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旅遊綜合保險索償申請表
TRAVEL PACKAGE INSURANCE CLAIM FORM

(1) 保單持有人/受保人資料 Details of Policyholder / Insured

(a) 保單持有人姓名 Name of Policyholder		(b) 保單編號 Policy No.	
(c) 受保人姓名 Name of Insured Person		(d) 受保人香港身份證 / 護照號碼 HKID / Passport No. of Insured	
(e) 手提電話號碼 Mobile Phone No.		(f) 電郵地址 Email Address	
(g) 出生日期 Date of Birth			
(h) 通訊地址 Correspondence Address			

(2) 索償類別 Type of Claim

☐ 醫療費用 / 相關費用 Medical Expenses / Related Costs	☐ 行程取消 / 縮短 / 更改 Trip Cancellation / Curtailment / Re-arrangement
☐ 緊急醫療運送(遺體運返) Emergency Medical Evacuation (Repatriation of Remains)	☐ 旅程延誤/ 行李延誤 Travel Delay / Baggage Delay
☐ 個人財物 Personal Belongings	☐ 個人責任 Personal Liability
☐ 個人意外 Personal Accident	☐ 其他附加保障 (請註明) Other Special Care (Please Specify)

(3) 索償事由 Description of Claim

(a) 事故發生 The Accident Occurred	日期 Date		時間 Time		國家 Country	
	地點 Place					

(b) 請詳細描述事件發生的過程 Describe in full how the incident happened

(c)上述意外是否已向警方報案？ Has the mentioned accident been reported to the police?

☐ 否 No	☐ 如是，請提供以下資料 If yes, please provide below information			
	報案警署 Name of the Police Station		報案日期 Report Date	
	報案時間 Report Time		檔案編號 Reference No.	

(4) 醫療費用索償 / 相關費用索償 Claims for Medical Expenses / Related Costs

(a) 受傷性質 / 病因（如空間不敷使用，請另以紙張列舉）
Nature of Injury / Diagnosis of Sickness (If space is insufficient, please attach a separate page)

(5) 其他索償類別 Other Claim Types

	索償項目 Description of Claimed Items	購買日期 / 診治日期 Purchase Date / Medical Treatment Date (YYYY/MM/DD)	購買價錢 / 額外費用 Purchase Price / Additional Expenses	索償金額 Claimed Amount (HK$)
e.g.	*Overseas medical expenses*	*1900/12/31*	*n/a*	*500.00*
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

(6) 其他保險資料 Other Insurance

(a) 您是否已經或打算就此意外事件向其他保險公司（包括勞工及團體醫療保險）申請索償？
Have you made a claim or plan to file a similar claim with other insurance companies (including employee compensation insurance or group Medical scheme) related to this accident?

☐ 否 No	☐ 如是，請提供以下資料 Yes, please provide below information	
	保險公司名稱 Name of Insurance Company	保單編號 Policy No.

(7) 索償所需之基本文件 Basic Documents Required

以協助忠意保險更快處理您的索償申請，請提交所需文件並將此申請表寄回給本公司。有關所需文件，請瀏覽以下連結:
To help Generali process your claim faster, please submit the required documents and return the application form to us. For the required documents, please visit the following link:

- https://www.generali.com.hk/EN_US/claims_and_support/required_documents/#travel

(8) 收取索償款項提示 Claim Payment Method

(1) 凡選擇以「自動轉賬至銀行戶口」方式收取索償款項 If the claim payment method "Autopay to bank account" is chosen,
   a) 請同時提交印有投保人/受保人/合資格人士/索償人全名及銀行戶口號碼之戶口證明 (如銀行存摺或自動櫃員機卡或銀行月結單副本等)。
   Please provide the Insured/Insured Person/Eligible Person/Claimant's bank account proof showing the account holder's name and account number (e.g. copy of bank book, ATM card or bank statement etc).
   b) 投保人/受保人/合資格人士/索償人為個人客戶，忠意保險有限公司只接受個人儲蓄/支票戶口。
   For Insured/Insured Person/Eligible Person/Claimant who is an individual, only personal saving/current accounts will be accepted by Assicurazioni Generali S.p.A.
   c) 投保人/受保人/合資格人士/索償人為商業客戶，忠意保險有限公司只接受公司儲蓄/支票戶口。
   For Insured/Insured Person/Eligible Person/Claimant who is a corporate entity, only commercial saving/current accounts will be accepted by Assicurazioni Generali S.p.A.
   d) 忠意保險有限公司將支付/轉賬港元到指定的銀行賬戶。Assicurazioni Generali S.p.A will only pay/transfer Hong Kong Dollars to the designated bank account.
   e) 如銀行轉賬被拒絕或不成功,款項將以支票形式寄送到索償申請表內所提供的通訊地址,而恕不另行通知。
   If the bank transfer payment is rejected, declined or unsuccessful, a cheque will be issued and posted to the correspondence address mentioned on the claim form instead without further notice.

(2) 如索償款項以保單貨幣以外的貨幣結算，該款項可能會受忠意保險有限公司不時釐定的匯率而改變。匯率之波動會對索償款項構成影響。您須承受匯率風險。匯率會不時波動，您可能因匯率之波動而損失部分的利益價值。If the claim payments are settled in currencies other than the policy currency(ies), the payment amounts would be subject to change according to the prevailing exchange rate determined by Assicurazioni Generali S.p.A from time to time. The fluctuation in exchange rates may have an impact on the payment amounts.

(3) 忠意保險有限公司保留權利自行決定其索償款項的付款方式。Assicurazioni Generali S.p.A reserves the right to determine the claim payment method at its discretion.

我/我們在此要求並授權忠意保險有限公司用以下方式支付索償款項 (請以"√"作出選擇) :
I/WE hereby request and authorize Assicurazioni Generali S.p.A to pay benefit due in respect of this claim by (Please "√" the appropriate box to indicate your choice):

☐ 支票 以港元結算支付款項 (注意：支票將於索償審批成功後15 個工作天內寄到您的通訊地址)
Cheque, to be drawn in Hong Kong Dollars (Note: The cheque will be mailed to your correspondence address in 15 business days after the approval of the claim.

☐ 自動轉賬至銀行戶口 (以港元結算). 請提供以下資料 Autopay to the bank account (By HKD). Please provide the below information:

Bank Account Information 銀行戶口資料																			
Name of Bank 銀行名稱								Full Name in English of Account Holder(s) 銀行戶口持有人名稱											
Bank Account No. 銀行戶口號碼				-				-											
	Bank Code 銀行編號				Branch Code 分行編號				Account No. 戶口編號										

(9) 聲明及授權書 Declaration & Authorization

(請由受保人簽署, 如受保人未滿 18 歲, 則由父母或監護人簽署。To be signed by the Insured Person or parent of or guardian if the Insured Person is below 18 years old.)

1. 本人/我們謹此聲明上述一切陳述, 不論是否本人/我們親手所寫, 均屬正確無誤, 並為本人/我們所知所信之全部, 本人/我們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。
   I/We hereby declare that all the statements to all questions above, whether or not written by my/our own- hand are to the best of my/our knowledge and belief complete and true. I/We agree that any concealment or misstatement as regards to the amount or otherwise, in connection with this claim may result in prosecution and the Policy will become void.
2. 本人/我們同意任何持有有關於本人/我們或上述受保人記錄或資料之醫生、醫院、藥劑師、保險公司、警署、僱主、或其他機構發放有關本人/我們或上述受保人之病歷、病情之預斷、治療、傷假、或在職、離職詳情、或在其他保障下可獲之保障額、索償金等資料予忠意保險有限公司（「忠意保險」）或其授權之代表. 而在香港私隱專員條例容許之情況下, 本人/我們並同意將個人資料給予其他在港或以外之機構。
   I/We hereby authorize any doctor, hospital, pharmacy, insurance company, police station, employer, or other organization, who has records or knowledge of myself/ourselves or the Insured, to release all information regarding medical history, prognosis, treatment (including drug and alcohol abuse information), sick leave history, employment history, reasons of employment termination, earnings or benefit payable under other insurance coverage to Assicurazioni Generali S.p.A. (hereafter referred to as "Generali") or its authorized representative. In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong, by signing below, I/We consent that the personal information collected or held by the Company, whether contained in this application or otherwise obtained is provided and may be disclosed to individuals or organizations within or outside Hong Kong.
3. 此授權書之副本亦如正本一樣具同等效力。A photometric copy of this Declaration & Authorization will be valid as the original.
4. 本人/我們同意所有文件及收據予忠意保險將不獲退還。I/We hereby agree that all documents and receipts submitted to Generali will not be returned.
5. 本人/我們確認, 本人/我們已獲提供 (https://www.generali.com.hk/EN_US/personal_information) 一份由忠意保險發出的收集個人資料聲明（「該聲明」）, 本人/我們確認已經閱讀並且明白該聲明, 本人/我們同意忠意保險可依照該聲明的條款收集、使用、儲存、披露、轉移及其他方式處理本人/我們的個人資料, 本人/我們進一步確認, 本人/我們已獲得受保人和任何有關人士（ 如適用的話） 的明示同意, 可以按照該聲明所述的用途將他們的個人資料提供給忠意保險, 並允許忠意保險可依照該聲明的條款收集, 使用、儲存、披露、轉移及其他方式處理該等個人資料。
   I/We acknowledge that I/we have been provided (https://www.generali.com.hk/EN_US/personal_information) with the Personal Information Collection Statement (the "Statement") issued by Generali. I/We confirm that I/we have read and understand the Statement. I/We agree that Generali may collect, use, store, disclose, transfer, and otherwise process my/our personal data in accordance with the terms of the Statement. I/We further confirm that I/we have obtained the express consent of the Insured(s) and the other relevant individual(s) (where applicable) for providing their personal data to Generali for the purpose stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer, and otherwise process such personal data in accordance with the terms of the statement.

保單持有人 / 受保人蓋印及簽署 Signature of Policyholder / Insured	簽署日期 Date of Signed	受保人 / 父母或監護人簽署（如受保人未滿 18 歲）Signature of Insured Person/ Parent or Guardian (if Insured person is below 18 years old)	簽署日期 Date of Signed