新鴻基地產保險有限公司
Sun Hung Kai Properties Insurance Limited
新鴻基地產集團成員
Member of Sun Hung Kai Properties Group

TRAVEL INSURANCE CLAIM FORM 旅遊保險賠償申請表格

甲項 SECTION A 投保人資料 INSURED'S INFORMATION

姓名 Name _____

聯絡地址 Correspondence Address _____

住宅電話 Home Tel. _____ 手機或傳呼號碼 Mobile/Pager No. _____

辦事處電話 Office Tel. _____ 傳真號碼 Fax No. _____

電子郵件 E-mail Address _____

保單號碼 Policy No. _____

For Office Use Only
公司專用
Date Submitted

Claim Number :

Plan :

Remarks :

乙項 SECTION B 申請索償者資料 CLAIMANT'S INFORMATION

申請賠償者姓名(英文) Name of the Claimant (English) _____ (中文) (Chinese) _____

身份證號碼 I.D. Card No. _____ 住宅電話 Home Tel. _____

手機或傳呼號碼 Mobile/Pager No. _____ 辦事處電話 Office Tel. _____

聯絡地址 Correspondence Address _____

丙項 SECTION C 行李/行李延誤/個人錢財 BAGGAGE/BAGGAGE DELAY/ PERSONAL MONEY

事件發生之日期、時間及地點 Date, time and place of incident _____

事件發生之詳細經過 State the occurrence of the incident _____

索償金額 Amount Claimed HKD _____

2305-16, Sun Hung Kai Centre, 30 Habour Road, Hong Kong. Tel.: (852) 2827 8111 Fax: (852) 28270622
Web Site: www.shkpi.com.hk E-Mail: shkpi@shkp.com
香港港灣道30號新鴻基中心2305 -16室

請詳列失物資料 Please give particulars of items claimed

項目 Item(s)	購買時之價值 Original Cost (HKD)	購置日期 Date of Purchase

上述項目是否受保於其他保險合約？(如信用咭之購物保障、家居保險等保障合約)
Any other insurance policy covering the items claimed? (e.g. credit card protection plan, householder all risk)

是 Yes ☐
否 No ☐

若是，請提供以下資料 If yes, please provide the following information.

保險公司名稱 Name of insurance Company	保險種類 Class of Insurance	保單號碼 Policy No.

備註 Remarks
請附上與事件經過，費用及損失金額之有關證明文件，如航空公司遺失/損毀報告、警方報案紀錄及購物收條正本等。
Please attach the relevant supporting documents to certify the expenses/losses and incident and items of claim e.g. airlines irregularity report, original police report, original purchase receipts of the items claimed.

丁項 SECTION D 醫療費用及緊急支援服務 MEDICAL EXPENSES AND EMERGENCY SERVICE

事件發生之日期、時間及地點
Date, time and place of incident _____

病因 / 受傷原因
Diagnosis of conditions / Cause of injury _____

上述項目是否受保於其他保險合約？
Any other insurance policy covering the expenses involved?

是 Yes ☐
否 No ☐

若是，請提供以下資料 If yes, please provide the following information.

保險公司名稱 Name of insurance Company	保險種類 Class of Insurance	保單號碼 Policy No.

索償金額 Amount Claimed HKD _____ 貨幣 Currency _____

備註 Remarks : 請附有關之醫療報告及收條正本以證明索償金額。
Please attach the relevant medical report and original medical expenses receipts to certify the expenses.

戊項 旅程取消 / 縮短旅程
SECTION E CANCELLATION OF TRIP / CURTAILMENT OF TRIP

索償原因
Causes of claims _____

索償金額
Amount Claimed HKD _____

旅行社名稱、地址、電話號碼及聯絡人姓名
Name, address, phone no. and contact person of Travel Agent _____

上述項目是否受保於其他保險合約？ Any other insurance policy covering the expenses involved?	是 Yes	
	否 No	

若是，請提供以下資料 If yes, please provide the following information.

保險公司名稱 Name of insurance Company	保險種類 Class of Insurance	保單號碼 Policy No.

備註 : 請附交有關之文件以證明不能退還之款項及意外之起因，如醫生報告、死亡證、收條正本等。

Remarks : Please attach the relevant supporting documents to certify the expenses and incident of claim. e.g. medical report, death certificate, original receipts of amount claimed etc.

己項 旅程延誤
SECTION F TRAVEL DELAY

	日期 / 時間 Date / Time	由 From	至 To	班機號碼 Flight No.
原定時間 Original Schedule				
延誤後時間 Delayed Schedule				

延誤原因
Reason of Delays _____

延誤小時
Hours Delayed _____

上述項目是否受保於其他保險合約？ Any other insurance policy covering the expenses involved?	是 Yes	
	否 No	

若是，請提供以下資料 If yes, please provide the following information.

保險公司名稱 Name of insurance Company	保險種類 Class of Insurance	保單號碼 Policy No.

備註 : 請附交有關之文件以證明延誤時間及原因，例如，登機證及/或機票影印本、航空公司或旅行社證明信等

Remarks : Please attach the relevant supporting documents to certify the expenses and incident of claim. e.g. boarding pass, air ticket or certificate issued by the Airline Company or Travel Agent etc.

庚項 人身意外
SECTION G PERSONAL ACCIDENT

事件發生之日期、時間及地點
Date, time and place of incident _____

事件發生之詳細經過
State the occurrence of the incident _____

_____

索償金額
Amount Claimed HKD _____

請填報直系親屬資料。Please give particulars of the next of kin(s) of the Insured Person

姓名 Name	年齡 Age	地址 Address	關係 Relationship	香港身份證號碼 HK ID No.

辛項 個人責任
SECTION H PERSONAL LIABILITY

第三者索償之事故
Circumstances of third party claim _____

索償金額
Amount Claimed HKD _____ 索償者姓名 Name of Claimant _____

上述項目是否受保於其他保險合約？
Any other insurance policy covering the expenses involved? 是 Yes ☐ 否 No ☐

若是，請提供以下資料 If yes, please provide the following information.

保險公司名稱 Name of insurance Company	保險種類 Class of Insurance	保單號碼 Policy No.

壬項 其它賠償
SECTION I OTHER CLAIMS

事件發生之詳細經過
State the occurrence of the incident _____

_____

索償金額
Amount Claimed _____

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Sun Hung Kai Properties Insurance Limited

新鴻基地產集團成員
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聲明及授權書 DECLARATION AND AUTHORIZATION

本人/吾等聲明上述資料完整及正確無訛。本人/吾等並無隱瞞任何重要資料。本人/吾等明白保險公司可要求更多資料。

I/We declare that the above information is true and complete to the best of my / our knowledge and belief and I / we have not withheld any material information connected with this claim. I / We understand that the Company can request for more information.

本人謹授權任何醫院,醫生及其他曾替本人診治,護理,或檢查之人士,向新鴻基地產保險有限公司或其代表人提供部份或全部有關本人之醫療診斷報告紀錄 及藥方等資料。此授權書及其影印本具 同等之效力。

I/We hereby authorize any hospital, physician, or other person who has attended or examined me, to furnish to Sun Hung Kai Properties Insurance Limited or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A Photostat copy of this authorization shall be considered as effective and valid as the original.

申請索償者簽署
Signature of Claimant _____ 日期 Date : _____

投保人簽署(並蓋章，如適用)
Signature of Insured (With company stamp if appropriate) _____ 日期 Date : _____

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Sun Hung Kai Properties Insurance Limited
新鴻基地產集團成員
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新鴻基地產保險有限公司(本公司)
就個人資料(私隱)條例
致客戶有關個人資料的通告

關於投保人在本公司所出具之保單,本公司謹此通知投保人所提供的或將提供的個人資料將作以下用途:

(甲) 本公司的日常運作及提供保險,財務及其他服務;
(乙) 處理保單之發出及續期申請;
(丙) 提供保險及其他財務之銷後服務;
(丁) 處理,分析及調查任何保單之賠償;
(戊) 設計及推廣本公司的產品及服務;及
(己) 方便本公司與投保人通訊。

投保人保單內提供之個人資料,包括受保人之個人資料在內，無論是投保人提供或本公司從其他途徑搜集,一切將受最嚴謹保護,但可向以下人士披露:

(甲) 本公司僱員,經紀及中介人;
(乙) 任何本公司之聯營及有關之公司,及任何經營業務之公司;
(丙) 任何本公司之賠償調查公司,法律顧問,會計師及其他服務提供者;
(丁) 任何保險業公會,協會或保險工業組織;及
(戊) 根據對本公司有約束性之法例,有權索取此等資料之執法機關。

根據及按照上述條例之規定,投保人有權要求查閱本公司所保存有關投保人之個人資料,並要求將之改正。本公司處理此等要求時將收取合理之費用。 有關之要求可於七天前以書面 提出並寄交:

香港灣仔港灣道30號
新鴻基中心2305-16室
新鴻基地產保險有限公司
保障資料私隱主任

***中文譯本僅供參考,如釋義有差異,概以英文本為準。**

Sun Hung Kai Properties Insurance Limited (the "Company")
Circular to Customers relating to the Personal Data (Privacy) Ordinance
Use of Personal Data

We hereby give you notice that the personal data supplied or to be supplied by you to us in connection with this Policy will be used for:-

(a) our daily operation, and for our provision of insurance, financial or other services;
(b) processing applications for the issue of insurance policies and their renewal;
(c) providing subsequent services for any insurance policies and other financial products or services;
(d) processing, analyzing and investigating any claim under any insurance policy;
(e) designing and marketing to you or otherwise our products and services; and
(f) facilitating communication between you and us.

The personal data in respect of you and the Insured Person(s), whether supplied by you or collected by us through other means, will be treated with the strictest level of confidence but may be disclosed to:

(a) our employees, agents and intermediaries;
(b) any of our associated, holding, subsidiary or related companies, and any other companies carrying on insurance or reinsurance business;
(c) any of our claims investigation companies, legal advisors, accountants or other service providers;
(d) any association, federation or other organization of the insurance industry; and
(e) any law enforcement agencies under any law binding on us.

Pursuant to the Personal Data (Privacy) Ordinance, you and the Insured Person(s) are entitled to have access to your or the relevant Insured Person's own personal data which are held by us and/or to correct such data on payment of a reasonable fee to cover our administrative charges and expenses. Such request should be made in writing with 7-days advance notice to :

Data Privacy Compliance Officer,
Sun Hung Kai Properties Insurance Limited,
2305-16, Sun Hung Kai Centre,
30 Harbour Road,
Wanchai, Hong Kong.

Thank you for your attention.