



# 美亞保險有限公司

美國國際集團成員公司

香港灣仔司徒拔道1號友邦大廈5樓

電話: (852) 2832 3789, (852) 2926 8070 傳真: (852) 2834 8962 電郵: aihk.claims@aig.com

## 旅遊保險索償申請表

保戶應正確詳細填妥此申請表，連同保單（副本）或保費收據及以下所列之文件盡快交回本公司賠償部。

### 保戶資料

保戶姓名：\_\_\_\_\_ 身份證號碼：\_\_\_\_\_ 保單號碼：\_\_\_\_\_

聯絡地址：\_\_\_\_\_ 聯絡電話：\_\_\_\_\_

意外/事件發生日期、時間、地點及詳情：\_\_\_\_\_

### 索償項目

如欲申請下列賠償項目，請於適當方格填上“✓”，並連同所需文件交回本公司。

申請賠償項目	✓	所需之文件
醫療費用		1. 醫療費用收據正本 2. 主診醫生提供之疾病名稱/受傷性質
海外住院入息保障		1. 留院之賬單 2. 主診醫生提供之疾病名稱/受傷性質
意外入息保障		1. 受僱證明 2. 病假證書副本 3. 主診醫生提供之受傷性質
人身意外及/或安恤金		1. 死亡證 2. 醫療報告或驗屍報告 3. 警局報告
緊急啓程費用及/或子女看護費用		1. 醫療報告 2. 關係證明，如出世紙 3. 已交之旅費及/或住宿費用正式收據
取消旅程或旅程受阻		1. 醫療報告或死亡證 2. 已交之旅費及/或住宿費用正式收據
個人行李及/或金錢		1. 警局報告 2. 損失物件之發票 3. 請填妥此申請表格之<個人行李索償>部份
旅遊證件		1. 警局報告 2. 額外住宿、交通及補發旅遊證件之正式收據
旅程延誤/行李延誤		1. 有關運輸公司之報告，其報告必須列明延誤之日期、時間及原因
個人責任		1. 詳述意外發生之經過 2. 警局報告及其他有關是次意外之文件

請注意，本公司或會於有需要的情況下向保戶或有關方面索取進一步資料。

### 個人行李索償（申請個人行李賠償必須填寫此部份）

受損財物詳細資料	購買日期	購買金額（請附上單據正本）

（如空白位置不足可另加紙張）

### 聲明及授權

本人/我們謹此聲明上述所申報的一切資料均屬正確無誤，並無任何保留。本人/我們同意如為處理有關本索償事宜，美亞保險有限公司可使用所收集及持有關於本人/我們的個人資料（包括在此索償申請表內或其他地方之資料）或將該等資料給予有關承保公司、人士或機構（包括在香港境內或境外之再保公司、賠償調查公司、保險業協會/聯會及其他提供保險業有關服務之公司等）用作處理與本產品及其他財務產品/服務有關的申請、提供其稍後的服務、直接促銷及資料核對等用途，及因此等用途與本人/我們聯絡。本人/我們明白倘若本人未能提供本申請表所需的資料，美亞保險有限公司將可能無法處理申請，及本人/我們有權向美亞保險有限公司查閱及申請改正所有本人及受保家庭成員有關的個人資料。本人/我們明白呈遞此表格並不代表美亞保險有限公司承認任何責任。本人/我們並授權任何曾替本人/我們作診療之醫生、醫務人員、醫院或診所向美亞保險有限公司或其代理人提供有關本人之病歷資料。此授權信之影印本將與正本具有同等效力。

保戶簽署：\_\_\_\_\_ 日期：\_\_\_\_\_



# American International Underwriters Limited

A member company of American International Group Inc  
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Tel: (852) 2832 3789, (852) 2926 8070 Fax: (852) 2834 8962 E-mail: aiuhk.claims@aig.com

## TRAVEL INSURANCE CLAIM FORM

This form must be completed as truthfully and accurately by the Insured and returned to our Claims Department together with a copy of your insurance policy or premium receipt and the documents required below as soon as possible.

### DETAILS OF INSURED

Insured name: \_\_\_\_\_ ID No: \_\_\_\_\_ Policy No: \_\_\_\_\_  
Contact Address: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Date, time, place and description of loss: \_\_\_\_\_

### TYPE OF CLAIM

Please mark a "✓" at the suitable column that you want to make a claim against.

Nature of Benefit Claimed	✓	Documents Required
Medical Expenses		1. Original medical receipts 2. Diagnosis/ nature of injury duly certified by the attending Physician
Overseas Hospital Income		1. Hospital Statement of Account 2. Diagnosis/ nature of injury duly certified by the attending Physician
Loss of Income		1. Proof of employment 2. Copy of sick leave certificate 3. Nature of injury duly certified by the attending Physician
Personal Accident and/ or Compassionate Death Cash		1. Copy of Death Certificate 2. Medical report/ Post-mortem Report 3. Police report, if any
Compassionate Visit and/ or Child Guard		1. Medical report 2. Proof of relationship, such as Birth Certificate 3. Official receipts of travelling and/ or accommodation expenses incurred
Journey Cancellation or Interruption		1. Medical report or Death Certificate 2. Official receipts for travelling/ accommodation expenses incurred
Loss of Personal Baggage and/ or Personal Money		1. Police report 2. Purchase invoices for lost items 3. Complete the 'Claim for Loss of Personal Baggage' part
Loss of Travel Documents		1. Police report 2. Official receipts for expenses incurred, such as replacement cost of passport, ticket, additional hotel and/ or travelling expenses
Travel Delay and/ or Baggage Delay		1. Written report from common carrier management indicating reason and the duration for such delay
Personal Liability		1. Details of accident 2. Police report and other documents relating to this accident, if any

Please note that the Company may require further information or documents from Insured or other interested parties if necessary.

### CLAIM FOR LOSS OF PERSONAL BAGGAGE (Must be completed for claim of "Loss of Personal Baggage")

Description of Article	Date of Purchase	Purchase Price (Provide original receipts)

(Please use a separate paper if space is insufficient)

### DECLARATION AND AUTHORIZATION

I/ WE HEREBY DECLARE that to the best of my/ our knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. I/ We agree that any of my/ our personal information collected or held by American International Underwriters Limited ("AIU") (whether contained in this claim form or otherwise obtained) is provided and may be held, used and disclosed by AIU to individuals/ organization associated with AIU, our Principal or any selected third party (within or outside Hong Kong, including reinsurance and claim investigation companies and industry associations/ federations and other service provider providing services relevant to insurance business) for the purpose of processing this claim and providing subsequent services for this and other financial products and services, direct marketing and data marketing, and data matching, and to communicate with me/ us for such purposes. I/ We understand that AIU may be unable to process this application if I fail to provide any information requested in this application and have the right to obtain access to and to request correction of any personal information held by AIU concerning me and my covered dependants. I/ We also understand that the furnishing of this claim form is not an admission of liability on the part of AIU. I/ We further authorize any physician, medical practitioner, hospital or clinic by whom or where I/ we have been observed or treated to furnish full particulars about my health including my whole medical history to AIU or its authorized representatives. A photocopy of this authorization shall be considered as effective and valid as the original.

Insured's signature: \_\_\_\_\_ Date: \_\_\_\_\_