



# 旅遊保險索償表

## Travel Insurance Claim Form



如果表格空間不足或沒有適用之欄位，請以附件補充資料。If the space is not enough or no applicable field available, please supplement information by attachment.

保單持有人及受保人資料 POLICYHOLDER AND INSURED PERSON INFORMATION			
保單號碼 Policy number	保單持有人姓名 Name of Policyholder		
受保人姓名 Name of Insured Person	索償人姓名 (如不是受保人) Name of claimant (if not Insured Person)	與受保人關係 Relationship to Insured Person	
身分證號碼 HKID number	聯絡電話 Contact phone number	電郵地址 E-mail address	
通訊地址 Correspondence address			
索償類別及金額 TYPES OF CLAIMS AND AMOUNT			
<input type="checkbox"/> 意外死亡 / 永久傷殘 / 燒傷 Accidental Death / Permanent Disablement / Burns	<input type="checkbox"/> 醫療費用 / 海外住院津貼 Medical Expenses / Overseas Hospital Cash	<input type="checkbox"/> 個人行李 / 個人金錢 / 證件遺失 Personal Baggage / Personal Money / Document Loss	
<input type="checkbox"/> 旅程延誤 / 行程更改 / 行李延誤 Travel Delay / Re-Route / Baggage Delay	<input type="checkbox"/> 取消 / 縮短旅程 Trip Cancellation / Trip Curtailment	<input type="checkbox"/> 個人責任 Personal Liability	
<input type="checkbox"/> 其他 Others _____		索償金額 Claim Amount: _____	
意外詳情 DETAILS OF ACCIDENT			
意外發生日期及地點 Date and place of accident		傷勢及受傷部位 Nature of injury and affected part of body	
意外發生的詳情 Circumstances of accident			
證人姓名 Name of witness(es)		證人聯絡電話 Contact phone number of witness(es)	
疾病詳情 DETAILS OF SICKNESS			
首次出現病徵日期 Date of symptom first appeared / /	首次求診日期 Date of first consultation / /	病症 Diagnosis	
醫生姓名、地址及電話 Name, address & contact phone number of doctor		醫院名稱及地址 Name and address of hospital	
遺失或損壞行李/金錢/證件詳情 DETAILS OF LOSS OF OR DAMAGE TO BAGGAGE/MONEY/DOCUMENT			
遺失或損壞的日期及地點 Date and place of loss or damage		遺失或損壞的詳情 Circumstances of loss or damage	
遺失或損壞的物品 Lost or damaged Items	購買日期 Date of purchase / /	購買價錢 Purchase cost	維修或補買價錢 Repair or replacement cost
行李/行程延誤或更改詳情 DETAILS OF BAGGAGE/TRAVEL DELAY OR RE-ROUTE			
原定啟程/抵達時間 Original departure/arrival time		實際啟程/抵達時間 Actual departure/arrival time	
延誤的原因 Reason for delay		有否購買緊急必需品 Any emergency purchase of essential replacement items of clothing and toiletries? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
原定的行程 Original itinerary		更改後的行程 Re-routed itinerary	

取消或縮短旅程詳情 DETAILS OF TRIP CANCELLATION OR CURTAILMENT			
取消/縮短行程的原因 Reason for Trip Cancellation or Curtailment			
原定的行程 Original itinerary		縮短後的行程 Curtailed itinerary	
個人責任事故詳情 DETAILS OF PERSONAL LIABILITY INCIDENT			
事故日期及地點 Date and place of incident			
事故的詳情 Circumstances of incident			
第三者索償人姓名及聯絡資料 Name and contact details of third party claimant		證人姓名及聯絡資料 Name and contact details of witness(es)	
<p>重要備註 Important Note: -</p> <p>倘收到第三者就有關事件提出的索償要求、官司或法律訴訟，應即時通知 STARR 處理。在未獲得 STARR 書面同意之前，不可向第三者索償人承認責任、提出和解或作出賠償。</p> <p>Any claim, demand, lawsuit or legal proceedings relating to the incident which the Insured Person becomes aware of or received from third party claimant should be forwarded to STARR unanswered immediately. No admission of liability, offer to settle or payment of claim with third party claimant is permitted without written consent of STARR.</p>			
其他保險或賠償 OTHER INSURANCE OR COMPENSATION			
索償項目是否受保於其他保險合約 Do you have other insurance policies covering this loss or expenses incurred? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes (請詳述如下 Please specify below)			
保險公司之名稱 Name of Insurer	保單號碼 Policy number	保障項目 Benefit	保額 Sum insured
索償項目是否獲得公共運輸機構或酒店提供賠償或安排 Did you receive any compensation or offer from common carrier operator or hotel for this claim?			
<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes (請詳述 Please specify) _____			
賠償所需文件 DOCUMENTS REQUIRED FOR CLAIM hk\#-00078			
<ul style="list-style-type: none"> <li>• 旅遊證明，例如機票、登機証、航空公司或旅行社簽發的收據 Travel proof, such as air-ticket, boarding pass, travel agent or airline's official receipt</li> <li>• 簽證副本(適用於海外留學生保險及工作假期保險) Visa copy (Applicable to Overseas Student Insurance and Working Holiday Insurance)</li> <li>• 由有關機構(如警方、公共運輸機構、活動組織等)發出的事故報告 Incident report issued by relevant authorities (e.g. police, common carrier operator, activity organizer, etc.)</li> <li>• 醫院/醫療費用收據正本 Original hospital/medical receipt</li> <li>• 醫療/檢測報告正本 Original medical/examination report</li> <li>• 死亡證/驗屍報告之副本 Copy of death certificate/post mortem report for death cases</li> <li>• 遺失/損壞物品購買收據正本或維修報價 Original purchase receipt of the lost/damaged items or repair quotation</li> <li>• 額外支付或被沒收的住宿/交通費用收據正本 Original receipts for additional or forfeited hotel accommodation and travel expenses</li> <li>• 緊急購買必需品的收據正本 Original receipt(s) for emergency purchase of essential items</li> <li>• 顯示行程取消及不能退還費用的收據正本 Original documentation indicating trip cancellation and non-refundable/refunded amount</li> <li>• 第三者索償要求/法庭傳票 Demand letter/writ of summons from third party claimant</li> </ul>			
我們保留要求索償人提供其他證明文件的權利 We reserve the right to ask for any other documents to substantiate the claim			
聲明及授權 DECLARATION AND AUTHORIZATION			
<ul style="list-style-type: none"> <li>• 本索償表簽署人謹此聲明，就我/我們所知所信，本索償表上所填報之資料均屬實無訛。我/我們同意任何蓄意欺詐或隱瞞將會導致保單失效。我/我們並同意 Starr International Insurance (Asia) Ltd ("STARR") 或其授權代理可保留，使用或透露 STARR 所收集或保留之任何有關我/我們的個人資料給予 STARR 有關人士/機構或任何被選定的機構，用作處理此索償申請及資料核對等用途，及因此等用途與我/我們聯絡。我/我們明白倘若未能提供索償表所需的資料，STARR 將可能無法處理有關索償。我/我們同時有權向 STARR 查閱及申請改正個人資料。有關的申請可致函 STARR 的營運部經理，地址為香港灣仔港灣道 18 號中環廣場 19 樓 1901 室。</li> <li>• 我/我們現授權 STARR 或其代理人向醫生、醫院、診所、保險公司、政府機構或有關組織，提取我/我們與這意外或索償事件有關之病歷記錄。即使我/我們身故或喪失能力，此授權書仍然存在有法律效力，而我/我們之繼承人也會受此約束，其副本與正本同屬有效。</li> <li>• The undersigned hereby declares that to the best of my/our knowledge and belief, the above statement and particulars are fully and truly made. I/We agree that if any fraudulent means or devices are used in connection with obtaining any benefit under the Policy, the Policy shall be void against me/us. I/We agree that any of my/our personal information collected or held by Starr International Insurance (Asia) Ltd ("STARR") or its authorized representatives is provided and be held, used and disclosed by STARR to individuals/organization associated with STARR or any selected third party for the purpose of processing the claims herein, providing data matching and to communicate with me/us for such purposes. The undersigned understand that STARR may be able to process the claims herein if I/we fail to provide any information requested in this Claim Form. The undersigned further understand that I/we have the right to obtain access and to request correction of my personal information held by STARR. Such request can be made to STARR's Operations Services Manager at Suite 1901, 19/F Central Plaza, 18 Harbour Road, Wanchai, Hong Kong.</li> <li>• I/We hereby irrevocably authorize STARR or its authorize representative to obtain my/our medical records from my/our treating physicians, hospitals, clinics, insurance companies, government agencies or other relevant organizations in relation to the accident or claim. This authorization is valid even I/we am/are deceased. My/our next of kin is also bound by this authorization. The original or copy of this authorization has the same effects.</li> </ul>			
<input type="checkbox"/> 本人/本公司不同意 STARR 向有關保險代理人發放有關此索償申請之所有相關文件或書信之副本。 I/We disagree STARR to release copies of documents and correspondence related to this claim to the authorized representative of this policy.			
受保人/索償人簽署 Signature of Insured Person/claimant		保單持有人簽署 (請蓋公司印，適用於團體保單) Signature of Policyholder (with company chop, applicable to group policy)	日期 Date  / /

醫療報告 (需由主診醫生填寫) MEDICAL REPORT (TO BE COMPLETED BY ATTENDING PHYSICIANS)		
病人姓名 Name of patient	診斷 Diagnosis	
首次求診日期 Date of first consultation / /	受傷或首次出現病徵日期 Date of occurrence of injury or first symptom / /	
據你所知，病人以往曾否出現同樣或類似的病況？如是，請提供日期及詳情。To the best of your knowledge, has the patient ever had the same or similar condition(s) or symptom(s)? If yes, please state the dates and conditions/symptom.		
是次情況是否由其他潛在疾病導致？如是，請提供詳情。Was the condition caused by any underlying disease? If yes, please specify.		
是次情況會否引致永久傷殘？如是，請提供詳情。Will the current condition(s) or symptom(s) result in any permanent disability? If yes, please advise detail.		
如是次情況與燒傷有關，請評估燒傷程度及身體面積之百分比。If the current condition or symptom relates to burn injury, please advise (a) degree of burnt and (b) estimated % of burnt body surface.		
手術日期及詳情，如適用。Date and details of operation, if applicable		
出院概況 (包括診治、檢查程序、結果、併發症及覆診計劃) Discharge summary (including investigation procedures, result, diagnosis, treatments, complications and follow-up plan)		
醫院名稱 Name of hospital	入院日期 Date of admission / /	出院日期 Date of discharge / /
醫院/診所地址 Address of hospital/clinic		
醫院/診所電話 Phone number of hospital/clinic	醫療報告日期 Date of medial report / /	
主診醫生姓名 Name of attending physician/specialist	主診醫生簽名及蓋章 Signature and stamp of attending physician/specialist	日期 Date / /



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