



Liberty
International™

Liberty International Insurance Ltd
利寶國際保險有限公司

13/F DCH Commercial Centre, 25
Westlands Road, Quarry Bay, Hong Kong.
Tel: (852) 2892 3888 Fax: (852) 2577 9578

TRAVEL INSURANCE CLAIM FORM
旅遊保險賠償申請書

*Before submitting details of loss or damages the Claimant is requested to read the conditions of the policy.
在遞交索償表格前，請查閱保單細則及有關條文。

POLICY NO:

保單號碼

Name of Insured: _____

投保人姓名

Name of Claimant: _____

索償者姓名

HK ID No. 香港身份證號碼 _____

Telephone No.: _____

聯絡電話

Sex 性別 _____ Age 年齡 _____

Postal Address: _____

通訊地址

Have you submitted any claims to other insurance company for this accident?

你有否就此意外向其他保險公司作出索償？

Yes (Please specify):
有 (請詳述)

Name of Insurance Co.:
保險公司名稱

Class of Insurance and Policy No. :
保險種類及保單號碼

No
沒有

Date, Time and Place of Accident : _____

意外日期、時間及地點

Circumstances/Diagnosis and Discovery Date : _____

意外情況/病因及首次發現日期

Please put a in the appropriate box of your claim below. Please list items & indicate the amount of your claim in details.

請在格內用選擇索償之項目及詳列出索償之內容及數目。

(If there is insufficient space on the claim form, please specify the details on a separate sheet clearly and indicate which section of information you are referring to. 如空位不足，請另附紙張填寫，並列明所述的項目名稱。

<input type="checkbox"/> Baggage/Baggage Delay/ Personal Money/Loss of Travel Documents 行李/行李延誤/個人錢財/旅遊證件遺失		
<u>Damage/Lost Item 損毀/遺失項目</u>	<u>Date of Purchase 購買日期</u>	<u>Currency/Claim Amount 索償金額</u>
Documents Attached 附加文件		
<input type="checkbox"/> Local Police Report 當地警方報告 (case no. 檔案編號 _____)		
<input type="checkbox"/> <u>Original</u> Purchase Receipt of Lost Item, if not, please provide supporting documents (e.g. warranty certificate) showing the model number, manufacture year, purchase date and serial number 該遺失物件的收據正本, 如不能提供, 請出示文件(保用證)證明其型號, 製造年份, 產品編號等		
<input type="checkbox"/> Photos of Damaged Items 損毀財物的相片		
<input type="checkbox"/> <u>Original</u> Receipt of Repair Quotation or Invoice 維修損毀物件之報價單或收據正本		
<input type="checkbox"/> Original of boarding pass/ Tickets Receipt/ Tickets invoice		
<input type="checkbox"/> Others (Please specify)其他 (請註明)		

<input type="checkbox"/> Personal Accident/Emergency Services/Medical Expenses 人身意外/緊急支援服務/醫療費用	
<u>Description of Injury 受傷情況</u>	<u>Currency/Claim Amount 索償金額</u>
Documents Attached 附加文件 <input type="checkbox"/> Local Police Report 當地警方報告 (case no. 檔案編號 _____) <input type="checkbox"/> Medical Report 醫療報告 <input type="checkbox"/> Original Medical Receipts 醫療單據正本 <input type="checkbox"/> Others (Please specify) 其他 (請註明)	

<input type="checkbox"/> Cancellation Charges/Curtailment of trip/Flight Delay 旅程取消/縮短旅程/班機延誤		
<u>Currency/Claim Amount 索償金額</u>	<u>Date & Total no. of hours of delay 日期及延誤之總小時</u>	<u>Reason for Delay 延誤原因</u>
Documents Attached 附加文件 <input type="checkbox"/> Medical Report 醫療報告 <input type="checkbox"/> Carrier Report 航空公司報告 <input type="checkbox"/> Original Receipts of Travel Expenses and Air Ticket 旅程費用及機票之收據正本 <input type="checkbox"/> Boarding pass/ Tickets Receipt/ Tickets invoice 登機証/機票收據等 <input type="checkbox"/> Others (Please specify) 其他 (請註明)		

<input type="checkbox"/> Emergency Purchases 緊急購物	
<u>Item Claimed 索償項目</u>	<u>Currency/Claim Amount 索償金額</u>
Documents Attached 附加文件 <input type="checkbox"/> Original Receipt of Purchased Items 購買緊急應用品之收據正本 <input type="checkbox"/> Boarding pass/ Tickets Receipt/ Tickets invoice 登機証/機票收據等 <input type="checkbox"/> Carrier Report 航空公司報告 <input type="checkbox"/> Others (Please specify) 其他 (請註明)	

<input type="checkbox"/> Personal Liability 個人責任
Documents attached to prove the loss and claim amount 附加文件以證明有關損失及索償金額

Declarations & Authorization 聲明及授權書

I hereby declare that the above information given is true and correct.

I further authorize any hospital, physician, insurance company or organization that has any records or knowledge of me or my health, to furnish to **Liberty International Insurance Ltd** or its authorized representative, any and all information with respect to my loss, illness or injury, medical history, consultation, prescription or treatment, and copies of police reports, accident reports, airlines or other carriers irregularity reports, statements, all hospital or medical records. A Photostat copy of this authorization shall be considered as effective and valid as original.

本人現聲明上述所填報的資料正確無訛。

本人茲授權持有本人健康或任何資料之醫院、醫生、保險公司或機構，可以將部份或全部有關本人之損失、疾病、意外受傷、健康背景、醫療記錄之資料，以及警方報告、意外報告、航空公司或其他運輸公司之延誤報告、聲明、所有醫院或醫療記錄之副本。此授權書之副本具有原本之同等效力。

Signature 簽名

Claimant 索償人

Policy Holder/Insured 保單持有人

Name:
聯絡人

Date :
日期