招商永隆保險有限公司
CMB Wing Lung Insurance Company Limited
招商局集團成員公司
A Member Company of China Merchants Group
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招商永隆保險
CMB WING LUNG INSURANCE

Travel Insurance 2.0 Claim Form
旅遊綜合保險 2.0 賠償申請表

Please submit this Claim Form with all necessary original supporting documents within 30 days after your trip.
賠償申請表連同所有相關證明文件之正本必須於旅程完結後 30 天內遞交。

CMB Wing Lung Insurance Company Limited (the "Company") is entitled to request from you any additional information / documents as necessary, and assign loss adjusters for investigation.
招商永隆保險有限公司（「本公司」）在有需要的情況下有權要求閣下提供更多資料 / 文件，以及委派公證行進行調查。

Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.
填寫及遞交此賠償申請表並不表示本公司承擔賠償責任。

Personal Details 個人資料

Name of Insured / Claimant 保戶 / 索償人姓名	Policy No. 保單號碼
HKID Card No. 身份證號碼	Tel. No. 電話號碼
E-mail Address 電郵地址	
Correspondence Address 通訊地址	

Claim Information 索償資料

Date of Accident / Consultation / Loss 意外 / 診治 / 損失日期	Place of Accident / Consultation / Loss 意外 / 診治 / 損失地點
Full Description of Incident (cause and manner) / Diagnosis 事件詳細經過（起因及情況） / 診斷	

Type of Loss / Accident 索償類別

Medical Expenses 醫療費用	☐	Travel Delay 旅程延誤	☐	Loss of / Damage to Baggage / Personal Effects 行李 / 私人物品遺失 / 損毀	☐
Loss of Money / Travel Documents 遺失金錢 / 旅遊證件	☐	Baggage Delay 行李延誤	☐	Trip Cancellation / Curtailment / Re-routing 取消 / 縮短 / 更改行程	☐
Rental Vehicle Excess 租用車輛自負額	☐	Personal Liability 個人責任	☐	Others 其他 _____	☐

Amount Claimed and Currency (Medical Expenses, Trip Cancellation / Curtailment / Re-routing, Rental Vehicle Excess, Personal Liability, Others)
索償金額及貨幣（醫療費用，取消 / 縮短 / 更改行程，租用車輛自負額，個人責任，其他）

Travel Delay / Baggage Delay 旅程延誤 / 行李延誤	From 由	To 至	(arrival date and time 到達日期及時間)
	Hours Delay 延誤時間	Reason for Delay 延誤原因	

List of Loss (Baggage / Personal Effects / Money / Travel Documents) 損失列表（行李 / 私人物品 / 金錢 / 旅遊證件）
(Please use separate sheet if insufficient space 如空位不足，請於另頁說明)

Description of Lost / Damaged Items / Lost Cash / Travel Documents / Emergency Purchase of Essential Items 失物 / 損毀物品 / 遺失金錢 / 旅遊證件 / 購買應急物品	Purchased From 從何購買	Original Cost 購買時之價值	Date of Purchase 購買日期	Claimed Amount (HK$) 索償金額（港幣）

Any other insurance covering this incident / loss? 有否其他保險承保是次事件 / 損失？		NO 否 ☐ YES 是 ☐
If yes, please state name of insurance company 如有，請列明保險公司名稱	Policy No. 保單號碼	Type of Benefit 保障類別
Have you applied for claim(s) in any other insurance company for loss of same nature? 閣下曾否就同樣性質的損失向其他保險公司索償？		NO 否 ☐ YES 是 ☐
If yes, please state name of insurance company 如有，請列明保險公司名稱		

Claim Payment Method 賠款發放方式

☐ HKD Cheque 港幣支票： Name of Payee 受款人姓名 _____

☐ Hong Kong Bank Transfer 本地銀行過數 (HKD account only. Not applicable to claim payment over HK$50,000. 只限港幣戶口，不適用於賠款超過港幣五萬元)

Name of Account Holder (Must be same as Insured) 戶口持有人姓名（必須與保戶名稱相符）

_____

Bank Name 銀行名稱 _____

Bank Code 銀行號碼	Branch Code 分行號碼	Account Number 戶口號碼

Document Checklist 所需文件指引

Below is a list of documents required to proceed with your claim. In certain circumstances, more information may be required to substantiate the claim.
請提供下列文件。本公司可能就個別情況需要進一步要求文件證明，以處理索償申請。

Medical Expenses 醫療費用	☐ Original medical receipt(s) with diagnosis 列明診斷的醫療費用收據正本
Accidental Death 意外死亡	☐ Medical report 醫療報告 ☐ Copy of death certificate 死亡證副本 ☐ Local police report 當地警方報告 ☐ Consent letter for medical records 索取醫療報告的授權書
Loss of / Damage to Baggage / Personal Effects 行李 / 私人物品遺失 / 損毀	☐ Original local police report 當地警方報告正本 ☐ Photos of damaged item(s) 損毀物品照片 ☐ Original purchase receipt(s) of damaged / lost item(s) 損毀 / 遺失物品的購買收據正本 ☐ Original airline's property irregularity report 航空公司行李事故報告正本 ☐ Repair quotation stating cause of damage or original non-repairable certificate issued by repairer 列明損壞原因之維修報價單或維修商發出之不能維修證明信正本
Loss of Money / Travel Documents 遺失金錢 / 旅遊證件	☐ Original local police report 當地警方報告正本 ☐ Original travel document replacement receipt(s) 補領旅遊證件費用的收據正本
Trip Cancellation / Curtailment / Re-routing 取消 / 縮短 / 更改行程	☐ Medical report certifying the Insured was unfit to travel 醫療報告證明保戶不適宜旅遊 ☐ Copy of relevant hospital bill or death certificate 相關之醫院單據或死亡證副本 ☐ Original payment receipt(s) for tour fares / air ticket / travel ticket 旅程費用 / 機票 / 交通票據的收據正本 ☐ Original documentary proof of trip cancellation or trip curtailment / re-routing with non-refundable amount 列明不獲退回之款項的旅程取消或縮短 / 更改行程之證明文件正本 ☐ Relationship proof e.g. marriage certificate, birth certificate 親屬關係證明文件，如結婚證明書、出生證明書
Baggage Delay 行李延誤	☐ Airline's property irregularity report stating duration of delay 列明延誤時間的航空公司行李事故報告 ☐ Original purchase receipt(s) of essential item(s) 購買基本應急物品之收據正本
Travel Delay 旅程延誤	☐ Original confirmation letter from airline or public conveyances stating the reason for and duration of delay 由航空公司或公共交通機構發出並列明延誤原因及時間之證明信正本 ☐ Copy of boarding pass, air ticket or travel ticket 登機證、機票或交通票據副本
Rental Vehicle Excess 租用車輛自負額	☐ Vehicle rental agreement 車輛租賃合約 ☐ Local police report 當地警方報告 ☐ Original payment receipt for policy excess 汽車保險自負額收據正本
Other Claims 其他索償	☐ Any documentary proof related to the claimed incident 任何與索償事件有關之證明文件

Declaration and Authorization 聲明及授權書

1. I / We declare that the above information is in all respects true and complete to the best of my / our knowledge and belief.
本人 / 我們就此作出聲明，就本人 / 我們等所深知及確信，上述資料均屬真確無訛。
2. It is agreed that upon request by CMB Wing Lung Insurance Company Limited, I / we shall make a statutory declaration to re-affirm the genuineness of all information contained in this Claim Form; and
若招商永隆保險有限公司提出有關要求，本人 / 我們將同意作出重申本索償申請表內資料均屬真確的法定聲明；及
3. I, the undersigned Insured, hereby authorize the parties concerned to disclose to CMB Wing Lung Insurance Company Limited or its representative or its authorized loss adjusters any and all information with respect to my medical history regarding illness or injuries, my claimed loss / damage under the above Section(s) and my full claim history with other insurance companies.
本人（下方簽署的保戶）現授權有關人士向招商永隆保險有限公司或其代表或其授權的公證行提供任何一切有關本人於上述索償項目中申報本人患病、受傷和財物損失 / 損毀的資料記錄及本人於其他保險公司的所有索償紀錄。
4. I / We believe that the facts stated in this Claim Form are true and correct. I / We acknowledge that the Insurer will rely upon the information supplied by me / the policyholder / the Insured, which I / we verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory / the policyholder / the Insured under the Policy, if so required by the Insurer, will be asked and are bound to sign any court documents on the basis of information provided herein.
本人 / 我們確認此索償申請書內之事實均為真實及正確。本人 / 我們確認貴保險公司會依靠本人 / 保單持有人 / 受保人所提供的資料（本人 / 我們誠實地相信該等資料是真實及正確），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人 / 保單持有人 / 受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。
5. I / We confirm that I / we have read and understood the CMB Wing Lung Insurance Company Limited *Notice to Customers relating to the Personal Data (Privacy) Ordinance* attached in this Claim Form.
本人 / 我們確認已閱讀並清楚明白附於本賠償申請表內之招商永隆保險有限公司《關於個人資料（私隱）條例致客戶的通知》。

Date
日期 _____

Insured's signature / Company chop
保戶簽署 / 公司蓋章 _____

CL/TP(2008/1125