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CLAIMS HOTLINE è³ å„ Ÿéƒ¨ç†±ç·šï¼š+852 2867 8554 CLAIMS FAX è³ å„ Ÿéƒ¨å‚³çœŸï¼š+852 2530 0481 æ—…é�Šç¶œå�ˆä¿�éšœè¨ˆåŠƒç´¢å„ Ÿè¡¨æ ¼ TRAVELSURE PROTECTION PLAN CLAIM FORM è‡´ï¼š æ˜†å£« è˜­ä¿�éšª ï¼ˆé¦™æ¸¯ï¼‰ æœ‰é™�å…¬å�¸ æ—¥æœŸ To : QBE General Insurance (Hong Kong) Limited c/o AXA General Insurance Hong Kong Limited 21/F Manhattan Place 23 Wang Tai Road Kowloon Bay Kowloon Tel 2523 3061 Fax 2530 0481 è«‹å¡« å¦¥æ­¤ç´¢å„ Ÿè¡¨æ ¼ä¸Šä¹‹æ‰€æœ‰è³‡æ–™ã€‚ å€˜è‹¥è¡¨æ ¼ä¸�æ•·æ‡‰ç”¨ï¼Œè«‹å�¦åŠ ç´™å¼µå¡« å¯« ã€‚ Date : Please complete this claim form in full. If space provided for your answers is insufficient, please continue on a separate sheet. æ­¤è¡¨æ ¼ä¸¦ä¸�ä»£è¡¨æœ¬å…¬å�¸æœƒæ‰¿æ“” ä»» ä½•è²¬ä»» ã€‚ The issue of this claim form is not an admission of liability on the part of the Company. ç´¢å„ Ÿç·¨è™Ÿ Claim number ï¼ˆä¾›æœ¬å…¬å�¸å¡« å¯« ä¹‹ç”¨ For office use onlyï¼‰ ç”²é … ä¿�å–®æŒ�æœ‰äººè³‡æ–™ SECTION A ä¿�å–®æŒ�æœ‰äººå§“ å�� POLICYHOLDER DETAILS ä¿�å–®ç·¨è™Ÿ Name of Policyholder é€šè¨Šåœ°å�€ Policy number Correspondence address æ—¥é–“ è�¯çµ¡é›» è©± é›» éƒµåœ°å�€ Contact phone number (Day-time) ç´¢å„ Ÿäºº / å�—ä¿�äººå§“ å��ï¼ˆå¦‚ é�žä¿�å–®æŒ�æœ‰äººï¼‰ Email address Name of Claimant / Insured Person (if not the Policyholder) é€šè¨Šåœ°å�€ Correspondence address æ—¥é–“ è�¯çµ¡é›» è©± é›» éƒµåœ°å�€ Contact phone number (Day-time) Email address ä¹™é … ä¸€èˆ¬äº‹é … SECTION B äº‹ç™¼æ—¥æœŸå�Šæ™‚ é–“ GENERAL INFORMATION ï¼ˆè«‹æ–¼é�©ç•¶çš„ åœ°æ–¹åŠ ä¸Š âœ” è™Ÿ Please âœ” as approprateï¼‰ Date and time of incident or loss äº‹ç™¼åœ°é» ž Place of incident or loss ä»» ä½•äº‹ç™¼ç›®æ“ Šè€…çš„ å§“ å��å’Œåœ°å�€ Names and addresses of any witnesses to the incident or loss é–£ä¸‹æœ‰å�¦å�‘ è­¦æ–¹æˆ–å…¶ä»–æ©Ÿæ§‹å ±å‘ Šå¤±äº‹æƒ…æ³�ï¼Ÿ æœ‰ å�¦ Have the police or other authorities been informed? å¦‚ ç­” ã€Œæœ‰ã€�ï¼Œè«‹æ��ä¾› (a) å ±æ¡ˆè­¦ç½²æˆ–æ©Ÿæ§‹å��ç¨± name of the Police Station or authority (b) å ±æ¡ˆæ—¥æœŸå�Šæ™‚ é–“ date & time reported (c) è­¦æ–¹æˆ–è©²æ©Ÿæ§‹ä¹‹æª” æ¡ˆç·¨è™Ÿ police or authority report number æ³¨æ„�ï¼šè«‹æ��ä¾›è­¦æ–¹ / èˆªç©ºå…¬å�¸ / è©²æ©Ÿæ§‹ä¹‹æœ‰é—œå ±å‘ Šçš„ æ­£æœ¬ã€‚ Yes No If " Yes", please provide N. B. Please provide ORIGINAL written report from police, airline, or other authorities as relevant. æ˜¯ å�¦ é–£ä¸‹æ��å¤±ä¹‹è²¡ç‰©æ˜¯å�¦å�Œæ™‚ å�—å…¶ä»–ä¿�éšªä¿�éšœï¼Ÿ Is there any other insurance covering the loss/damage? å¦‚ ç­” ã€Œæ˜¯ã€�ï¼Œè«‹æ��ä¾› (a) ä¿�éšªå…¬å�¸å��ç¨± Yes No If " Yes", please provide name of the insurance company (b) æœ‰é—œä¹‹ä¿�å–®è™Ÿç¢¼ relevant policy number (c) æŠ•ä¿�é‡‘ é¡�ï¼ˆå¦‚ é�©ç”¨ï¼‰ amount insured (if applicable) (d) æœƒå�¦å�‘ è©²å…¬å�¸æ��å‡ºç´¢å„ Ÿï¼Ÿ æ˜¯ å�¦ Whether claim will be submitted to them? ç´¢å„ Ÿäºº / å�—ä¿�äººä»¥å¾€æœ‰å�¦æ›¾è’™å�—é¡žä¼¼æ€§è³ªçš„ æ��å¤±ï¼Ÿ Yes æœ‰ No å�¦ Has the Claimant / Insured Person sustained other losses of similar nature? å¦‚ ç­” ã€Œæœ‰ã€�ï¼Œè«‹æ��ä¾›è©³ç´°è³‡æ–™ Yes No If " Yes", please provide details é �æ¬¡ Page 1/4 HSI77-R12(YX) 1-4 10/12 E L ä¸™é … ç´¢å„ Ÿè³‡æ–™ SECTION C CLAIM INFORMATION ï¼ˆè«‹æ–¼é�©ç•¶çš„ åœ°æ–¹åŠ ä¸Š âœ” è™Ÿ Please âœ” as approprateï¼‰ è«‹å¡« å¯« ä¸‹åˆ—é�©ç•¶çš„ éƒ¨ä»½ä¸¦é€£å�Œç›¸é—œè­‰æ˜Žæ–‡ä»¶ä¸€ä½µé�žäº¤ã€‚ Please complete the appropriate section(s) below and submit to us all supporting documents. 1. é†« ç™‚ å�Šç›¸é—œè²» ç”¨ æˆ– äººèº« æ„�å¤– Medical and Related Expenses æ•˜è¿°å�—å‚·æˆ–ç–¾ç—…æ€§è³ªå�Šç¨‹åº¦ OR Personal Accident Describe the nature and extent of injuries or sickness å¦‚ æ¶‰å�Šç–¾ç—…ï¼Œé–£ä¸‹æ˜¯å�¦å°±æœ‰é—œç–¾ç—…åœ¨æ—…é�Šå‰�æŽ¥å�—é�Žå…¶ä»–é†« ç” Ÿçš„ æ²» ç™‚ ï¼Ÿ æ˜¯ å�¦ If sickness is involved, did you receive treatment for this sickness from other doctor before this trip? å¦‚ ç­” ã€Œæ˜¯ã€�ï¼Œè«‹æ��ä¾›é†« ç” Ÿçš„ è©³ç´°è³‡æ–™ Yes No If " Yes", please provide details of the doctor involved å¦‚ æ¶‰å�Šæ„�å¤–ï¼Œè«‹æ•˜è¿°æ„�å¤–ç™¼ç” Ÿç¶“ é�Ž If accident is involved, please describe how the accident happened ç´¢å„ Ÿé‡‘ é¡� Amount claimed æ³¨æ„�ï¼šè«‹æ��ä¾›æ‰€æœ‰é†« ç™‚ è²» ç”¨æ”¶æ“ šçš„ æ­£æœ¬å�Šæ‰€æœ‰æœ‰é—œé†« ç™‚ å ±å‘ Šçš„ å‰¯æœ¬ã€‚ N. B. 2. Please provide all ORIGINAL medical receipts together with copy of all relevant medical reports. æˆ– è¡Œæ�Žå»¶èª¤ æˆ– å€‹äººéŒ¢è²¡å�Šæ–‡ä»¶ è¡Œæ�Žå�Šå€‹äººè²¡ç‰© Baggage and Personal Effects è«‹æ•˜è¿°äº‹ç™¼æƒ…æ³� OR Delayed Baggage OR Personal Money and Documents Describe how the incident or loss happened è©²è²¡ç‰©æ˜¯å�¦é–£ä¸‹å…¨æ¬Šæ“�æœ‰ï¼Ÿ æ˜¯ å�¦ Are you the sole owner of the property? å¦‚ é�¸æ“‡ã€Œå�¦ã€�ï¼Œè«‹æ��ä¾›è©³ç´°è³‡æ–™ Yes No If " No", please provide details é–£ä¸‹æ˜¯å�¦èª�ç‚ ºå…¶ä»–äººä»•é ˆå°±æ­¤äº‹ä»¶æˆ–æ��å¤±è² è²¬ï¼Ÿ æ˜¯ å�¦ Can you identify any parties who may be responsible for the incident or loss? å¦‚ é�¸æ“‡ã€Œæ˜¯ã€�ï¼Œè«‹è¨» æ˜Žå…¶å§“ å��å�Šåœ°å�€ Yes No If " Yes", please provide his/her name and address è²¡ç‰©æ��å¤± / æ��å£žæˆ–ç·Šæ€¥ç‰©å“�è³¼è²·è©³æƒ… Details of property lost or damaged or emergency purchased ç‰©å“�ä¹‹è©³ç´°è³‡æ–™ï¼ˆåŒ…æ‹¬ç‰Œå­�å�Šç”¢å“�è™Ÿç¢¼ï¼‰ Full description of articles (including the brand name & model number) è³¼è²·æ—¥æœŸ å‡ºå”®ç‰©å“�ä¹‹å•†è™Ÿå��ç¨±å�Šåœ°å�€ è³¼è²·åƒ¹éŒ¢ ç´¢å„ Ÿé‡‘ é¡� Date of purchase Name and address of the vendor Purchase price Amount claimed ç¸½ç´¢å„ Ÿé‡‘ é¡� Total Amount Claimed æ³¨æ„�ï¼šè«‹æ��ä¾›ä»¥ä¸Šç‰©å“�çš„ è³¼è²¨æ”¶æ“ šã€�ä¿�ç”¨è­‰ï¼ˆå¦‚ é�©ç”¨ï¼‰ï¼Œæˆ–é‡�æ–°è³¼å›žç‰©å“�æ”¶æ“ šä¹‹æ­£æœ¬ï¼Œå�Šç´¢å„ Ÿçš„ æ��å£žç‰©å“�ç›¸ç‰‡ä¹‹æ­£æœ¬ï¼ˆå¦‚ é�©ç”¨ï¼‰ã€‚ N. B. 3. Please provide ORIGINAL purchase receipts, warranties (if applicable), or replacement receipts of the articles described above. Please also provide ORIGINAL photo(s) showing the extent of damage to the property claimed (if applicable). å€‹äººè²¬ä»» Personal Liability è«‹æ•˜è¿°äº‹ä»¶ç™¼ç” Ÿæƒ…æ³� Describe how the incident happened é–£ä¸‹èª�ç‚ ºæ˜¯èª°å°Žè‡´äº‹ä»¶ç™¼ç” Ÿï¼Ÿ In your opinion, who cause this incident? ç¬¬ä¸‰è€…ç´¢å„ Ÿäººçš„ å§“ å��å’Œåœ°å�€ Name and address of third party claimant è«‹æ•˜è¿°å�—å‚·æˆ–ç‰©ä»¶æ��å£žä¹‹æ€§è³ªå�Šç¨‹åº¦ Nature and extent of injuries or damages æ³¨æ„�ï¼šæœ‰é—œç¬¬ä¸‰è€…ç´¢å„ Ÿæ–‡ä»¶ï¼Œè«‹ä¸�è¦�å›žè¦†ä¸¦å„˜æ—©å‘ ˆäº¤äºˆæœ¬å…¬å�¸ã€‚ N. B. 4. Please immediately forward to us all correspondence relating to the third party claim unanswered. æ—…ç¨‹å»¶èª¤ / æ›´æ”¹è¡Œç¨‹ Travel Delay / Re-Routing äº‹ç™¼åŽŸå› Cause of the incident Please state the number of hours of delay æ³¨æ„�ï¼šè«‹æ��äº¤é�‹è¼¸å…¬å�¸çš„ æ›¸é�¢ç¢ºèª�æ›¸ï¼Œåˆ—æ˜Žå»¶èª¤çš„ æ™‚ æ•¸å’Œå»¶èª¤çš„ åŽŸå› ã€‚ HSI77-R12(YX) 2-4 10/12 E L è«‹åˆ—æ˜Žå»¶èª¤çš„ æ™‚ æ•¸ N. B. Please submit us the carrier's written confirmation as to the number of hours of delay and the reason of such delay. é �æ¬¡ Page 2/4 5. æ��å¤±è¨‚ é‡‘ æˆ–å�–æ¶ˆæ—…ç¨‹ æˆ– æ��æ—©çµ�æ�Ÿæ—…ç¨‹ Loss of Deposit or Cancellation äº‹ç™¼åŽŸå› OR Curtailment Cause of the incident ç•¶é–£ä¸‹æ±ºå®šå�–æ¶ˆè¡Œç¨‹å¾Œï¼Œæœ‰å�¦å�³æ™‚ é€šçŸ¥èˆªç©ºå…¬å�¸ / æ—…é�‹å…¬å�¸ / æ—…é�Šä»£ç�† / é…’åº—ï¼Ÿï¼ˆå¦‚ é�©ç”¨ï¼‰ æœ‰ å�¦ Have you notified the airline(s) / transportation company(ies) / travel agent(s) / hotel(s) immediately once you found it necessary to cancel the trip? (If applicable) å¦‚ é�¸æ“‡ã€Œå�¦ã€�ï¼Œè«‹åˆ—æ˜ŽåŽŸå› Yes No If " No", please provide reason(s) èˆªç©ºå…¬å�¸ / æ—…é�‹å…¬å�¸ / æ—…é�Šä»£ç�† / é…’åº—æ˜¯å�¦å·²é€€å›žæœ‰é—œçš„ è¨‚ é‡‘ æˆ–éƒ¨ä»½å¾…ç”¨çš„ é‡‘ é¡�ï¼Ÿï¼ˆå¦‚ é�©ç”¨ï¼‰ æ˜¯ å�¦ Did the airline(s) / transportation company(ies) / travel agent(s) / hotel(s) refund you any deposit / unused portion of expenses incurred by you? (If applicable) å¦‚ é�¸æ“‡ã€Œæ˜¯ã€�ï¼Œè«‹åˆ—æ˜Žå·²é€€å›žçš„ é‡‘ é¡� Yes No If " Yes", please state the amount refunded æ³¨æ„�ï¼šè«‹æ��äº¤å¦‚ é†« ç™‚ å ±å‘ Šã€�æ­» äº¡è­‰ã€�åœ˜è²» æ”¶æ“ šä¹‹æ­£æœ¬å�Šæ—…è¡Œç¤¾ä¹‹è­‰æ˜Žæ›¸ç­‰ï¼Œè­‰æ˜Žä¸�èƒ½é€€é‚„ ä¹‹æ¬¾é …å�Šäº‹ä»¶ç™¼ç” Ÿä¹‹èµ·å› ã€‚ N. B. Please submit us the medical report, certificate of death, original receipts of travel tour, certificate of travel agent, etc. to certify non-refundable expenses and incident of claim. è�²æ˜Žå�ŠæŽˆæ¬Šæ›¸ æœ¬äºº / å�¾ç­‰è�²æ˜Žæœ¬äºº / å�¾ç­‰ç�²æœ‰é—œå�—ä¿�äººæŽˆæ¬Šä»£è¡¨ä»– / å¥¹å‘ ˆäº¤æ­¤ç´¢å„ Ÿè¡¨æ ¼ä¸¦ä½œå‡ºä»¥ä¸‹è�²æ˜Žã€‚ æœ¬äºº / å�¾ç­‰ï¼Œä¸¦ä»£è¡¨æœ‰é—œå�—ä¿�äººï¼Œå�Œæ„�æ‰€æœ‰è³ å„ Ÿå°‡æ ¹æ“ šä¿�å–®æ¢�æ¬¾è¢« ä»˜äºˆæœ‰é—œå�—ä¿�äººæˆ–å…¶æŒ‡å®šå�—ç›Šäººï¼ˆè¢« ä¿�éšªå…¬å�¸æŽ¥ç´�ï¼‰æˆ–æ’¥ä½œå…¶é�ºç”¢ï¼ˆå¦‚ é�©ç”¨ï¼‰ã€‚ æœ¬äºº / å�¾ç­‰ï¼Œä¸¦ä»£è¡¨æœ‰é—œå�—ä¿�äººè�²æ˜Žæ­¤è¡¨æ ¼å…§å¡« å ±çš„ è³‡æ–™ï¼Œå°±æœ¬äºº / å�¾ç­‰å�Šæœ‰é—œå�—ä¿�äººæ‰€çŸ¥æ‰€è¨€ï¼Œå…¨éƒ¨æ­£ç¢ºç„¡è¨›ï¼Œä¸¦ç„¡ä»» ä½•å�¯ä¿�ç•™ã€‚ æœ¬äºº / å�¾ç­‰ï¼Œä¸¦ä»£è¡¨æœ‰é—œå�—ä¿�äººæ˜Žç™½å…¬å�¸å�¯ è¦�æ±‚ æ›´å¤šè³‡æ–™ã€‚ æœ¬äºº / å�¾ç­‰ç¢ºèª�æœ¬äºº / å�¾ç­‰å·²ç´°é–±æ˜†å£« è˜­ä¿�éšªï¼ˆé¦™æ¸¯ï¼‰æœ‰é™�å…¬å�¸å�Šå®‰ç››ä¿�éšªæœ‰é™�å…¬å�¸çš„ æ”¶é›†å€‹äººè³‡æ–™è�²æ˜Žï¼ˆ ã€Œé€šçŸ¥ã€� ï¼‰ï¼Œä¸¦çŸ¥æ‚‰å�Šå�Œæ„�æœ‰é—œæ–¼æœ¬äºº / å�¾ç­‰æ–¼æ˜¯æ¬¡ç”³ è«‹ç”±æœ¬äºº / å�¾ç­‰æ‰€æ��ä¾›çš„ æ‰€æœ‰å€‹äººè³‡æ–™å�Šå…¶ä»–è³‡æ–™å°‡å�¯èƒ½è¢« æŒ�æœ‰ã€�ä½¿ç”¨ã€�è™•ç�†æˆ–æŠ« éœ²äºˆæœ‰é—œå�„ æ–¹ä»¥ç”¨ä½œã€Œé€šçŸ¥ã€�ä¸Šæ‰€è¼‰çš„ ç”¨é€” ä¸Šã€‚ æœ¬äºº / å�¾ç­‰ï¼Œä¸¦ä»£è¡¨æœ‰é—œå�—ä¿�äººæŽˆæ¬ŠæŒ�æœ‰æœ¬äºº / å�¾ç­‰çš„ ä»» ä½•è¨˜éŒ„ ï¼ˆåŒ…æ‹¬ä»» ä½•å·²å�–éŒ„ ä¹‹é™³è¿°ï¼‰ æˆ–è³‡æ–™ä¹‹äººå£« æˆ–åœ˜é«” ï¼Œå�‘ å®‰ç››ä¿�éšªæœ‰é™�å…¬å�¸æˆ–å…¶ä»£ç�†äººï¼Œæ��ä¾›èˆ‡æœ¬ç´¢å„ Ÿäº‹å®œæˆ–èˆ‡ä¿�éšªå…¬ å�¸çš„ è¿½å„ Ÿæ¬Šæœ‰é—œä¹‹è¨˜éŒ„ æˆ–è³‡æ–™ã€‚ æ­¤æŽˆæ¬Šæ›¸ä¹‹å½±å�°æœ¬å°‡èˆ‡æ­£æœ¬å…·æœ‰å�Œç­‰æ•ˆåŠ›ã€‚ Declaration and Authorisation I/We hereby declare that I/We have been duly authorised by relevant Insured Person to submit this claim form and to make the following declarations. I/We, and on behalf of relevant Insured Person, agree that all indemnity will be paid to relevant Insured Person/ his or her designated beneficiary (as accepted by the Insurer)/ his or her estate (if applicable). I/We, and on behalf of relevant Insured Person, hereby declare that to the best of my and relevant Insured Person knowledge and belief the above statement and particulars contained herein are in all respects true and complete and are made without reservation of any kind. I/We, and on behalf of relevant Insured Person, understand that the Company can request for more information. I/We confirm that I/We have read the Personal Information Collection Statement of QBE General Insurance (Hong Kong) Limited and AXA General Insurance Hong Kong Limited (" Notice") and acknowledge and agree that all personal data and information with respect to me/us which are provided by me/us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Notice. I/We, and on behalf of relevant Insured Person further authorise individual or entity holding any records (including any statements taken) or knowledge of me/us which is/ are relevant to the settling of this claim and/or the Insurer's rights of recovery thereunder to furnish such records or knowledge to AXA General Insurance Hong Kong Limited or its authorised representatives. A photostat of this authorisation shall be considered as effective and valid as the original. ä¿�å–®æŒ�æœ‰äººç°½ç½² Signature of Policyholder æ—¥æœŸ ç´¢å„ Ÿäºº / å�—ä¿�äººç°½ç½² Date Signature of Claimant / Insured Person é �æ¬¡ Page 3/4 HSI77-R12(YX) 3-4 10/12 E L Personal Information Collection Statement The information you provide to QBE General Insurance (Hong Kong) Limited and AXA General Insurance Hong Kong Limited (together, the “ Companies" or “ we") is collected to enable the Companies (whether jointly or severally) and / or any other member of their respective groups (i. e. QBE Group and AXA Group) to carry on business and may be used, stored, processed, transferred or disclosed to and/or shared with individuals, entities and/or organizations for the purposes of: 1. processing and evaluating applications for any insurance products and daily operation of the related services; 2. providing subsequent services to you, including but not limited to administering the policies issued; 3. sales or marketing or any alterations, variations, cancellation or renewal of any insurance and related services; 4. sales or marketing of banking, financial services, provident schemes products or related services of the business partners of the Companies; 5. data matching; 6. any claims or investigation or analysis of such claims; 7. exercising any right under the insurance policy including right of subrogation, if applicable; 8. meeting the requirements under any law and regulation, requests from regulators, industry bodies, government agencies and court order; 9. to conduct research, insurance survey and analysis for the purpose of product design and development; and 10. any purposes relating to the above purposes. The information you provide to the Companies may be provided to the following parties for the purposes set out in the above paragraph: a. entities or organizations associated with the Companies; b. any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes; c. any association, federation or similar organisation of insurance companies (" Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and d. any members of the Federation by the Federation for any of the above or related purposes. e. 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