



QBE HONGKONG & SHANGHAI INSURANCE LIMITED
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昆士蘭聯保保險有限公司
澳洲昆士蘭保險集團成員
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電話: (852) 2877 8488 傳真: (852) 3607 0300 www.qbe.com.hk

CLAIMS HOTLINE 賠償部熱線: (852) 2877 8608
CLAIMS FAX 賠償部傳真: (852) 3607 0530

FOR AGENT USE:

Agent name:

Tel no.:

TRAVEL CLAIM FORM 旅遊索償申請表

A. NOTES 注意事項

- All questions must be answered. If not applicable, write "n/a".
所有問題必須作答。如不適用者，請填上「不適用」。
- The issue of this claim form is not an admission of liability by QBE Hongkong & Shanghai Insurance Ltd.
發出此索償申請表並不代表昆士蘭聯保保險有限公司承認任何責任。
- If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
若填報資料的位置不足，請填寫於附加紙上。
- Please submit this claim form with copy of your ID card / passport. If this is a claim for your children, please also submit copies of their birth certificates.
請將此索償申請表連同身份證 / 護照影印本一併呈交。如為子女申領賠償，請附上出生證明書副本。
- If there is more than one claimant but not insured under family cover, please complete another claim form.
若超過一位索償人，而又不是投保家庭計劃，請另填索償申請表。

SECTIONS B & C BELOW ARE COMPULSORY INFORMATION FOR ALL CLAIMS 任何索償必須填寫下列 B 及 C 部

B. DETAILS OF THE INSURED 保戶資料

Policy no. 保單號碼:	Name of the insured 保戶姓名:		
Address 地址:			
Home tel. no. 住宅電話:	Office tel. no. 辦公室電話:	Mobile tel. no. 流動電話:	
Contact person 聯絡人姓名:	Email 電郵:		
Date of birth 出生日期:	Gender 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Occupation / business 職業 / 行業:	
Name of claimant 索償人姓名:	Relationship with the insured 與保戶關係:		
Was / Were there any other insurance policy / policies covering this incident / loss / accident / illness at the time of occurrence? <input type="checkbox"/> YES 是 是次事件 / 損失 / 意外 / 疾病發生時是否同時享有其他保險之保障? <input type="checkbox"/> NO 否 If "Yes", please give details and amount recovered or recoverable. 如「是」，請列詳情及已領回 / 可領回之金額。			
Name of insurer 保險公司名稱	Policy no. / claim no. 保單 / 索償號碼	Amount recoverable / recovered 可領回 / 已領回之金額	
Have you made any travel insurance claims previously? <input type="checkbox"/> YES 是 閣下過往是否曾提出旅遊保險索償? <input type="checkbox"/> NO 否 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
If you are insured under an annual travel policy, please answer the following question and return the form together with copies of boarding passes / air-tickets / e-tickets / passport / other supporting documents. 如閣下投保全年旅遊保險，請回答以下問題並連同登機證 / 機票 / 電子機票 / 護照 / 其他證明文件副本一併呈交。			
Date of departure 離境日期:	Date of return 入境日期:		

C. INCIDENT / LOSS / ACCIDENT / ILLNESS DETAILS 事件 / 損失 / 意外 / 疾病資料

Exact place where the incident / loss / accident / illness occurred 事件 / 損失 / 意外 / 疾病發生之確實地點:			
Date 日期:	Time 時間:	am / pm 上午 / 下午	
Description of the incident / loss / accident / illness 事件 / 損失 / 意外 / 疾病之詳情:			
Any one witness, if any 任何一位目擊者(如有):			
Name 姓名:	Address 地址:		
Tel. no. 聯絡電話:	Email 電郵:		
Relationship with the claimant 與索償人關係:			

ONLY COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM 只須填寫有關索償的部份

D. MEDICAL EXPENSES / PERSONAL ACCIDENT / ADDITIONAL ACCOMMODATION & TRAVELING EXPENSES

醫療費用 / 個人意外 / 額外住宿及交通費用

The following documents are required in support of your claim. Please tick (✓) when attached.
閣下須提交下列文件為此索償之證明。請以「✓」號列明閣下已遞交之文件。

- Original medical advice / certificate
醫生建議書 / 證明書正本
- Original admission and discharge slips
入院紙及出院紙正本
- Original hospital / clinic bills and receipts with diagnosis and medicine receipts
醫院 / 診所發出有診斷結果的發票及收據及藥物費用收據正本
- Original additional accommodation and traveling expenses receipts
額外住宿及交通費用收據正本
- Copies of boarding passes / air-tickets / e-tickets / passport / other supporting documents, if you have any follow-up treatment(s) incurred in Hong Kong
如閣下在香港接受覆診治療，請提供登機證 / 機票 / 電子機票 / 護照 / 其他證明文件副本
- All other supporting documents, such as laboratory report, X-ray report, and so forth
所有其他證明文件，如化驗報告、X光報告等

Nature of injury / illness

受傷 / 疾病性質：

Have you ever suffered from this or similar condition or a recurrence of a previous injury or illness? YES 是
閣下是否曾經患上此類或類似之疾病，或舊傷 / 舊病復發？ NO 否

If "Yes", please give full details. 如「是」，請列明詳情。

Your usual attending physician 閣下經常求診之醫生：

Name

姓名：

Tel. no.

電話：

Patient no.

病歷號碼：

Address

地址：

Were you hospitalized overseas as a result of this injury or illness? YES 是
閣下是否曾因此次受傷或疾病而於海外住院？ NO 否

If "Yes", please state. 如「是」，請註明。

Date of admission

入院日期：

Date of discharge

出院日期：

Are you fully recovered? YES 是
閣下是否已經完全康復？ NO 否

If "No", please state what treatment(s) that you are now receiving. 如「否」，請說明閣下現時接受的治療。

Amount claimed 申領賠償金額：

Medical expenses paid by you 閣下已支付的醫療費用

HK\$ 港元

Additional accommodation and traveling expenses paid by you 閣下已支付的額外住宿及交通費用

HK\$ 港元

Total amount claimed 申領賠償金額總數

HK\$ 港元

E. DEPOSITS & CANCELLATION CHARGES 訂金及取消費用

The following documents are required in support of your claim. Please tick (✓) when attached.
閣下須提交下列文件為此索償之證明。請以「✓」號列明閣下已遞交之文件。

- Original tour fare receipt and / or air-ticket fare receipt and / or accommodation expenses receipt
團費收據及 / 或購買機票收據及 / 或住宿費用收據正本
- Original letter from travel agency and / or airline company confirming your trip had been cancelled and the amount had been refunded by them
旅行社及 / 或航空公司確認閣下的旅程已取消及已退回的金額函件正本
- If the cancellation is due to the insured / relative / traveling companion's death or sickness or injury, please provide us with copies of death certificate or medical advice / certificate with diagnosis and supporting documents proving the relationship
如保戶 / 其親屬 / 其同行者因死亡或疾病或受傷而取消行程，請提供死亡證或診斷建議證明書 / 診斷結果證明書及關係證明文件副本

When was the trip booked

旅程預定日期：

Scheduled departure date

預定離境日期：

Date of trip cancelled

旅程取消日期：

Why was the trip cancelled

旅程取消原因：

Amount claimed 申領賠償金額：

Amount paid by you 閣下已支付之款項

HK\$ 港元

Amount recoverable from all sources 從各途徑可領回的款項

HK\$ 港元

Total amount claimed 申領賠償金額總數

HK\$ 港元

F. CURTAILMENT EXPENSES 縮短行程費用

The following documents are required in support of your claim. Please tick (✓) when attached.
閣下須提交下列文件為此索償之證明。請以「✓」號列明閣下已遞交之文件。

- Original tour fare receipt and / or air-ticket fare receipt and / or accommodation expenses receipt
團費收據及 / 或購買機票收據及 / 或住宿費用收據正本
- Original additional traveling and accommodation expenses receipt
額外交通及住宿費用收據正本
- If the early return is due to the insured / relative / traveling companion's death or sickness or injury, please provide us with copies of death certificate or medical advice / certificate with diagnosis and supporting documents proving the relationship
如保戶 / 其親屬 / 其同行者因死亡或疾病或受傷而需要提早回港，請提供死亡證或診斷建議證明書 / 診斷結果證明書及關係證明文件副本
- Copies of boarding passes / air-tickets / e-tickets / passport / other supporting documents
登機證 / 機票 / 電子機票 / 護照 / 其他證明文件副本

Scheduled return date

預定回港日期：

Actual return date

實際回港日期：

Reason for your early return

提早回港原因：

Amount claimed 申領賠償金額：

Amount forfeited 放棄的款項

HK\$ 港元

Additional accommodation and traveling expenses paid by you 閣下已支付的額外住宿及交通費用

HK\$ 港元

Total amount claimed 申領賠償金額總數

HK\$ 港元

G. BAGGAGE / PERSONAL EFFECTS / TRAVELING DOCUMENTS & PERSONAL MONEY 行李/ 私人物品 / 旅行證件及個人金錢

The following documents are required in support of your claim. Please tick (✓) when attached.
閣下須提交下列文件為此索償之證明。請以「✓」號列明閣下已遞交之文件。

- Original police report or property irregularity report / damage report from the airline company or hotel confirmation
警方報告或由航空公司發出的財物損失報告 / 損毀報告或酒店證明書正本
- Original purchase receipt and replacement receipt
購買物品及補領費用收據正本
- Copies of bank statement(s) and / or exchange rate slip(s) indicating the withdrawal of cash
顯示提取現金之銀行月結單及 / 或外幣兌換單據副本
- Original repair quotation and / or receipt for the damaged item
損毀物品維修報價單及 / 或維修收據正本
- Photo(s) depicting the extent of the damage
顯示損毀程度的照片
- Original additional traveling and accommodation expenses receipt
額外交通及住宿費用收據正本

Did you report it to the police at the place of loss? YES 是
閣下是否已向當地警方報案? NO 否

If "Yes", please state: 如「是」, 請註明:

Address and contact no. of the police station
有關警署之地址及聯絡電話:

Report no.
報案號碼:

Have you lodged a claim or complaint against any carrier / airline or other authority for the loss or damage to your property? YES 是
閣下是否已就遺失或損毀財物向承運商 / 航空公司或其他機構索償或投訴? NO 否

If "Yes", please give details and attach copies of correspondence. 如「是」, 請提供詳情及附上書函副本。

Name of carrier / airline
承運商 / 航空公司名稱:

Claim no.
索償號碼:

Please provide details of amount claimed and attach receipt(s): 請詳細列明申領賠償金額及附上收據:

Item / description 物品名稱	Place of purchase 購買地點	Date of purchase 購買日期	Original purchase price 原價	Amount claimed 申領賠償金額
Total 總數 HK\$ 港元				

Please provide details of amount claimed for replacing traveling documents and attach receipt(s): 請詳細列明申領補領旅遊證件費用及附上收據:

Replacing traveling documents 補領旅遊證件名稱	Amount claimed 申領賠償金額
Total 總數 HK\$ 港元	

Amount of additional accommodation and traveling expenses 額外住宿及交通費用 HK\$ 港元
Amount of loss of cash 現金損失金額 HK\$ 港元
Total amount claimed 申領賠償金額總數 HK\$ 港元

H. TRAVEL DELAY 旅程延誤

The following documents are required in support of your claim. Please tick (✓) when attached.
閣下須提交下列文件作為此索償之證明。請以「✓」號列明閣下已遞交之文件。

- Original letter from airline confirming the total no. of hours delayed and reason for the delay
航空公司確認總延誤時間及原因之函件正本
- Original additional traveling and accommodation expenses receipt
額外交通及住宿費用收據正本
- Copies of boarding passes / air-tickets / e-tickets / passport / other supporting documents
登機證 / 機票 / 電子機票 / 護照 / 其他證明文件副本

Original time, date and place of departure
原定離境時間、日期及地點:

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

Original flight number and airline of departure
原定離境航班號碼及航空公司:

Flight no
航班號碼:
Airline
航空公司:

Actual time, date and place of departure
實際離境時間、日期及地點:

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

Actual flight number and airline of departure
實際離境航班號碼及航空公司:

Flight no
航班號碼:
Airline
航空公司:

I. BAGGAGE DELAY 行李延誤

The following documents are required in support of your claim. Please tick (✓) when attached.
閣下須提交下列文件作為此索償之證明。請以「✓」號列明閣下已遞交之文件。

- Original letter from airline confirming the total no. of hours baggage delayed and reason for the delay
航空公司確認行李總延誤時間及原因之函件正本
- Original purchase receipt(s) of the essential item(s)
購買必需品收據正本
- Copies of boarding passes / air-tickets / e-tickets / passport / other supporting documents
登機證 / 機票 / 電子機票 / 護照 / 其他證明文件副本

Original time, date and place of departure

原定離境時間、日期及地點：

Date 日期： Time 時間： am / pm 上午 / 下午

Place: 地點：

Original flight number and airline of departure

原定離境航班號碼及航空公司：

Flight no 航班號碼：

Airline 航空公司：

航空公司：

Actual time, date and place of departure

實際離境時間、日期及地點：

Date 日期： Time 時間： am / pm 上午 / 下午

Place: 地點：

Actual flight number and airline of departure

實際離境航班號碼及航空公司：

Flight no 航班號碼：

Airline 航空公司：

航空公司：

Please provide details of amount claimed and attach receipt(s):

請詳細列明申領賠償金額及附上收據：

Item / description 物品名稱	Place of purchase 購買地點	Date of purchase 購買日期	Original purchase price 原價	Amount claimed 申領賠償金額
Total 總數 HK\$ 港元				

J. PERSONAL LIABILITY 個人責任

Name of the injured person / third party property owner

傷者 / 第三者物主姓名：

Address

地址：

Tel. no.

電話：

Age

年齡：

Gender

性別：

Male 男

Female 女

Occupation / business

職業 / 行業：

Relationship with the insured

第三者與保戶之關係：

Nature and extent of injury

受傷性質及程度：

Nature and extent of damage

損毀性質及程度：

Is the injured person or owner of the damaged property under your employment, or a relative of you? YES 是

傷者或損毀財物物主是否閣下之僱員或親屬？

If "Yes", please give full details. 如「是」，請列明詳情。

NO 否

Particulars of witness(es) 目擊者資料：

Name

姓名

Address

地址

Tel. no.

電話

Whose negligence caused the accident?

誰人疏忽引致是次意外？

Has any claim been made upon you? YES 有

閣下有否收到任何索償要求？

NO 否

If "Yes", state detail and attach with this form together with all communication received. 如「有」，請列明詳情及隨本表格附上所有往來文書。

No admission, offer, promise, payment or indemnity shall be made or given by or on behalf of the insured without the written consent of QBE Hongkong & Shanghai Insurance Ltd.

未得昆士蘭聯保保險有限公司書面同意，受保人或其代表請勿向第三者承認任何責任、提出建議、給予任何承諾、支付任何款項或賠償。

K. DECLARATION & AUTHORIZATION 聲明及授權

Please read the explanatory notes to this form before signing.
請在簽署前，參閱隨此表格附上的註釋。

I / We hereby declare that:
本人 / 我等就此聲明:

1. The information provided by me / us in this form is true and correct in every aspect.
本人 / 我等在此表格提供的資料全是真實正確無訛。
2. I / We have not withheld from QBE Hongkong & Shanghai Insurance Ltd. any information within my / our knowledge connected with the accident / incident.
本人 / 我等就本人 / 我等所知，並未有向昆士蘭聯保保險有限公司隱瞞 / 保留任何有關意外 / 事件資料。
3. I / We understand the information herein provided by me / us is provided on the basis that the same may be used to draw up pleadings on my / our behalf in the event that court proceedings are resulted from the accident / incident concerned. Any false or incorrect information provided by me / us in this form may prejudice the conduct of such proceedings and also my / our entitlement to be indemnified under the Policy.
本人 / 我等明白本人 / 我等提供有關意外 / 事件的資料，有可能用作草擬訴狀。在此表格提供的資料如有所失實，將可能影響此等訴訟案件及損害本人 / 我等就保險單索償的權利。
4. I / We understand where a Statement of Truth is signed on my / our behalf based on false or incorrect information provided by me / us may subject me / us to being found in contempt of court and I / we will be subject to punishment by the Court.
本人 / 我等明白「屬實申述」是代表本人 / 我等簽署如基於本人 / 我等提供非真實或不正確的資料，本人 / 我等將可能被視為蔑視法庭及遭受法庭的懲處。
5. I / We understand and agree that QBE Hongkong & Shanghai Insurance Ltd., by requesting me / us to submit and complete this form, and by requesting me / us to make the declaration and give the authorization herein, does not constitute a waiver of its rights entitled under the terms and conditions under the Policy and the law in general.
本人 / 我等明白並同意昆士蘭聯保保險有限公司，在要求本人 / 我等完成及提交此表格，及在要求本人 / 我等聲明及授權，是不會構成其放棄保險單內條款和條件及一般法例權益。

AUTHORIZATION 授權

By submitting this form, I / we authorize the insurance company and its legal representative to sign on my / our behalf, in any related court proceedings, a statement of truth relating to the facts provided by me / us.

在提交此表格，本人 / 我等授權保險公司及其法律代表，代表本人 / 我等簽署一份，就有關法庭訴訟，根據本人 / 我等提供的事實而立的「屬實申述」。

Signature of the insured / insured person
保戶 / 受保人簽署：

(Please sign with company chop, if incorporated 如屬法團請蓋章)

Date
日期： / /

HK I.D. no
香港身份證號碼

L. EXPLANATORY NOTES 註釋

STATEMENT OF TRUTH 屬實申述

- As from 2, April 2009, Rules of the High Court and Rules of the District Court require the contents of pleadings be verified by a "Statement of Truth" signed by, or on behalf of a party to the court proceedings.
由2009年4月2日起，高等法院及區域法院條例要求所有訴訟狀（包括答辯書）須由訴訟人或其代表簽署「屬實申述」確實其陳述。
- The Statement of Truth takes the form of a declaration of belief that the facts stated in the relevant pleadings are true. The standard wordings read:
「屬實申述」以相信的事實形式聲明在有關的訴訟狀內陳述的事件均為真實，其標準字句為：
"I believe that the facts stated in this (name of the document) are true".
"本人相信在（文件名稱）內的陳述皆為事實正確無訛。"
- A person who verifies a pleading without honest belief in the truth of the facts pleaded is liable to proceedings for contempt of court and may be punished.
任何人士在未能誠實相信事實情況下對訴訟狀（包括答辯書）的內容作出屬實聲明，須視作蔑視法庭及被懲罰。
- The Statement of Truth may be signed by a party himself, his legal representatives if authorised, or where an insurance company which has a financial interest in the result of the proceeding brought by or against its insured, may sign in its name.
「屬實申述」可由訴訟人，或其授權的律師代表，或為其提供保險的保險公司，如該公司當就訴訟結果在財務上負責，均可代表訴訟人簽署。

IMPORTANT 重要事項

In each case, the Statement of Truth is signed on behalf of the party. It remains a statement made by the party, and he remains liable for the consequences. In other words, if you provide false or incorrect information to the Company, and the Company or its legal representative, or legal representative instructed to represent you in the proceedings, sign a statement of truth based on the false or incorrect information you provided, you may be liable to contempt. It is therefore important that you make sure you only provide information which, to your best knowledge and belief, is true and correct.

在每件訴訟案，「屬實申述」是代表訴訟人簽署，該「屬實申述」仍繼續是訴訟人的聲明。所以，訴訟人仍須負責其後果。換言之，如閣下提供非真實或不正確的資料給保險公司或其代表律師或閣下獨自顧用的律師代表閣下，而他們基於閣下所提供的非真實或不正確的資料代閣下簽署該「屬實申述」，閣下須負責有關蔑視懲罰。因此，閣下須查明所提供之資料是閣下所知及相信確為真實及正確無訛。

注意：中文譯本內容如與英文本有所不同時，以英文本為準。

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; any claim or investigation or analysis of such claim; and exercising any right of subrogation, and may be transferred to 1) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; 2) 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, and 3) any members of the Federation by the Federation for any of the above or related purposes. Moreover, we are hereby authorized 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 obtain access to and to request correction of any personal information concerning yourself held by us. Requests for such access can be made in writing to the General Administration Officer, QBE Hongkong & Shanghai Insurance Limited, 17/F, Warwick House, West Wing, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 8488, Fax: 3607 0300)

閣下提供的資料，為本公司提供保險業務所需，並可能使用於：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；或任何索償，或該等索償的調查或分析；或行使任何代位權之用。以上資料，及可能轉移予：1) 任何有關的公司，或任何其他從事保險或再保險有關的公司，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目的；2) 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，及3) 或透過聯會轉移予任何聯會的會員，以達到任何上述或有關目的。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/或核對閣下任何資料。閣下有權查閱及要求更正由本公司持有有關閣下的個人資料。如有需要查閱，可用書面寄香港鰂魚涌英皇道979號太古坊和域大廈西翼17樓（電話：2877 8488，圖文傳真：3607 0300）向本公司行政事務主任提出。