

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

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“人身平安 / 旅遊 / 高爾夫球 / 意全保” 保險申請理賠表格
“PERSONAL ACCIDENT / TRAVEL / GOLFERS / GLOBAL MIND” INSURANCE CLAIM FORM

注意：供給本申請理賠表格，并不表示本公司承認提供賠償責任。各項有關單據正本、身份證副本及旅行證件副本，請隨附于本表格，一并送交予本公司，以免延誤理賠。

Note: By furnishing this form the Company makes no admission of liability. Original itemized bill(s), ID Card copy and travel document(s) must be submitted together with this form in order to avoid delay.

(1) 基本資料 (此部分必須填寫) Basic Data (This part must be completed)			
保單號碼 Policy No.		賠償號碼 (由本公司填寫) Claim No. (For Office Use)	
申請賠償者姓名 Name of Claimant		性別 Sex	年齡 Age
住址 Residential Address			
聯絡電話 Contact Tel No.	傳真機號碼 Fax No.	電子郵件 E-mail Address	
事故詳情 Particulars of Incident			
事故發生之日期、時間及地點 Please state date, time and place of incident			
敘述該事故發生情況 State exactly how incident occurred			

(2)至(6)項須根據索償項目填寫。 Part (2) to Part (6) must be completed according to claim items.

(2) 人身意外、醫療費用、住院現金津貼、急病身故、嚴重燒傷及每週賠償 Personal Accident, Medical Expenses, Hospital Cash Allowance, Extra Fatal Benefits, Major Burns and Weekly Indemnity	
(2.1) 請述受傷或疾病性質 Describe the nature of injury or illness	
(2.2) 閣下曾否患上上述類似之疾病或舊病/傷復發? Have you ever suffered this or similar condition or a recurrence of such previous related injury or illness? 若「是」，請敘述詳情 If yes, please give full details:	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
(2.3) 閣下曾否因此次疾病或受傷而於旅途中住院? Were you hospitalized overseas as a result of this injury / illness? 若「是」，請敘述詳情 If yes, please give full details: 入院日期 (日/月/年) 出院日期 (日/月/年) Date of Admission (D/M/Y) Date of Discharge (D/M/Y)	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
(2.4) 請註明申請賠償金額 (請自費及附上有關醫生證明書、入院及出院證明、病假紙、發票 / 收據、僱主病假證明或其他文件) Please state amount claimed (attach account/medical certificate, admission and discharge slips, employer's sickness confirmation or other documents at your own account in support of your claim)	
(2.5) 閣下經常求診之醫生姓名、地址及電話號碼 Name, Address and Phone No. of your usual attending Medical Practitioner. 姓名 Name: _____ 電話號碼 Tel No.: _____ 地址 Address: _____	
(2.6) 是否已痊癒? Are you completely recovered?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
(2.7) 是否已呈上一切醫療收據? Have you presented all medical receipts?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
(2.8) 主診醫生聲明 Declaration by the Attending Medical Practitioner	
本人特此證明已親自為 _____ (病者姓名) 就上述疾病或受傷進行檢查及治療，詳情如下： I hereby certify that I have personally examined & treated _____ (name of patient) for the above injury or illness and details are as follows: 診斷 Diagnosis: 治療 Treatment: 結果 Result:	
此是否原有之傷病? Is this pre-existing disease?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
若「是」，已存在多久? If yes, how long? _____ 此是否先天性缺陷? Is condition congenital?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
據閣下所知，病人以前曾否患有同類病況? To the best of your knowledge, has the patient ever had the same or similar conditions or symptoms relating thereto?	否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>
若「是」，請說明何時及當時情況 If yes, please state dates and describe	
醫生簽署 Signature: _____ 日期 Date: _____	醫生姓名 Name of Medical Practitioner (with stamp): _____ 地址 Address / 電話 Telephone: _____

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(3) 個人行李/行李延誤/個人錢財/旅遊證件/家居爆竊 Personal Baggage/Delayed Baggage/Personal Money/Travel Document/Loss of Home Contents				
(3.1) 已通知何處警方? 請註明有關警署及附上警方報告。 Which country's police was advised? Please state police station and attach original police report.				
(3.2) 閣下有否就財物之遺失或損壞或延誤而向航空公司或其他有關方面索償或投訴? Have you lodged a claim or complaint against any carrier/airline or other authority for the loss of or damage or delay to your property?		否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>		
若「是」, 請敘述詳情及原因及附上書函包括索償號碼及賠償記錄。If yes, please give full details, reason and attach original correspondence including their claim reference numbers and reimbursement record.				
(3.3) 航空公司/承運人之名稱及聯絡電話號碼 Name and Contact Telephone No. of Airline/Carrier				
(3.4) 請註明申請賠償金額及附上收據正本, 損壞財物之照片。Please provide details of amounts claimed and attach original receipt(s), photograph of damaged property.				
物品名稱 (牌子、型號、尺碼) Item/Description (i.e. Brand, model, size)	購買時之價值 Original Cost	購買日期 Date of Purchase	要求賠償金額 Amount Claimed HK\$	
(4) 行程延誤 Travel Delay				
	日期/時間 Date/Time	由(出發地) From (Departure)	至(目的地) To (Arrival)	班機號碼 Flight No.
原定時間 Original Schedule				
延誤後時間 Delayed Schedule				
延誤原因 Reason for Delay				延誤小時 (以出發時間計) Hours Delayed (calculated from the departure time)
備註: 請附有關文件以證明延誤時間及原因, 例如: 登機證及機票, 航空公司證明信等。 Remarks: Please attach the relevant supporting documents to certify the hours delayed, e.g. copy of boarding pass and air ticket, confirmation letter from Airline.				
(5) 取消旅程/縮短旅程 Cancellation or Curtailment of Journey				
(5.1) 旅程於何時何處預定? When and where was holiday booked?				
(5.2) 預定離港日期 Intended Departure Date				
(5.3) 旅程取消日期 / 抵港日期 Date of Journey Cancelled / Date of Arrival at Hong Kong				
(5.4) 旅程取消原因 (請附有關證明文件) Why the journey cancelled? (Please attach the relevant supporting documents)				
(5.5) 旅行社名稱、地址及電話號碼 Name, Address and Telephone No. of Travel Agent				
(5.6) 閣下已支付之款項 (請附證明文件正本) Amount Paid by You (please attach original documents)			港幣 / HK\$	
(5.7) 已取回之款項 (請附證明文件正本) Amount Recoverable from all sources (please attach original documents)			港幣 / HK\$	
(5.8) 申請賠償金額 Amount Claimed			港幣 / HK\$	
(6) 一桿入洞獎賞 Hole-In-One Benefit				
事發日期、時間及地點 (請附高爾夫球會證明文件正本) Please state date, time and place of event (Please attach the original supporting documents by recognized golf club)				
(7) 其他保險 (此部分必須填寫) Other Insurance (This part must be completed)				
第 2 至 6 所述索償, 是否受保于其他保險合約? Any other policy covering the above item(s) involved under Section 2 to 6? 若「是」, 請敘述詳情 If yes, please give full details			否 NO <input type="checkbox"/> 是 YES <input type="checkbox"/>	
保險公司名稱 Name of Insurance Company	保單號碼 Policy No.	(請附保單副本及已賠付的收據文件) (please attach copy of policy & discharge receipt)		

本人/我們茲聲明上述所填報之資料皆為確實詳情, 並沒有隱瞞任何與此索償有關之重要情況。
I/We hereby warrant the truth of the above statements and declare that I have not withheld any material information connected with this claim.

本人/我們謹此代表本人/我們/所有被保險人授權任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他機構、組織或人士, 凡知道或持有任何有關本人/我們/所有被保險人記錄者, 及/或會診驗或可能將會診驗本人/我們/所有被保險人者, 均可將該等資料提供給中國太平保險(香港)有限公司, 貴公司, 此授權對本人/我們之繼承人及被保險人具有約束力; 即使死亡或無行為能力時, 此授權仍具效力, 本授權書的影印本與正本均有同等效力。
I/We hereby authorize on behalf of myself/ourselves/the Insured Person any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/us/the Insured Person and who has attended or may hereafter to myself/ourselves/the Insured Person to disclose such information to China Taiping Insurance (HK) Company Limited, the Company. This authorization shall bind my successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

本人/我們聲明及同意已獲被保險人授權及同意本人/我們作出上述授權。
I/We declare and agree that I/we have the full authority from and consent of the Insured Person to make the above authorizations.

日期
Date

申請賠償者簽署
Claimant Signature

註: 為避免影響貴客戶之索償權利, 請填妥本申請理賠表格并簽署後, 連同一切所需文件在本保單之規定期限內親交或按以下地址郵寄本公司意外及健康險部。
Note: In order not to prejudice your claim, please complete this Claim Form with signature and submit full documentation within stated deadline in the policy in person or post to Accident & Health Department at below address.