....

日期
Date.....