



Travel insurance claim form

旅遊保險索償申請表

Claims hotline 索償熱線：+852 2903 9439 Fax 傳真：+852 2968 1660 Email 電郵：claims@hk.zurich.com

Please ✓ the appropriate box and * delete where inappropriate. 請 ✓ 適用方格及於*號刪去不適用者。

Please use block letter if you fill in the form in English. 如用英文填寫資料，請使用正楷書寫。

Claims submission 申請索償：

Complete this claim form and email or post to our company within 30 days from the date of incident through the following methods.
必須於事件發生後30日內填妥此索償申請表並電郵或郵寄至本公司。

- Email 電郵：claims@hk.zurich.com
- Address: Zurich Insurance Company Ltd, Claims Department, 26/F, One Island East, 18 Westlands Road, Island East, HK
地址：香港港島東華蘭路18號港島東中心26樓蘇黎世保險有限公司賠償部

For claimed amount below HKD 5,000, the original receipt is only required upon request by our claims handler. For additional supporting documents, please email or post to our company. You may also check your claims status through our Claims Virtual Assistant Zoe on Zurich Website.
當索償額低於5,000港元，只在我們的理賠專員要求時才需遞交正本收據。如需補交文件，可電郵或郵寄至本公司。您亦可以在蘇黎世網站上向我們的索償智能助理蘇兒查詢索償進度。

1. Personal information 個人資料

If you need to make a claim for more than one insured, please photocopy and complete this section for each insured.

如您的索償多於一位受保人，請自行複印此部分並提供其他受保人的資料。

All fields are mandatory, except the fields marked with #. 所有項目必須填報，惟#號之項目除外。

Certificate no.

證書號碼

Policy no.

保單號碼

Name of insured

受保人姓名

HKID card/Passport no. of insured#

受保人香港身份證 / 護照號碼#

Name of contact person (if different from insured)#

聯絡人姓名 (如與受保人不同)#

Mobile phone no. of contact person

聯絡人流動電話號碼

Email address of contact person

聯絡人電郵地址

Correspondence address
of contact person

聯絡人通訊地址

Flat/Room*
室 / 單位*

Floor
樓

Block
座

Building
大廈

Estate name/No. & name of street/Lot no.*
屋苑名稱 / 街名及門牌 / 地段*

District
地區

HK/KLN/NT*
香港 / 九龍 / 新界*

- We will send the claim acknowledgement and claim settlement notification through SMS and/or email according to the above information provided. We may also contact you or your intermediaries (if any) through email to obtain additional information to proceed this claim if necessary. If you prefer we contact you through mail instead, please ✓ the box below.

我們會根據以上填寫的資料，以電話短訊及 / 或電郵發送確認索償申請通知及賠款通知。如有需要，我們亦會以電郵方式向您或您的中介人 (如有) 索取更詳細的資料以處理索償申請。如您希望改以郵遞方式聯絡，請 ✓ 以下方格。

Please contact me by post 請以郵遞方式與我聯絡

5. Basic supporting documents 基本證明文件

Please ✓ the relevant section(s), submit the required documents together with this form to our company. Our company may request for additional documents.

請在申請索償項目空格內 ✓，並連同所需之文件及此表格一併交回本公司。本公司可能要求提供額外相關索償文件。

Claim items 申請賠償項目	Claim documents checklist 所需之文件
<input type="checkbox"/> Medical expenses 醫療費用	<ol style="list-style-type: none"> 1. Original/certified true copy of medical bills showing the medical expenses and diagnosis 註明醫療費用及診斷結果之醫療單據正本 / 核實副本 2. Copy of medical report and referral letter for medical treatments conducted by specialists, physiotherapists 醫療報告及專科治療、物理治療轉介信副本 3. Copy of letter of hospital admission and discharge summary 入院紙及出院紙副本
<input type="checkbox"/> Personal accident 個人意外	<ol style="list-style-type: none"> 1. Copy of local police report or incident report issued by relevant authority (if applicable) 當地警方之財物 / 事件報告副本 (如有) 2. Copy of medical report/forensics officer report 醫療報告 / 法醫官報告副本 3. Copy of death certificate (if applicable) 死亡證副本 (如適用) 4. Copy of immediate family relationship proof (e.g. birth certificate, marriage certificate) (if applicable) 直系親屬關係證明文件副本 (如出世紙、結婚證明書) (如適用) 5. Original/certified copy of death proof and heritage management certificate or probate (if applicable) 遺產管理書 / 遺囑認證正本或核實副本 (如適用)
<input type="checkbox"/> Compassionate Visit 緊急啟程費	<ol style="list-style-type: none"> 1. Copy of medical report 醫療報告副本 2. Copy of immediate family relationship proof (e.g. birth certificate, marriage certificate) (if applicable) 直系親屬關係證明文件副本 (如出世紙、結婚證明書) (如適用) 3. Original receipts of traveling and/or accommodation expenses incurred 已支付的旅費及 / 或住宿費用正式收據
<input type="checkbox"/> Loss/damage to personal baggage or personal belongings 個人行李或物品遺失 / 損毀	<ol style="list-style-type: none"> 1. Photograph(s) showing the extent of damage(s) to the item(s) 顯示損毀物品程度的相片 2. Copy of local police report/property irregularity report (if applicable) 當地警方之財物 / 事件報告副本 (如適用) 3. Copy of repair quotation of the damaged item(s) (if applicable) 損毀物品之維修報價單副本 (如適用) 4. Original/copy of purchase receipts of the lost/damaged item(s) (if applicable) 遺失 / 損毀物品之購買收據正本 / 副本 (如適用)
<input type="checkbox"/> Loss of personal money/ travel document and/or travel ticket 個人現金損失、旅行證件及 / 或旅行票遺失	<ol style="list-style-type: none"> 1. Copy of local police report/property irregularity report (if applicable) 當地警方之財物 / 事件報告副本 2. Original/copy of receipts for extra accommodation fee, traveling expenses, replacement of lost travel documents and/or travel tickets (if applicable) 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 / 副本 (如適用) 3. Statement issued by the issuing authority showing the record of unauthorized use of credit card 發卡機構發出載有信用卡被盜用記錄之月結單 4. Copy of notification to the issuing authority 致發卡機構的通知書副本
<input type="checkbox"/> Travel/baggage delay 行李 / 行程延誤	<ol style="list-style-type: none"> 1. Copy of written report from the related public common carrier with reason(s) and duration for the travel delay or baggage delay 有關公共交通工具公司發出有關旅程 / 行程延誤原因、延誤時間之書面報告副本 2. Copy of scheduled and actual itinerary flight boarding pass/electronic boarding pass (if applicable) 原定及實際行程之航班登機證 / 電子登機證副本 (如適用)
<input type="checkbox"/> Cancellation of Trip, Trip interruption, Cruise Cancellation and interruption, Excursion tour cancellation 取消行程、行程受阻、郵輪旅程阻礙保障、取消岸上觀光旅行	<ol style="list-style-type: none"> 1. Copy of medical report or Death Certificate 醫療報告或死亡證 2. Copy of immediate family relationship proof (e.g. birth certificate, marriage certificate) (if applicable) 直系親屬關係證明文件副本 (如出世紙、結婚證明書) (如適用) 3. Original receipts of traveling and/or accommodation expenses incurred 已支付的旅費及 / 或住宿費用正式收據 4. Written confirmation from airlines/public common carriers or travel agent indicating if the paid travel fare is refundable 航空 / 公共交通工具公司或旅遊公司發出之文件證明已付的旅費可否作出退還

5. Basic supporting documents (continued) 基本證明文件 (續)

Claim items 申請賠償項目	Claim documents checklist 所需之文件
<input type="checkbox"/> Personal Liability, Identity theft 個人責任、身份被盜用	1. Details of incident 事件發生之詳情
	2. Police report (if any) 警方報告 (如有)
	3. Other related documents (e.g. copies of summons, all court documents, solicitors' correspondences, etc.) 其他有關是次事件之文件 (如法院傳票、法院文件、律師函件等)
<input type="checkbox"/> Satellite Phone 衛星電話費用	1. Copy of medical report 醫療報告副本
	2. Official receipts issued by satellite phone service provider 已支付的衛星電話服務費用正式收據

To be completed for claim under Medical Expenses section 如索償類別為醫療費用，必須填妥此部份。

Do you need to receive follow up treatment(s) in Hong Kong?

您是否需要在香港繼續治療或覆診？

Yes
是

No
否

To be completed for claim under baggage and personal belongings 如索償類別為行李及個人物品，必須填妥此部份。

Loss or damaged item name, brand and model 遺失或損毀物件之名稱、牌子及型號	Date of purchase (month, year) 購買日期 (月 · 年)	Purchasing price (please specify the currency) 購買價值 (請註明貨幣)	Repairing cost (please specify the currency) 維修費 (請註明貨幣)
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You can add supplementary paper if the provided space is insufficient. 如提供的位置不足，可另行加紙填寫。

6. Declaration and Authorization 聲明及授權

- I/We declare that all information provided by me/us above is true and complete to the best of my/our knowledge and belief and such information is provided without reservation or withholding of any kind.
本人 / 我們謹此聲明，以上由本人 / 我們所提供之全部資料乃據本人 / 我們所知所信屬真確及完整無誤，而本人 / 我們在提供資料方面並沒有任何保留或隱瞞。
- I/We confirm that I/we have read, understood and agreed to **Zurich Insurance Company Ltd's ("the Company") privacy policy** as described below.
本人 / 我們確認本人 / 我們已閱讀、明白並同意以下所述**蘇黎世保險有限公司 (「貴公司」) 之私隱政策**。
- 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 or provide the relevant report or document to the Company or its agents.
本人 / 我們授權於任何曾替本人 / 我們作診療之醫生、醫務人員、醫院或診所提供有關本人 / 我們病歷之資料或提供有關的報告或文件予 貴公司或其代理人。
- 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 me/us or related incidents of injury, loss or damage to the Company or its agents.
本人 / 我們授權持有本人 / 我們投保資料、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 / 我們是次受傷、損失或損毀相關事件等資料提供予 貴公司或其代理人。
- A photocopy of this authorization shall be considered as effective and valid as the original.
此授權書之影印本與正本同屬有效。

7. Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") 有關個人資料 (私隱) 條例 (「私隱條例」) 的客戶通知

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd ("Company")** from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group ("**Zurich Insurance Group**") for the 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**蘇黎世保險有限公司 (「本公司」)**不時收集或持有的客戶 (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，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料 (例如從第三方收到的索償資料和病歷)，均可供本公司及 / 或其所屬集團 (「**蘇黎世保險集團**」) 內的公司使用作為向客戶提供服務而**必須**的用途 (否則本公司將無法為未能提供所需資料的客戶提供服務)。

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires.

本公司之私隱政策詳載於www.zurich.com.hk/pics或可透過掃描QR碼細閱。您亦可致電2968 2288與我們的客戶服務中心聯絡又或向保險中介人查詢。



Name of insured (name of policyholder if insured is under 18 years old)
受保人姓名 (如受保人未滿18歲，請填寫保單持有人姓名)

Signature of contact person (if applicable)
聯絡人簽署 (如適用)

Signature of insured (signature of policyholder if the insured is under 18 years old)
受保人簽署 (如受保人未滿18歲，請由保單持有人簽署)

Date 日期
Day日 Month月 Year年
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