

Travel Package Claim Form

旅遊綜合保險賠償申請表

Personal Details 個人資料

Policy no. 保單號碼 _____ Name of Insured 保戶姓名 _____
 Date of birth 出生日期 _____ Occupation 職業 _____
 Address of insured 保戶地址 _____
 Name of claimant 索償者姓名 _____ HKID card no. 身份証號碼 _____
 Relationship with insured 與保戶關係 _____ Tel. no. 電話號碼 _____

Have you applied for claims in another insurance company for this event / accident? If 'YES', please specify. 就此事件 / 意外，你有否向其他保險公司提出索償？如「有」，請列明。 NO 否 YES 是 _____

Any one witness, if any: 任何一位目擊者（如有）：

Name 姓名 _____ Tel. no. 電話號碼 _____
 Address 地址 _____
 Relationship with the claimant 與索償人關係 _____

Have you made any travel insurance claims before? 閣下過往是否曾提出旅遊保險索償？ NO 否 YES 是

If 'YES', please give details. 若「是」，請詳細列明。

Name of insurer 保險公司名稱	Policy no. / Claim no. 保單 / 索償號碼	Date of claim 索償日期	Total claimed amount and amount received 申領賠償金額及已領回金額總數

Baggage / Delay claims 行李 / 延誤賠償

The accident: 事件發生：

Date 日期 _____ Time 時間 _____ am 上午 / pm 下午 Place 地點 _____

State the occurrence of the incident 事件發生之詳細經過 _____

Please give particulars of items claimed: 請詳細列出損失財物或緊急購物資料

Item(s) 項目	Original cost 購買時之價值	Date of purchase 購買日期	Claim amount 索償金額

Documents attached 附加文件

- Local police report 當地警方報告 (case no. 檔案編號 _____) Original purchase receipt of lost item 遺失物件的發票正本
 Photos of damaged items 損毀財物的照片 Original receipts of repair quotation or invoice 維修損壞物件之報價單或收據正本
 Original receipt of purchased items 購買應急用品之收據正本 Carrier report on baggage delay 航空公司發出之行李及延誤報告
 Others (Please specify) 其他（請註明） _____

Medical and related expenses claims 醫療及其他有關費用賠償

The accident: 事件發生：

Date 日期 _____ Time 時間 _____ am 上午 / pm 下午 Place 地點 _____

 Diagnosis of conditions (if not provided by doctor) and date of onset 病因 (若醫生沒有清楚列明) 及首次發現日期

Claim amount 索償金額 _____

 Have you ever suffered from this or similar condition or a recurrence of a previous illness or injury? 閣下是否曾經患上此類或類似之疾病或舊病 / 舊傷復發? NO 否 YES 是 If 'YES', please give details 如「是」, 請詳述 _____

Documents attached 附加文件
 Original medical and related receipt 有關醫療費用之單據正本 Others (Please specify) 其他 (請註明) _____

Cancellation of trips / Curtailment of trips 取消預付款項及訂金 / 縮短行程

The accident: 事件發生：

Date 日期 _____ Time 時間 _____ am 上午 / pm 下午 Place 地點 _____

Causes of claims 索償原因 _____ Claim amount 索償金額 _____

 Name, address, tel. no. and contact person of travel agent 旅行社名稱、地址、電話號碼及聯絡人姓名

Amount recoverable from all source 從各途徑可領回的款項 \$ _____

Documents attached 附加文件

-
- Carrier report / Travel agent's confirmation stating your trip had been cancelled 航空公司報告 / 旅行社確認旅程已取消
-
-
- Medical report 醫療報告
-
- Original
- receipts of travel expenses and air ticket 旅程費用及機票之收據正本
-
-
- Copy of passport / boarding pass 護照及登機証副本
-
- Others (Please specify) 其他 (請註明) _____

Remarks: Please attach the relevant supporting documents to certify the expenses and incident of claim. e.g. medical report, copy of death certificate, original receipts of amount claimed etc.

備註：請連同有關之文件以證明不能退還款項及意外之起因，如醫生報告、死亡証副本、收條正本等等。

Travel delay 旅程延誤

	Date / Time 日期 / 時間	From 由	To 至	Flight no. 班機號碼
Original Schedule 原定行程時間				
Actual Schedule 延誤後時間				

Reason of delay 延誤原因 _____ Hours delay 延誤小時 _____

Documents attached 附加文件
 Air ticket 機票 Boarding pass 登機証 Carrier report 航空公司報告 Others (Please specify) 其他 (請註明) _____

Accidental death claims 意外死亡賠償

The accident: 事件發生:

Date 日期 _____ Time 時間 _____ am 上午 / pm 下午 Place 地點 _____

 State the occurrence of the accident 意外發生經過 _____

Amount claimed 索償金額 _____ Name of payee 受款人姓名 _____

Please give particulars of the next of kin(s) of the insured person: 請填報以下直系親屬資料:

Name 姓名	Age 年齡	Address 地址	Relationship 關係	HKID card no. 身份証號碼

Documents attached 附加文件

- Medical report 醫療報告
 Copy of death certificate 死亡証副本
 Consent letter for medical record 索取醫療報告的授權書
 Local police report 當地警方報告 (case no. 檔案編號 _____)
 Others (Please specify) 其他 (請註明) _____

- Notes:
- By furnishing this form the Company makes no admission of liability.
呈上此表格非視為本公司承認有關責任。
 - All original itemized bills must be submitted together with this form in order to avoid delay.
呈上填妥之表格時請附上單據正本以免延誤賠償程序。
 - Claims will not be processed unless authorization and declaration are signed by the claimant.
本公司只接受已簽署的授權書及聲明書之索償申請表。

DECLARATION AND AUTHORIZATION 聲明及授權書

- I/We declare that the above information is in all respect 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。
- It is agreed that upon request by Wing Lung Insurance Co. Ltd., I/We shall make a statutory declaration to re-affirm the genuineness of all information contained in this claim form; and
若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
- I, the undersigned claimant, hereby authorize and party concerned to disclose to Wing Lung Insurance Co. Ltd. or its representative any and all information with respect to my medical history regarding illness or injuries and my claimed loss/ damage under the above Section(s).
本人(下述簽署的索償人)現授權有關人士向永隆保險有限公司或其代表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。
- I believe that the facts stated in this claim form are true and correct. I acknowledge that the Insurers will rely upon the information supplied by me/ the policyholder/ the insured, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory/ the policyholders/ insured under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.
本人確認此索償申請書內之事實均為真實及正確。本人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(本人誠實地相信該等資料是真實和正確), 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。
- I/ We confirm that I/We have read and understood the "Personal Information Collection Statement" 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「收集個人資料聲明」。

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

Supplementary sheet for claims detail
索償資料之補充頁

PERSONAL INFORMATION COLLECTION STATEMENT

The information you provide to Wing Lung Insurance Co. Ltd. (“the Company”) is collected to enable us to carry on our business by providing insurance and other financial products and services in Hong Kong (“the Business”). This includes but not limited to the personal data contained in the proposal form or in any document in relation to the general insurance services and products or any claim made under the product.

Provision of the personal data to the Company by you is voluntary. However, failure to supply personal data may result in the Company being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the Company, and/or process any of all other requests, enquiries, complaints from you and/or to comply with any laws or guidelines issued by the regulatory or other authorities.

You agree that your personal data may be used by us for the purposes of:

- the evaluation, assessment, communication, daily operation, administration and enforcement of services and facilities in relation to any insurance or any financial related product or service or any alternations, variations, cancellation or renewal of the such product or service;
- assessment and processing of any claim or investigation or analysis of such claim and any subsequent legal proceedings;
- any sales, promotion, marketing of other general insurance products and services provided by us;
- exercising any right of subrogation, if applicable;
- compliance with the laws, statutes, rules, regulations and codes of conduct and practice binding on the Company in relation to our business;
- purposes of statistical or actuarial researches carried out by the Company; and
- other purposes connected with, or necessary to carry out any of the activities set out above.

Your personal data will be kept confidential by us, but you agree that we may be transferred to:

- any related subsidiary or affiliated company or any other company carrying on insurance or reinsurance related business or any intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes in or out of Hong Kong;
- any association, federation or similar organization 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;
- any member(s) of the Federation by the Federation for any of the above or related purposes;
- any auditors, accountants, lawyers, other professional advisers, employees, sub-contractor, agent, contractor or third party who provides administrative, telecommunications, computer, payment, debt collection, data processing or storage or other services provider providing services relevant to the Company’s business; and
- Wing Lung Bank Group for the purposes of :-
 - management, operation and maintenance of the Company’s business; and
 - design and improvement of the Company’s business.

In this statement, the following terms shall have these following meanings:

“Bank” means Wing Lung Bank Ltd.;

“Wing Lung Bank Group” mean the Bank, any subsidiary undertaking of the Bank, any related company of the Bank, any associated company of the Bank, any direct and/or indirect parent undertaking of the Bank, any subsidiary undertaking of any such parent undertaking, any of their related companies, any of their associated companies including, for the avoidance of doubt, undertakings within the group of China Merchants Group Ltd (and “Group member” shall be construed accordingly); and

The expressions “subsidiary undertaking”, “parent undertaking” and “undertaking” bear the meanings under the Companies Ordinance (Cap.32).

Moreover, we are hereby authorized to obtain access to and/or to verify any of your and/or the Insured Person(s) data with the information collected by the Federation from the insurance industry.

Under the relevant laws and regulations, you have the right to check whether we hold your personal data and to obtain access to that data, to request correction of any personal information concerning yourself held by the Company, to ascertain our policies and practices in relation to the data and to be informed of the kind of data held by us. We reserve the right to charge you a reasonable fee for complying with any request for access to your data. You also have a right, at any time and without charge, to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer. Nothing in this statement shall limit your rights under the relevant laws and regulations.

If there is any inconsistency or conflict between the English and Chinese versions, the English version shall prevail.

The Data Protection Officer
Wing Lung Insurance Co. Ltd.
45 Des Voeux Road,
Central, Hong Kong
Tel: 2826 8259
Fax: 2526 7045

March 2012
Wing Lung Insurance Co. Ltd.

收集個人資料聲明

閣下向永隆保險有限公司(「本公司」)提供的資料,是收集作為本公司在香港提供保險和其他金融產品和服務所需。當中包括但不限於你在申請表填寫或任何與一般保險服務和產品有關之文件上或任何透過產品索償上所載之個人資料。

閣下是自願向本公司提供個人資料。然而,若閣下未能提供個人資料,可能導致本公司不能為閣下提供保險及/或相關產品與服務,處理經由本公司發出及/或安排的保單之下的索償事宜,及/或處理閣下的任何或所有其他要求、查詢或投訴及/或遵守法例規定或監管或其他管理機構所發出的指引。

閣下同意閣下的個人資料可被本公司用於以下用途:

- 審計、評估、溝通、日常運作、管理或執法任何與保險或財務有關的產品或服務,或該等產品或服務的任何更改、變更、取消或續期;
- 評價及處理任何索償或索償分析及任何日後的法律訴訟之用;
- 任何本公司提供的其他一般保險產品及服務銷售、市場營銷及推廣用途;
- 行使任何代位權,如適用;
- 履行一切約束本公司業務、客戶個人資料的法律、法規、規則、規例、工作守則及慣例;
- 由本公司所進行或本公司所參與的統計或精算研究;及
- 其他任何與上述所需及有關的行動。

本公司持有的閣下資料將予保密,但是在閣下的同意下,本公司可能會將有關資料移轉予:

- 任何在香港或在香港以外地方的有關的公司、附屬公司或子公司,或任何其他從事與保險或再保險業務有關的公司,或與保險業務有關的中介人或索償或調查或其他服務提供者,以達到任何上述或有關的目的;
- 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」),以達到任何上述或有關的目的,或以便「聯會」執行其監管職能,或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能;
- 或透過「聯會」移轉予任何「聯會」的會員,以達到任何上述或有關的目的;
- 任何核數師、會計師、律師、其他專業顧問、僱員、分包商、代理人、承包商或提供行政、電訊、電腦、付賬、債務追討、數據處理或儲存或有關提供本公司服務的第三者供應商;及
- 永隆銀行集團作以下用途:-
 - 管理、運作及保養本公司服務;及
 - 設計及改善本公司服務。

在本聲明內,下列詞語具以下涵義:-

「銀行」指永隆銀行有限公司;

「永隆銀行集團」指銀行、銀行的任何附屬企業、銀行的任何關連公司、銀行的任何相聯公司、銀行的任何直接和/或間接母企業、任何前述母企業的任何附屬企業、其任何關連公司或相聯公司,為免產生疑問,包括招商局集團有限公司轄下各企業(而「本集團成員」須據此解釋);及「附屬企業」、「母企業」及「企業」具有香港法例第32章公司條例所指之相同涵義。

此外,本公司亦據此獲授權由「聯會」從保險業內收集的資料中查閱及/或核對閣下及/或受保人任何資料。

根據有關法律及法規,閣下有權要求查閱本公司是否擁有閣下的資料並取得此等資料、更正本公司持有有關閣下的資料之紀錄及確定本公司處理資料慣例和獲告知本公司持有的資料類別。本公司保留就依從閣下要求查閱閣下的資料而向閣下收取合理費用的權利。閣下亦有權在將來任何時間選擇拒收任何本公司的直銷產品及服務的推廣資訊而閣下毋須承擔任何費用。如閣下欲行使以上權利,請以書面形式通知本公司的資料保護主任。本聲明不會限制閣下就有關法律及法規可行使的權利。

本條款及細則的中、英文如有歧異,概以英文本為準。

資料保護主任
永隆保險有限公司
香港中環德輔道中 45 號
電話: 2826 8259
傳真: 2526 7045