



# 旅遊保險索償書

Travel Insurance Claim Form



To be completed for claim under Personal Baggage & Effects, Loss of Money and Travel Document 如索償類別為「個人行李 / 隨身財物」、「金錢遺失及旅遊證件」, 必須填妥此部份。						
Date, Time & Place of Loss/Damage 遺失 / 損壞日期、時間及地點			Contact Information of the reported police station/common carrier/hotel, etc. 警察局 / 酒店/航空公司等有關機構的名稱及聯絡地址 / 電話			
State how the Loss/Damage occurred or discovered (e.g. where the property was placed and where, when and how the loss was discovered). 詳細描述事件發生的經過(如: 遺失物品擺放的位置, 如何及何時發現物品已遺失等)						
Particulars of Items Claimed 索賠項目詳情:						
Lost / Damaged Items 遺失/損壞物品		Original Purchase Date of the Lost / Damaged Items 損失物品之原本購置日期	Original Purchase Value of Lost / Damaged Items (specify currency) 損失物品原價 (註明貨幣單位)		Replacement Cost / Repair Cost (specify currency) 補領/更換/修理費用 (註明貨幣單位)	
Documents Required (if applicable): 所須文件 (如適用)		1. Coloured photographs showing the extent of damage(s) to the claim item(s) 2. For loss of Baggage, Original of overseas police report / property irregularity report for loss (report to Police within 24 hours) 3. Original / Copy of purchase receipts of the lost / damaged item(s) 4. Original of repair quotation of the damaged items(s) 5. Original of receipts for extra accommodation fee, traveling expenses, replacement of lost travel documents 6. For loss of Money, Original of foreign exchange record / Copy of bank withdrawal record / Copy of bank statement	1. 顯示損毀物品程度的彩色相片 2. 如遺失物品, 當地警方之財物/事件報告正本 (須於24小時內當地警方報警) 3. 遺失/損毀物品之購買收據正本/副本 4. 損毀物品之維修報價單正本 5. 額外住宿費用、交通費用、補發遺失之旅行證件或旅行票之收據正本 6. 如遺失現金, 外幣兌換紀錄正本/銀行提款紀錄副本/銀行月結單副本			
To be completed for claim under Trip Cancellation, Curtailment or Trip Re-Route 如索償類別為「旅程取消/旅程縮短/更改旅程」, 必須填妥此部份。						
Original Schedule of Trip 原定行程		From 起點	To 終點	Date and Time 日期及時間	Flight No. 航班編號	Refund 退還款項
Cancelled / Curtailed / Re-routed 旅程取消 / 縮短 / 更改		From 起點	To 終點	Date and Time 日期及時間	Flight No. 航班編號	Cost 金額
Hotel Cancelled 取消酒店住宿		From when 由何時	To when 至何時	Hotel Name 酒店名稱	Refund 退還款項	
Reason for Trip Cancellation / Curtailment / Re-route 旅程取消 / 縮短 / 改變的原因						
If the Trip Curtailment/Cancellation is due to Death, Serious Injury or Sickness of the insured person / immediate Family Member / Close Business Partner, please state clearly the following: 如旅程取消或縮短的原因是因為受保人本人或受保人的直系親屬或親密生意夥伴死亡, 受傷或患病, 請提供以下資料:						
Full name of sick/injured/deceased person 死亡, 受傷或患病人名稱			Relationship to the insured person 與受保人關係			
Diagnosis 傷病診斷			Amount Claimed (specify currency): 索償金額 (註明貨幣單位)			
Documents Required (if applicable): 所須文件 (如適用)		1. Trip cancellation / curtailment proof e.g. Original of medical report or Copy of death certificate 2. Copy of refund confirmation issued by public common carrier or travel agency 3. Copy of relationship proof to the insured e.g. birth certificate, marriage certificate 4. Original of receipts for paid travel expense / accommodation fee and / or travelling fee 5. If travel cancellation / curtailment is due to death, serious physical injury or serious illness of the insured person, immediate family members or travel companion, please provide their copy of death/medical certificates and relationship proof 6. Original / Copy of other relevant documentary proof of travel cancellation / curtailment		1. 有關取消/縮短行程理由之文件, 如醫療報告正本或死亡證明副本 2. 公共交通工具公司或旅遊公司發出之退還已付旅費的書面報告副本 3. 關係證明文件副本, 如出世紙、結婚證明書等 4. 已付旅費及/或住宿費用及/或交通工具費用收據正本 5. 因受保人或受保人直系親屬或同行人士身故、患嚴重疾病或蒙受嚴重損傷導致取消或縮短行程, 其死亡/醫療證明及關係證明副本 6. 其他導致取消或縮短行程之相關的證明文件正本/副本		
To be completed for claim under Personal Liability 如索償類別為「個人責任」, 必須填妥此部份。						
Full description of the incident, including Date, Time & Place 詳細描述意外發生的經過、日期、時間及地點						
Full name and contact of the Third Party Claimant 第三索償者姓名及聯絡電話號碼			Full name and contact of witness(es), if any. 證人的姓名及聯絡電話號碼(如有)			
Important 重要事項: ❖ Any lawsuit, demand, claim or proceeding of any types relating to the incident of which the Claimant becomes aware of, and received from the Third Party Claimant, should be immediately forwarded to the Company. 如收到任何第三方對有關事件的索償要求、法庭傳票、通告及書命令或涉及任何法律訴訟, 應立即轉交本公司處理。 ❖ No liability should be admitted or no settlement or promise of payment should be reached or made to the third party without the prior consent of the insurance company. 未經本公司同意, 不得向第三方承認任何責任或達成和解或付款承諾。						
Documents Required (if applicable): 所須文件 (如適用)		1. Original of overseas police report or incident report issued by relevant authority 2. Original of compensation invoice and payment receipt, coloured photos for the damaged item(s) 3. Other related documents e.g. copy of summons or court documents or solicitors' correspondences, original claims correspondence from third party etc		1. 當地警方或有關機構發出之事件報告正本 2. 損毀物品的彩色相片、有關補償之發票、付款收據正本 3. 其他有關文件, 如第三者索償文件正本, 法院傳票、法院文件、律師函件副本等		

Claim Documentation 索償文件	Claims Procedure 索償程序
<p>Please provide Claims Documentation as follows: 請附上下列索償文件:</p> <ol style="list-style-type: none"> <li>Original of Travel Insurance Claim Form completed with full details of incident and claim details, duly signed &amp; dated 旅遊保險索償書正本, 必須正確及詳細填妥索償項目, 簽署及填寫簽署日期</li> <li>Copy of The EdUHK Student Identity Card 香港教育大學學生證副本</li> <li>Original of Boarding Pass or Common Carrier (flight or vessel) Ticket, Copy of passport stamp 登機證, 所乘坐的交通工具(如機票, 船票)票據存根正本, 入境蓋章的護照副本</li> <li>Original of Letter issued by The EdUHK Education certifying nature, itinerary and period of Insured Trip 由香港教育大學所簽發的證明書正本, 證明有關是次旅程性質及時間</li> <li>Original / Copy of all relevant documents required which are applicable 所有相關所須之文件正本/副本</li> </ol>	<ol style="list-style-type: none"> <li>Submit Claims Documentation directly to The Claims Desk, Lockton Companies (Hong Kong) Ltd within 30 days from the date of loss 於蒙受損失當日後之三十天內, 將索償文件直接交回 諾德香港保險經紀有限公司-賠償組</li> <li>Lockton acknowledge receipt of claims to the claimant by email and will pass claims document to Zurich Insurance Company Limited ("Zurich") 諾德會向索償人發出電郵確認收妥文件並將索償文件轉交蘇黎世保險有限公司(蘇黎世)</li> <li>Zurich acknowledge receipt of claims to the claimant by SMS 蘇黎世會向索償人發出手機短訊確認收妥文件</li> <li>Lockton and Zurich may request the claimant to provide supplementary claims documents, if required 如有所需, 諾德及蘇黎世會向索償人要求補充之索償文件</li> <li>If the claim is within insurance coverage, upon all required claims documents be received, Zurich will settle the claim by cheque and send to claimant. 如索償屬於保障範圍, 及所有索償文件齊備, 蘇黎世將會發出賠償支票, 寄交索償人。</li> </ol>

**Declaration and authorization**

**聲明及授權書**

- I / We declare that all information and particulars contained above are true and complete to the best of my/our knowledge and belief and they are made without reservation of any kind.  
本人/吾等謹此聲明, 本人/吾等確信, 以上所填報之資料及所列各項之事件乃屬完全真確並無對保險公司作任何資料之保留。
- I / We understand and agree the following issues about the arrangement of my/our personal information collected or held by Zurich Insurance Company Ltd ("the Company").  
本人/吾等明白並同意以下有關 Zurich Insurance Company Ltd(「本公司」)處理所收集及保存本人/吾等之個人資料的安排。
  - The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the Company may be used by the Company for the following obligatory purposes necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information):  
由本公司收集或持有的客戶(包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人)個人資料, 均可供本公司使用作以下強制性用途, 以便為客戶提供服務(否則本公司將無法為未能)提供所需資料的客戶提供服務):
    - to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;  
辦理、調查(及協助他人調查)和決定保險申請、保險索償及提供持續的保險服務;
    - to process requests for payment, and for direct debit authorization;  
辦理付款要求及直接付款授權;
    - to manage any claim, action and /or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;  
處理任何對客戶的索償、訴訟及/或司法程序; 以及行使本公司的權利(詳情見適用保單條款所定), 包括但不限於代位權;
    - to compile statistics or use for accounting and actuarial purposes;  
編撰統計數字, 或作會計及精算用途;
    - to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and /or its group ("Zurich Insurance Group") and conduct matching procedures where necessary;  
符合對本公司及/或其所屬集團(「蘇黎世保險集團」)具約束力的任何本地或外國法例、規則、守則或指引的披露規定及如需要時進行核對程序;
    - to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;  
遵循香港法院及監管機構作出的合法要求或指令, 包括但不限於保險業監理處、香港保險業聯會、核數師、政府組織和政府相關機構;
    - to collect debts;  
債務追討;
    - to facilitate the Company's authorized service providers to provide services to the Company and /or the customers for the above purposes; and  
便利本公司的認可服務供應商, 就上述目的為本公司及/或客戶提供服務; 及
    - to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.  
使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。
  - The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the obligatory purposes:-  
本公司可就強制性用途, 向以下於香港境內或境外的人士提供任何客戶個人資料:
    - companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;  
蘇黎世保險集團成員公司, 或任何進行保險或再保險相關業務的其他公司或中介人;

- II. any agent, contractor or third party service provider who provides administrative, telecommunications, ~~computer~~, payment or other services to the Zurich Insurance Group in connection with the operation of its business;  
任何向蘇黎世保險集團提供行政、電訊、電腦、付款或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商；
- III. third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;  
第三方服務供應商，包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員、及資料處理者；
- IV. credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;  
信貸諮詢機構、而在客戶欠賬時，任何債務追收代理或進行索償或調查服務的公司；
- V. any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;  
根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例，及就任何由政府、監管或其他機關所頒佈且蘇黎世保險集團或其任何關連機構預期須遵守的任何規例、守則或指引而言，蘇黎世保險集團有責任向其作出披露的任何人士；
- VI. any person pursuant to any order of a court of competent jurisdiction; and  
根據主管司法權區的法院的任何頒令的任何人士；及
- VII. any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners.  
蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。

2.3) All customers have the right to access to, correct, or change any of their own personal information held by the Company by request in writing to the Company's Personal Data Privacy Officer at the address below.

所有客戶均有權以書面向本公司之個人資料私隱主任（地址如下）要求查閱、修正及/或更改由本公司所持有有關其本身的任何個人資料。

Personal Data Privacy Officer	個人資料私隱主任
26/ F, One Island East	香港港島東華蘭路 18 號
18 Westlands Road	港島東中心 26 樓
Island East, Hong Kong	

2.4) In accordance with the Personal Data (Privacy) Ordinance (Cap 486), the Company has the right to charge a reasonable fee for processing any data access request.

根據《個人資料(私隱)條例》(香港法例第 486 章)本公司有權收取合理費用，藉以處理任何資料的查閱要求。

2.5) In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail. 本通知的中英文版本如有任何歧異或不一致，概以英文版為準。

3. I / We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I / We have been observed or treated to give full particulars about my/our health to the Company or its agents.

本人/吾等授權於任何曾替本人/吾等作診療之醫生、醫務人員、醫院或診所提供有關本人/吾等病歷之資料予貴公司或其代理人。

4. I / We hereby further authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies etc. who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about the subject or related incidents of injury, loss or damage to the Company or its agents.

本人/吾等授權持有本人/吾等投保資料、索償紀錄或任何有關資料之一方，包括但不限於警方及政府機構、航空公司、旅遊公司、保險公司等任何有關人士或組織，可以將部份或全部有關本人/吾等是次或相關事件等資料提供貴公司或其代理人。

5. A photocopy of this authorization shall be considered as effective and valid as the original.

此授權書之影印本亦屬有效。

Signature of Claimant

索償人簽署

.....

Name of Claimant

索償人姓名

.....

Date Signed

簽署日期

.....

Claimant's name shall be in BLOCK letter and same as on HKID Card / Passport

索償人以正楷填寫姓名並必須與香港身份證 / 護照相同

**This Travel Insurance Claim Form must be verified, signed and chopped by authorised person of Lockton Companies (Hong Kong) Ltd, otherwise the claim will be invalid. For enquiry of claims, please contact The Claims Desk (Tel: 2250 2620)**

**此旅遊保險索償書必須經由諾德香港保險經紀有限公司授權人審核、簽署及蓋章，否則無效**

**如有任何索償查詢，請聯絡諾德香港保險經紀有限公司-賠償組（電話：2250 2620）**

Lockton Companies (Hong Kong) Ltd  
Authorised Signature and Chop

諾德香港保險經紀有限公司

授權人簽署及蓋章

.....

Date Signed 簽署日期

.....

[Comment given by Lockton Companies \(Hong Kong\) Ltd](#)

Official Use:

Claimant if wishes to opt-out of the Insurance Company's proposed use and transfer of your personal data for the voluntary purposes specified in the Personal Information Collection Statement, please fill in the following letter and sent to Insurance Company together with your Travel Claim Form.  
索償人如不接受保險公司使用及提供閣下的個人資料作為個人資料聲明上所列明的自願性用途，請填寫以下信件，連同旅遊保險索償書正本，寄回保險公司。

To Personal Data Privacy Officer  
Zurich Insurance Company Ltd  
26/F, One Island East,  
18 Westlands Road, Island East,  
Hong Kong

Date : \_\_\_\_\_

Dear Sirs,

**Opt-Out the Use and Transfer of Personal Information**

I wish to opt-out of the Company's proposed use and transfer of her/his personal data for the voluntary purposes specified in the Personal Information Collection Statement.

My personal information are given as below for record:-

Full Name: \_\_\_\_\_  
HKID No / Passport No.: \_\_\_\_\_  
Contact Phone No: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Travel Insurance Policy No: \_\_\_\_\_

Regards and thanks

\_\_\_\_\_  
Signature

致 個人資料私隱主任  
蘇黎世保險有限公司  
香港港島東華蘭路18號港島東中心26樓

日期: \_\_\_\_\_

敬啟者：

**有關所有自願性用途之反對要求**

本人不接受蘇黎世保險有限公司司使用及提供本人的個人資料作為個人資料聲明上所列明的自願性用途。

本人之個人資料如下以作紀錄 :-

全名: \_\_\_\_\_  
身份證 / 護照號碼: \_\_\_\_\_  
電話號碼: \_\_\_\_\_  
居住地址: \_\_\_\_\_  
旅遊保險保單編號: \_\_\_\_\_

謹此致謝。

\_\_\_\_\_  
簽署