



Please complete this form in block letters and submit it together with all relevant documents to Claims Department at "Allied World Assurance Company, Ltd Suite 2201, 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong".

請用正楷填寫表格，連同有關證明文件，送交 Allied World Assurance Company, Ltd 世聯保險有限公司理賠部，地址為香港鰂魚涌太古坊華蘭路 18 號港島東中心22樓2201室。

Tel 電話：+852 2968 3221 Fax 傳真：+852 2917 6179 Email 電郵：hk\_claims@awac.com

Use separate sheet if not enough space on this form. We may request for further information for handling the claim application. Submission of this form is not construed as our admission of any liability. 倘本表格不敷填寫，請另加紙張。本公司有權要求索償人提供更多資料以處理賠償申請。提交該表格並不代表本公司承擔賠償責任。

### (1) CLAIMANT'S INFORMATION 索償人資料

|   |                          |
|---|--------------------------|
| Name of Insured (Policyholder)<br>受保人(保單持有人) 姓名             | Policy No.<br>保單號碼       |
| Name of Claimant (if different from above)<br>索償人姓名(如與上述不同) | HKID Card No.<br>香港身份證號碼 |
| Daytime Contact No.<br>日間聯絡電話                               | Email<br>電郵              |
| Correspondence Address<br>通信地址                              |                          |

### (2) GENERAL INFORMATION 基本資料

|  |  |  |
|--|--|--|
| Date of Incident/ Loss<br>事故發生日期                                       | Y 年 M 月 D 日  | Place of Incident/ Loss<br>事故發生地點  |
| Details of Incident/ Loss (Cause & Circumstance)<br>詳述事故發生原因和經過        |  |  |
| Is this incident/loss covered by any other insurance?<br>該事故是否受保於其他保單? | <input type="checkbox"/> No 沒有<br><input type="checkbox"/> Yes 有 | Submitted claim to another insurer or reported to police?<br>有否就此向其他保險公司索償或報警?<br><input type="checkbox"/> No 沒有<br><input type="checkbox"/> Yes 有 |
| If Yes, please specify 如有，請詳述：   |  | If Yes, please specify 如有，請詳述：   |

### (3) BENEFITS CLAIMED 索償項目

Please ☒ the appropriate box(es) 請 ☒ 選適合空格

|     |   |  |  |
|-----|---|--|--|
| 3.1 | <input type="checkbox"/> Medical Expenses 醫療費用<br><input type="checkbox"/> Hospital Cash 住院現金 | <input type="checkbox"/> Personal Accident 人身意外<br><input type="checkbox"/> Mugging 街頭行劫 | <input type="checkbox"/> Trauma Counselling 創傷輔導保障 |
|-----|---|--|--|

|  |                                  |
|--|----------------------------------|
| Description of Injury / Diagnosis<br>受傷情況 / 病情 |                                  |
| Treatment Received<br>已接受的治療                   | Claim Amount (HK\$)<br>索償金額 (港元) |

|  |  |   |  |
|--|--|---|--|
| 3.2  | <input type="checkbox"/> Cancellation 取消旅程<br><input type="checkbox"/> Rental Vehicle Excess 租車自負額 | <input type="checkbox"/> Curtailment 縮短旅程<br><input type="checkbox"/> Emergency Purchase 緊急購物 | <input type="checkbox"/> Personal Liability 個人責任 |
| Study Tour Insurance 遊學保險：   |  |   |  |
| <input type="checkbox"/> Missed Event 缺席活動<br><input type="checkbox"/> Missed School 缺席課程<br><input type="checkbox"/> Resumption of Study 重返課程 |  |   |  |

|                                      |                                  |
|--------------------------------------|----------------------------------|
| Description of Claim Item(s)<br>索償項目 | Claim Amount (HK\$)<br>索償金額 (港元) |
|--------------------------------------|----------------------------------|

### 3.3 ☐ Travel Delay/ Re-routing 旅程延誤/ 更改行程

\* Delete if appropriate

Type of Common Carrier and the Number

公共交通工具的種類及編號

Original Departure Date & Time

原定出發日期和時間

Y 年 / M 月 / D 日

\*AM / PM

\*上午/下午

hr 時 / min 分

Hours of Delay

延誤時數

Actual Departure Date & Time

實際出發日期和時間

Y 年 / M 月 / D 日

\*AM / PM

\*上午/下午

hr 時 / min 分

Cause of Delay

延誤原因

Additional Transportation /Accommodation Expenses due to Re-routing

因更改行程而引致的額外交通/住宿費用

Claim Amount (HK\$)

索償金額 (港元)

### 3.4 ☐ Baggage, Traveling Documents and Cash

### 行李、旅行證件及現金

Description of Damaged/Lost Item(s)

損毀/遺失物品

Year of Purchase and Price

購買年份及金額

Claim Amount (HK\$)

索償金額 (港元)

Total Claim Amount (HK\$)

總索償金額 (港元)

## (4) AUTHORISATION AND DECLARATION 授權及聲明

For the purpose of assessing my/our claim, I/We hereby authorize Allied World Assurance Company, Ltd or its authorized representative to collect any and all information with respect to the claimant's or my/our loss, disability, medical history, police statement made and the like from any hospital, physician, person, party and/or authority that has any records or is holding any information of the claimant or me/us; and authorize any hospital, physician, person, party and/or authority that has any records or is holding any information of the claimant or me/us to disclose to Allied World Assurance Company, Ltd or its authorized representative, any and all information with respect to the claimant's or my/our loss, disability, medical history, police statement made and the like. A photocopy of this authorization shall have the same effect as the original.

I/We declare to the best of my/our knowledge and belief that the information given is true in every respect. I/We agree that any concealment or incorrect statement in connection with this claim may result in legal liability and the policy shall become void.

本人(等)謹此授權 Allied World Assurance Company, Ltd 世聯保險有限公司或其授權代表，向任何持有索償人或本人(等)之任何記錄或資料的醫院、醫生、人仕、有關人等、及/或有關當局，索取任何或所有有關索償人或本人(等)之損失、損傷、病歷、口供或任何相關資料，並授權任何持有索償人或本人(等)任何記錄或資料的醫院、醫生、人仕、有關人等、及/或有關當局，向 Allied World Assurance Company, Ltd 世聯保險有限公司或其授權代表，提供任何或所有有關索償人或本人(等)之損失、損傷、病歷、口供或任何相關資料，作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

本人(等)謹此聲明，根據本人所知及所信，本索償表格上填報之資料均實屬無訛。本人並同意，任何蓄意欺騙或隱瞞將構成法律責任並導致保單失效。

Signature of the Insured (Policyholder)

受保人 (保單持有人) 簽署

With company chop (if any) 附公司印鑑 (如適用)

Date

日期

(DD/MM/YYYY)

Signature of the Claimant

索償人簽署

Date

日期

(DD/MM/YYYY)

**Please submit the following documents together with the form for more efficient processing of your claim.**  
**為更有效率地處理您的申請，請連同以下文件提交索償表格**

| <b>(A) Tickets confirming departure and return dates, e.g. boarding pass(es)</b><br><b>出發及回程日期的證明文件，例如飛機、車、船的乘搭證或票據副本</b>   |  |   |  |   |                                |                                    |  |
|---|--|---|--|---|--------------------------------|------------------------------------|--|
| <b>(B) Documents Required</b><br><b>所需文件</b>  | Types of Benefits 保障類別   |   |  |   |                                |                                    |  |
|   | Personal Accident / Medical Expenses/ Hospital Cash/ Trauma Counselling/ Mugging<br><br>個人意外/醫療費用/住院現金/創傷輔導保障/街頭行劫 | Cancellation/ Curtailment (Including Study Tour)<br><br>取消行程/縮短行程(包括遊學保險) | Travel Delay/ Re-routing Expenses<br><br>行程延誤/更改行程費用 | Baggage, Travelling Documents and Cash<br><br>行李, 旅行證件及現金 | Emergence Purchase<br><br>緊急購物 | Rental Vehicle Excess<br><br>租車自負額 | Personal Liability (do not admit liability)<br><br>個人責任 (不要承認責任) |
| Medical Certificate/ Medical Report/ Death Certificate (if applicable)<br>醫療證明/ 醫療報告/ 死亡證(如適用)  | ✓  | ✓   |  |   |                                |                                    |  |
| Original medical/ hospital bills and receipts<br>醫療/ 住院發票及收據正本  | ✓  |   |  |   |                                |                                    |  |
| Scheduled and revised itinerary, voucher, booking invoice and receipt<br>原定及更改後的行程表、入住證、訂購/訂房發票、旅遊安排單據等   |  | ✓   | ✓  |   |                                |                                    |  |
| Refund confirmation for hotel, tour or travel arrangement; Relative relationship proof (if applicable)<br>酒店、旅行團或旅遊安排的退款證明；親屬關係證明 (如適用)                                   |  | ✓   |  |   |                                |                                    |  |
| Confirmation from airline/ common carrier on number of hours delayed & reasons<br>航空公司/ 公共交通機構發出延誤時數及原因的證明  |  |   | ✓  |   | ✓                              |                                    |  |
| Original receipts for purchase of necessity 購買必需品的單據正本  |  |   |  |   | ✓                              |                                    |  |
| Loss or damage report from relevant authorities e.g. police, airline or hotel, and photo of the claimed item (if applicable)<br>有關機構發出的遺失或損毀報告(如警方、航空公司或酒店)、及損毀物品的相片(如適用) |  |   |  | ✓   |                                | ✓                                  | ✓  |
| Original purchase receipt and repair quotation/ exchange slip/ withdrawal records<br>購物單據及維修報價/ 銀行兌換收據/ 提款記錄  |  |   |  | ✓   |                                |                                    |  |
| Rental Vehicle Contract 出租車合約   |  |   |  |   |                                | ✓                                  |  |

## **Personal Data Information Collection Statement (PICS)**

### **Purpose of Collection**

Allied World Assurance Company, Ltd (Hong Kong Branch) (collectively with the other subsidiaries of Allied World Assurance Company Holdings, Ltd, "Allied World") may collect and use your personal data for the purposes of conducting its insurance business, including:

so that we can provide you with and manage insurance products and services, including to consider and process your application; to vary, cancel or renew your insurance; to deal with and/or process any claims under your policy, including settlement, and to conduct necessary investigations; to complete due diligence and background checks that are either required by law or regulation or have been put in place by Allied World; to respond to your queries and administer your policy, including correspondence with you; to investigate fraud, misconduct or any unlawful act or omission in relation to your policy; so that we can comply with legal obligations; for research and statistical purposes; for marketing (including, where permitted by law, direct marketing) of other services provided by us; and/or any purpose directly related to the above.

In general, it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

### **Potential Transferees**

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to: other insurers; reinsurers; intermediaries; insurance associations, federations or similar organisations; related companies; our advisers, service providers and agents; external claims data collectors and verifiers; parties that have an insurance scheme in place under which you purchased your policy; parties involved in claims investigation and management; government and statutory agencies; and/or as otherwise required or allowed by law, in each case both within and outside of the Hong Kong Special Administrative Region.

### **Marketing and Promotion**

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World will not use your personal data for direct marketing if you have indicated objection to such use by ticking the opt-out box on the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contact information set out below.

### **Access Requests and Corrections**

You have the right, subject to applicable law, to request access to and correction of any personal data concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to Suite 2201, 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to [hkcompliance@awac.com](mailto:hkcompliance@awac.com).

## **個人資料資訊收集聲明 ( PICS )**

### **收集目的**

Allied World Assurance Company, Ltd 世聯保險有限公司 ( 香港分行 ) ( 與 Allied World Assurance Company Holdings, Ltd 的其他子公司統稱「Allied World 世聯」) 為營運其保險業務之目的可能會收集和使用閣下的個人資料，包括：

以便本公司為閣下提供保險產品及服務並予以管理，包括考慮及處理閣下的保險申請；更改、取消或更新閣下的保險；應對及/或處理閣下保單的索賠，包括賠償及作出必要的調查；完成法律或法規要求或 Allied World 世聯實施的盡職審查和背景調查；回應閣下的查詢以及管理閣下的保單，包括與閣下通訊；調查與閣下保單相關的詐欺、不當行為或任何非法行為或不作為；以便本公司能遵守法律上的要求；用於研究和統計目的；用於營銷 ( 包括在法律允許的情況下直接促銷 ) 本公司提供的其他服務；及/或與上述直接有關的任何目的。

一般而言，向 Allied World 世聯提供個人資料屬自願性質。雖然如此，如閣下未能提供足夠資料，Allied World 世聯可能無法為閣下提供所需的保險服務。

### **潛在資料轉移**

Allied World 世聯會確保持有的個人資料保密，但本公司可能會基於上述目的將閣下的個人資料轉移予：

其他保險公司；再保公司；中介機構；保險業組織、聯會或類似組織；關連公司；本公司的顧問、服務提供者和代理人；本公司以外的索賠資料收集者及核查人員；閣下於已設有保險計劃購買保單時的各方；參與索賠調查以及管理的各方；政府和法定機構；及/或任何相關的法律或規則要求或允許的人士，以上各項適用於香港特別行政區境內及境外。

### **市場推廣**

閣下貴為 Allied World 世聯的尊貴客戶，本公司及其集團公司可能會透過閣下為直接促銷所提供的個人資料 ( 包括姓名及聯絡資料 )，向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠，以及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

若閣下已於投保書上選擇拒絕本公司利用閣下的個人資料進行直接促銷並表示不願接收任何市場推廣資料和最新消息，Allied World 世聯將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時透過下述聯絡方式通知本公司的合規主任並行使其選擇權拒絕本公司利用閣下的個人資料進行直接促銷。

### **查閱個人資料要求及更改個人資料**

在符合適用法律的情況下，閣下有權要求查閱及更改 Allied World 世聯所持有任何有關閣下的個人資料。有關申請可循下列途徑向本公司的合規主任提出：郵寄至香港鯉魚涌太古坊華蘭路 18 號港島東中心 22 樓 2201 室，或傳真至 +852 2968 5111，或電郵至 [hkcompliance@awac.com](mailto:hkcompliance@awac.com)。