Travel Insurance Claim Form (旅遊保險索償申請表)

Please complete this Claim Form and provide the relevant document within thirty (30) days from the date of return from your trip.
(請填妥此索償申請表連同相關索償文件於回港後三十(30)天內一併交回)
The Company is entitled to request for further information, documents or other specific claim form to be completed, and assign a loss adjuster for investigation.
(本公司有權要求索償者提供更多資料、文件或填寫其他專用索償表格，以及委派公證人進行調查。)
Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.
(填寫及遞交此索償申請表並不表示本公司承擔賠償責任。)
For inquiry, please call our Claims Hotline on 3413 0701 or email to claims@tgi.com.hk or fax to 2548 4395.
(如有任何查詢，請致電我們的索償熱線 3413 0701 或 電郵至 claims@tgi.com.hk 或傳真至 2548 4395。)

1. Insured Particulars (受保人的詳細資料)

* To tick/delete as appropriate
(請加上✓號/刪除不適用部份)

Name (姓名) Mr/Ms * (先生/小姐) *	HKID card no. (香港身份証號碼)	Policy no. (保單號碼)
Occupation (職業)	Contact no. (聯絡電話)	Email address (電郵)
Address (住宅地址)		

2. Claimant's Details (索價人的詳細資料)

If Claimant is different from Policyholder (如索價人與保單持有人不同)

Name (姓名) Mr/Ms * (先生/小姐) *	HKID card no. (香港身份証號碼)	Policy no. (保單號碼)
Occupation (職業)	Contact no. (聯絡電話)	Email address (電郵)
Address (住宅地址)		

3. Incident Details (事件的詳細資料)

Date of occurrence (發生日期)			Time of occurrence (發生時間)			Place of occurrence (發生地點)
dd (日)	mm (月)	yyyy (年)	hour (時)	minutes (分)	am/pm* (上午/下午)*	
Please describe the incident in detail (請詳細描述事件發生的經過)						
Have the police or other authorities been informed (是次事件有否向警方或其他機構報告) □ Yes (是) If yes, please provide report (如是，請提供報告) □ No (否)						
Have you ever sustained a loss of similar nature during the past 3 years (在過去 3 年內是否蒙受過同樣性質的損失) □ Yes (是) If yes, please give details (如是，請提供資料) □ No (否)						

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4. Types of Claim (索償類別)

ACCIDENTAL DEATH / TOTAL & PERMANENT DISABLEMENT (意外死亡 / 完全及永久傷殘)

Extent of injury (受傷情況) _____

Did these injuries result in permanent disability (是次受傷是否導致完全及永久傷殘) □ Yes (是) □ No (否)

MEDICAL EXPENSES (醫療費用)

Diagnosis (診斷結果) _____

Date incurred (診症日期)	Details of expenses (醫療費用的類別)	Amount claimed (HK$) (索償金額為港幣)

You may include a separate list if there is insufficient space provided above (註: 如此欄不足夠填寫可另加紙張)

LOSS OF OR DAMAGE TO PERSONAL POSSESSIONS (遺失或損毀個人財物)

Description of item lost/damaged (請描述遺失/損毀的物件)	Date of purchase (購買日期)	Place of purchase (購買地點)	Original purchase price (購買價值)	Amount claimed (HK$) (索償金額為港幣)

Are you the sole owner of the property? (該財物是否由您全權擁有)

□ Yes (是)

□ No (否) If no, please give details (如否，請提供資料) _____

You may include a separate list if there is insufficient space provided above (註: 如此欄不足夠填寫可另加紙張)

TRAVEL DELAY / BAGGAGE DELAY (行程延誤 / 行李延誤)

Original scheduled flight/vessel number (原定航班/船號)	Actual flight/vessel number (實際航班/船號)
Original date of departure/arrival (原定出發/回程日期)	Actual date of departure/arrival (實際出發/回程日期)
Original time of departure/arrival (原定出發/回程時間)	Actual time of departure/arrival (實際出發/回程時間)
Original time of baggage collection (原定取回行李的時間)	Actual date of baggage collected (實際取回行李的時間)
How long was the travel delay / baggage delay (行程/行李延誤合共多久) _____hours (小時)	

TRAVEL CANCELLATION / CURTAILMENT (取消行程 /縮短行程)

Scheduled date of departure (原定出發的日期)	Date of cancellation/trip cut short (取消/縮短行程的日期)
Cause / reason (成因/原因)	
Total amount paid/unused expenses (已支付/未使用旅程費用的總金額)	
Refund received and source (可獲得退款的金額及機構名稱)	
Amount claimed (索償金額)	

PERSONAL LIABILITY / RENTAL CAR EXCESS (個人責任 / 租車自負額)

Cause / reason (成因/原因)
Amount claimed (索償金額)

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5. Other Insurance (其他保險)

If you are entitled to claim under any other insurance policy, (eg. other travel, personal accident, pet insurances etc), please provide us the details of those policies (如您可向其他保險如旅遊保險、個人意外、寵物保險等申請索償，請提供有關的保單資料)

Insurance company (保險公司名稱)	**Type of policy (保險類別)**	**Policy no. (保單號碼)**	**Compensation amount (HK$) (賠償金額為港幣)**

Have you made any claims against any of the above insurers? (您有否就此意外/損失向上述保險公司申請索償)

□ Yes (是)　　□ No　(否)

6. Bank Details (銀行戶口資料)

Please provide us your bank details for direct payment to your bank account or faster payment system for any valid claim. Please be reminded that this request should not be treated as an admission of our liability and we hereby reserve all rights for assessing your claim after collecting all relevant documents subject to terms, conditions and exclusions of the relevant policy.
(請提供您的銀行戶口或轉數快資料以便將成功審批的賠償款項直接轉帳到您的戶口。我們在此聲明，此項要求並不代表您的索償現正獲得成功審批。 同時，我們在收集全部證明文件後，將根據保單一切條款才作出最後審批，敬請留意。)
* The Bank account holder must be the Policyholder(s)/the Insured/Beneficiary named in the relevant Policy Schedule.
(戶口持有人必須為有關保單列明的投保人/受保人/受益人。)

Direct Payment - Bank account holder name (戶口持有人姓名)	Bank name (銀行名稱)	Bank code (銀行代碼)	Branch code (分行編號)	Bank account no. (銀行戶口號碼)

Faster Payment System - Bank account holder name (戶口持有人姓名)	Type of Proxy ID (識別代號類別)	Proxy ID (識別代號)

7. Declaration and Authorization (聲明及授權)

I/We declare that all the above statements and particulars given by me/us in this form are true, complete and correct and that I/We have not withheld any material facts in respect of this claim.
我/我們謹此聲明上述提供之所有資料均為屬實完整，正確無誤，並無隱瞞重要資料事實。

I/We further declare that save and except those set out in part 5 hereinabove (if any), I/we have no other insurance policy(ies) indemnifying me/us in respect of this accident/incident.
我/我們聲明除了上述第五部份列出的保單外(如有)，我/我們並無其他保單就此意外/事件可作出賠償。

I/We acknowledge and understand that the Insurers will rely on the information and statements supplied and made by me/us /the policyholder/ the insured person(s), which I/we verily believe to be true, complete and correct, in prosecuting or defending any claims or proceedings in future; and that I/we/ the policyholder/ the insured person(s) under this Policy, if so required, will and are bound to sign relevant legal or court documents. I/we further understand and agree that any false or incorrect information or statements or omission provided and made in this form or through other means may prejudice the conduct of such proceedings and my/our entitlement or cover under the Policy; and may result in reduction or refusal of my/our claim(s) and/or cancellation of the Policy.
我/我們確認貴保險公司會依靠我/我們/保單持有人/受保人所提供的資料(我/我們忠實地相信該等資料是真實和正確的)作為將來進行或抗辯任何索償或訴訟程序之用。如貴保險公司要求，我/我們/保單持有人/受保人同意及定必簽署任何依據該等資料所準備的法律文件。我/我們明白並同意任何虛假或失實的陳述或資料或隱瞞可能影響該等訴訟及損害我/我們就保單索償的權利，並可導致拒絕索償及/或取消保單。

I/We hereby authorize any physician, hospital, clinic, police, government authorities and/or other organization or party concerned to disclose to Trinity General Insurance Company Limited or its representatives any and all information, records, knowledge or reports in connection with the accident/incident, including but not limited to my/our medical history, police reports, witness statements, investigation and/or prosecution results and the like for claim processing purpose. This authorization shall bind my/our successors and assigns and remain valid notwithstanding my/our subsequent death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.
我/我們特此授權任何醫生，醫院，診所，警方，政府機關和/或其他機構或有關方向三聯保險有限公司或其代表披露及提供任何與所有就我/我們索償事件相關的資料，記錄或報告，包括但不限於我/我們的病歷，警察報告，證人口供，調查和/或起訴結果及有關索償程序用途的任何文件及資料。這授權將使我/我們的繼承人受到約束，儘管我/我們隨後死亡或喪失能力，在法律允許的範圍內仍然有效。 本授權複印件與原件同樣有效。

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I/We acknowledge and agree that Trinity General Insurance Company Limited by requesting me/us to complete and submit this form and to make the declaration herein does not constitute a waiver of any of its rights under the Policy and/or the law in general.
我/我們確認並同意三聯保險有限公司在要求我/我們提交此表格和聲明，並不構成其放棄保單條款下及一般法例下的任何權利。

I further agree that your Policy on Personal Data ("Data Policy"), a copy of which is available upon request or from pics@tgi.com.hk, shall apply and my/our personal information may be used, disclosed and/or transferred in accordance with the Data Policy.
本人並同意貴公司之「個人資料政策」(「該資料政策」)會被引用，貴公司可按照該資料政策使用、披露及/或轉移我/我們的個人 資料。本人可以向貴公司索取或從網址 pics@tgi.com.hk 下載該資料政策。

Policyholder's Signature (保單持有人簽署)	Claimant's Signature (索償人簽署)	Date (日期)

8. Important Note (重要事項)

- Do not admit any liability or make any offer, promise or payment without our prior consent
  (切勿在沒有我們同意的情況下承認任何責任或作出賠償建議或賠償)
- Damaged items must not be disposed of without our prior consent
  (切勿在沒有我們同意的情況下棄掉損毀的物件)
- Any cost of obtaining documents is not reimbursable under the Policy
  (本保障範圍並不包括任何有關領取文件的費用)
- In certain circumstances, we reserve our right to request for more information to substantiate the claim
  (在一些情況下，我們保留權利要求您提供進一步的資料以處理您的索索價申請)

Please ensure the following required documents will be submitted as well to speed up the claim processing, if applicable.
(請確保以下所需文件一併遞交以加快索索價申請，如適用)

Section (申請項目)	Accident Death / Total & Permanent Disablement / Medical Expenses (意外死亡/完全及永久傷殘/醫療費用)		Loss of or Damage to Personal Possessions (遺失或損毀個人財物)		Travel Cancellation Curtailment (取消行程/縮短行程)		Travel / Baggage Delay (行程/行李延誤)		Personal Liability / Rental Car Excess (個人責任/租車自付額)		
Documents needed (所需文件)	Accidental Death / Total & Permanent Disablement (意外死亡/完全及永久傷殘)	Medical Expenses (醫療費用)	Lost (遺失)	Damaged (損毀)	Cancellation (取消行程)	Trip Cut Short (縮短行程)	Travel Delay (行程延誤)	Delayed Baggage (行李延誤)	Personal Liability (個人責任)	Rental Car Excess (租車自付額)	Pet Hotel (寵物酒店保障)
Passport with departure and return dates/boarding pass (護照並蓋上出境及入境日期/登機証)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Travel itinerary (行程表)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Confirmation from any relevant sources stating any compensation paid or payable (有關是次意外/損失已獲得任何機構作出補償的証明文件)			✓	✓	✓	✓	✓	✓			
Documentary proof of relationship (關係證明文件)	✓				✓	✓					
Certified true copy of death certificate/letters of administration (死亡證/遺產管理書的確認正本)	✓				✓	✓					
Medical report issued by a registered medical practitioner certifying the degree of permanent disability (永久傷殘程度的醫療評估證明文件)	✓								✓		
Any medical certificate/discharge summary/police report (醫療報告/出院報告/警方報告)	✓	✓			✓	✓			✓		

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Original medical receipt(s) indicating the name of patient, the consultation date, the breakdown of medical charges and the diagnosis (醫療收據正本並需列明病者姓名，診斷日期，收費類別及診斷結果)		✓							✓		
Police report at place of loss and/or airline/other transport operator property irregularity report (由當地警方/航空公司/其他運輸機構所發出的遺失/遇事報告)			✓	✓			✓	✓			
Original purchase receipts/invoices of items lost/damaged (有關遺失/損毀物件的收據正本)			✓	✓					✓		
Photographs & repair quotation (相片及維修報價單)				✓					✓		
Original replacement/repair receipts/invoices (重新購買/維修的收據正本)			✓	✓							
Acknowledgement slip (簽收行李的証明)								✓			
Relevant documents to substantiate the reason for trip being delayed/cancelled (有關文件清楚顯示行程延誤/的原因)							✓				
Original receipts/invoices of advance payments and additional expenses incurred (已支付及額外衍生費用的收據正本)					✓	✓	✓				
Relevant documents to substantiate the non-refundable expenses (有關文件清楚顯示不可退款證明文件)					✓	✓	✓				
Rental car agreement & original invoice for payment of excess (租車合約及已支付自付額的正本收據)										✓	
All correspondence/documents from third parties for our handling (由第三者所發出的所有文件轉交我們處理)									✓		

Medical Report (醫療報告)

This report is to be completed by the Attending Physician at the claimant's own expenses (此報告必須由主診醫生填寫, 所需費用須由索償人自行承擔)

Section A (第一部份)	
1) Name of patient (病者姓名)	2) HKID card number (香港身份証號碼)
3) When did you first attend to the patient for this condition and what was the nature of treatment? (病者首次向您求診的日期及治療的性質)	4) When was the approximate date of discovery of the illness/injury? (在何時發現疾病/受傷的情況)
5) Did the patient have any symptoms prior to consulting you? (病者在就診前有否出現任何病徵) □ Yes (有) □ No (沒有) If yes, please state the symptoms and when it first started: (如有，請提供病徵/症狀及何時開始)	6) If this condition existed before symptoms were apparent to the patient, when did this condition first develop? (如該病徵已存在，請提供最初期的形成時間)
7) What is the cause of the illness/injury? (疾病/受傷的主要原因)	8) What is the final diagnosis of illness or extent of injury? (疾病或受傷程度的最後診斷結果)

9) Please state the surgical procedures/treatment rendered and the dates. If no surgery was performed, please state treatment/medication given.
(請提供手術名稱/治療及日期。如沒有進行手術，請提供治療/藥物資料)

Admission/discharge/surgery date (入院/出院/手術日期)	Surgical procedures (外科手術)	Name of physician/surgeon/anaesthetist (主診醫生/外科醫生/麻醉師名稱)

10) Was the patient referred by any doctor to see you?
(病者是否由其他醫生轉介) □ Yes (是) □ No (否)
Please state the name and address of the referring doctor:
(請提供該醫生的姓名及地址)

11) Has the patient previously consulted other doctors for the same or similar condition?
(病者曾否因同樣或有關症狀接受其他醫生的治療) □ Yes (是) □ No (否)
If yes, please state the name and address of all the other doctors:
(如是，請提供其他醫生的姓名及地址)

Name (姓名)	First consultation date (首次就診日期)	Name of clinic & address (診所名稱及地址)

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Section B (第二部份)

To be completed only if the injury has resulted or is likely to result in disablement (如因受傷導致或可能導致的傷殘，則需填寫此部份)

12) Is the injury likely to cause loss of use of the part(s) injured?
(有否因此受傷導致受傷部位失去/衰失功能) □ Yes (有) □ No (沒有)
If yes, please specify:
(如有，請提供詳細資料)

a) The affected part (受影響的部位)

b) If the loss is related to finger/toe injuries, please state the affected phalanx and on which finger/toe.
(如因手指或腳趾失去/衰失功能，請提供受影響的指骨及屬於那一隻手指/腳趾的受傷)

13) What is the percentage of disablement sustained? (受傷部位的傷殘百分比是多少)	14) Does the patient require follow-up treatment? (病者是否需要繼續覆診) □ Yes (是) □ No (否)

15) How long has the patient been disabled from engaging in or attending to usual business as the sole result of the injuries?
(病者因受傷而導致衰失工作能力的時間) From (由) to (至)

16) How much longer do you foresee that such disablement will continue?
(就病者的傷殘程度需繼續多久) From (由) to (至)

17) Is the patient's disablement associated, contributed, or affected by any past illness, injury or accident? If so, please give details:
(就病者的傷殘程度，是否因過往的疾病、受傷或意外而導致。如是，請提供詳細資料)

Section C (第三部份)

I certify that I have personally examined and treated this patient and that the answers are true and correct to the best of my knowledge and belief, and no material fact has been concealed from Trinity General Insurance Company Limited.
(本人謹此聲明本人已為病者進行評估及提供治療，而上述所填報的資料是據本人所知及正確無訛，同時本人並無對三聯保險有限公司作出任何隱瞞重要資料的事實。)

Name of the attending doctor _____ Signature _____
(主診醫生的姓名) (簽署)

Clinic/Hospital Stamp & Address _____ Date _____
(診所/醫院的印章及地址) (日期)

In event of any inconsistency between the English version and Chinese version, the English version shall prevail. (中英文版本如有歧異，概以英文本為準)

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