

Study

[Economics](#), [Insurance](#)



CLAIMS HOTLINE è³ å,, Ýéƒ“ ç†±ç·šï¼š+852 2867 8554 CLAIMS FAX
 è³ å,, Ýéƒ“ å,³çœÿï¼š+852 2530 0481 æ—...éŠçŒœå^ä;éšœè“^åšƒç´çå,,
 Ýèj“æ¼ TRAVELSURE PROTECTION PLAN CLAIM FORM è†´ï¼š æ~†å£« è~
 ä;éš³ ï¼^é!™ æ, ï¼%œœ%œ™ 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!¥æçç´çå,, Ýèj“æ¼ä,Šä¹œ%œæœœ
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 å€, Date : Please complete this claim form in full. If space provided for your
 answers is insufficient, please continue on a separate sheet. æ-
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 issue of this claim form is not an admission of liability on the part of the
 Company. ç´çå,, Ýç·è™ÿ Claim number ï¼^ä¾æœ¬å...¬å, å;« å~« ä¹ç””
 For office use onlyï¼% ç”²é ... ä;ä-®æœœœ%œœ³†æ-™ SECTION A
 ä;ä-®æœœœ%œœ³†æ-™ POLICYHOLDER DETAILS ä;ä-®ç·è™ÿ
 Name of Policyholder éšè“Šœ°åœ€ Policy number Correspondence
 address æ—¥é-“ èçµjé» è©± é» éƒµåœ°åœ€ Contact phone number
 (Day-time) ç´çå,, Ýäœ / å—ä;äœ³†æ-™ åï¼^å!, éžä;ä-®æœœœ
 %œœï¼%œ Email address Name of Claimant / Insured Person (if not the
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 ä¹™ é ... ä, è^¬äœé ... SECTION B äœç™¼æ—¥æœÿåšæ™, é-“ GENERAL
 INFORMATION ï¼^è«æ-¼éœç•Œçš,, åœ°æ-¹åš ä,š åœ” è™ÿ Please åœ”
 as appropriateï¼%œ Date and time of incident or loss äœç™¼åœ°é» ž Place
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 confirmation as to the number of hours of delay and the reason of such
 delay. é ½ Page 2/4 5. æ ½ ½ ā±è", é†' æ^—ā ½ æ¶æ—...ç" < æ^—
 æ ½ ½ æ—©çµ ½ æ ½ Ÿæ—...ç" < Loss of Deposit or Cancellation ä²<ç™ ¼āŽŸā>
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 ā | 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) ā|, é, æ"†āĀĀā ½ |āĀi¼Āè«<ā^—æ~ŽāŽŸā> Yes No If "
 No", please provide reason(s) è²ç©ā...—ā ½, / æ—...é <ā...—ā ½, / æ—...
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 / transportation company(ies) / travel agent(s) / hotel(s) refund you any
 deposit / unused portion of expenses incurred by you? (If applicable)
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 āššā²«ā»¶ç™ ¼ç" Ÿä¹<èµ·ā> ä€, 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.
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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.

Signature of Policyholder _____

 Signature of Claimant / Insured Person _____

Page 3/4 HSI77-R12(YX) 3-4 10/12 E L Personal Information Collection Statement

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Government authorities or regulators; h. lawyers; i. auditors; and j. any party under a duty of confidentiality to the Companies including a group company of the Companies which has undertaken to keep such information confidential Such information may be transferred to a place outside the Hong Kong Special Administrative Region. It is voluntary for you to provide your personal data. However, your personal data is necessary for us to process your application. Moreover, we are hereby authorised to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to ascertain the Companies policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Companies subject to payment of an administrative fee.

Requests for such access or correction can be made in writing to the Data Protection Officer: QBE General Insurance (Hong Kong) Limited: Suite 1608,

16/F, Devon House, Taikoo Place, 979 King’s Road, Quarry Bay, Hong Kong.

Fax: (852) 3607 0391. AXA General Insurance Hong Kong Limited: 21/F,

Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong. Fax:

(852) 2810 0706 If you do not want to receive any sale or marketing of any

of the products or services from the Companies, you may also contact our

Data Protection Officer . SEPTEMBER 2012 Issued by QBE General Insurance

(Hong Kong) Limited and AXA General Insurance Hong Kong Limited

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