

American Express Platinum Card Group Travel Insurance Claim Form

美國運通白金卡團體旅遊保險 索償表格

Important Information 注意事項:

- Please complete this form by the Insured Person or Insured Person's parent or legal guardian if the Insured Person is below 18 years old.
請由受保人填寫。如受保人未滿18歲，則由受保人之父母或合法監護人填寫。
- If there is not enough space, please attach an additional page.
如填寫位置不足，請另行附上資料補足。
- The required documents are listed in Part IV, additional documents may be required and to be forwarded upon request of Chubb Insurance Hong Kong Limited.
所需文件已列於第四部份，如有需要，安達保險香港有限公司將要求提供額外文件。

Part I – General Information 第一部份 – 一般資料

Personal Particulars 個人資料

Name of Insured Person 受保人姓名: (Eng) _____ (中文) _____	HKID Card No. of Insured Person 受保人香港身份證號碼:
Date of Birth 出生日期:	Gender 性別: <input type="checkbox"/> M 男 / <input type="checkbox"/> F 女

Correspondence Address 通訊地址:

Email Address 電郵地址*:

Mobile Phone No. 手提電話號碼*:

Cardmember Details 持卡會員資料

Please [✓] in the appropriate box and provide the relevant information. 請在適當的空格內加「✓」並提供相關資料：

■ A. Insured Person is a Cardmember 受保人是持卡會員

Please provide Insured Person's American Express Card No. 請提供受保人之美國運通卡賬戶號碼:

■ B. Insured Person is not a Cardmember 受保人不是持卡會員

Please state the following particulars of the Basic Cardmember 請提供基本卡會員之資料:

American Express Card No. 美國運通卡賬戶號碼:

Name of Basic Cardmember 基本卡會員姓名: (Eng) _____ (中文) _____	Relationship with Insured Person: 與受保人之關係:
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* Correspondence may be sent to this email address and / or mobile phone no. 本公司或會以此電郵地址及 / 或手提電話號碼作聯繫用途

B. Personal Cash & Document / Baggage & Personal Effects 行李及隨身物品 / 金錢及證件

1. Date and time of the incident 事件發生日期及時間:

2. Location of the incident occurred 事件發生地點:

3. Detailed description of the occurrence of the incident 詳述事件發生的經過:

4. Was the incident reported to police, carrier or hotel? If yes, please provide the name, contact information and case reference no. of the police station, carrier or hotel 上述事件有否通知警方、運送者或酒店? 如有, 請列明所辦理之警署、運送者或酒店的聯絡人、聯絡資料及報案編號:

5. Did the carrier / hotel offer any compensation, repair or replacement? If yes, please specify: 上述運送者 / 酒店有否提供任何賠償、修理或更換? 如有, 請列明:

6. Please provide the below information 請提供以下資料:

Description of damaged / lost items 損失 / 損毀之物件	Date of purchase 購買日期	Place of purchase 購買地方	Purchase price (Please indicate currency) 購買價值 (請註明貨幣)

C. Baggage Delay 行李延誤

Flight no. 航班編號	Destination arrival date & time 到達目的地日期及時間	Destination 目的地
Duration of delay 延誤時數	Baggage receipt date & time 收回行李日期及時間	Cause of delay 延誤原因
Essential clothing & toiletries purchased 緊急購買之衣服及梳洗用品	Date of purchase 購買日期	Purchase price (Please indicate currency) 購入價值 (請註明貨幣)

Please advise the details of the amount of compensation / allowance received or receivable 請列出可獲賠償或資助的金額:

D. Flight Delay 航班延誤

Flight no. 航班編號	Scheduled departure date & time 原定出發日期及時間	Place of departure 出發地
Duration of delay 延誤時數	Actual departure date & time 實際出發日期及時間	Cause of delay 延誤原因

E. Missed Departure / Trip Cancellation / Curtailment 啟程誤點 / 取消旅程 / 縮短旅程

The cause for missed departure / trip cancellation / curtailment: 啟程誤點 / 取消旅程 / 縮短旅程之原因:

Date of incident 上述事件發生日期	Period of journey cancelled / curtailed 取消 / 縮短旅程之時段		
	From 由:		To 至:
Description of Claimed Items 索償項目	Date of Payment 付款日期	Claim Amount (Please indicate currency) 索償金額 (請註明貨幣)	Refunded / Refundable Amount 已獲 / 可獲退款金額

If the cancellation / interruption was due to death, serious injury or sickness of the person other than the Insured Person, please advise the followings: 如是次取消旅程 / 旅程阻礙是因受保人以外之人士死亡、意外受傷或疾病所引致, 請提供以下資料:

Full name of the deceased / injured / sick person 死者 / 傷者 / 患者姓名	Relationship with the Insured Person 與受保人之關係	Nature of injury / Diagnosis 傷勢 / 病患的診斷結果

F. Personal Liability 個人責任

Full description of the incident, including when, where and how the incident happened 詳述事發日期、地點及經過:

Description of Claimed Items 索償項目	Claim Amount (Please indicate currency) 索償金額 (請註明貨幣)

Part III — Declaration & Authorization 第三部份 — 聲明及授權

I / We declare that to the best of my knowledge and belief the above statements and particulars contained are in all respects true and complete and are made without reservation of any kind. I hereby authorize any physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated to give full particulars about my health to Chubb Insurance Hong Kong Limited. A photocopy of this authorization shall be considered as effective and valid as the original.

I / We further hereby declare and agree, that the personal information collected or held by Chubb Insurance Hong Kong Limited, whether contained in this claim form or otherwise obtained, may be used by Chubb Insurance Hong Kong Limited or disclosed to any individual or organization such as legal firms, accountants, actuaries, loss adjudicators and claims investigators, doctors and other medical service provider within or outside Hong Kong and as more particularly set out in the Chubb Privacy Information Collection Statement for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis. I / We understand that if I / We do not provide such consent, or revoke my / our consent, Chubb Insurance Hong Kong Limited may not be able to process or assess my / our claim. A copy of the Chubb Privacy Information Collection Statement can be found at www.chubb.com/hk.

Any persons from whom Chubb Insurance Hong Kong Limited has collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by Chubb Insurance Hong Kong Limited. A request for such access may be made to the Personal Data Privacy Officer of Chubb Insurance Hong Kong Limited at 25th Floor Shui On Centre, No. 6-8 Harbour Road, Wanchai, Hong Kong.

本人 / 吾等謹此聲明本人確信以上所填報之資料及所列各項之事件乃屬完全真確並無作任何資料之保留。本人茲授任何曾替本人作診治之醫生、醫務人員、醫院或診所提供有關本人病歷之資料予安達保險香港有限公司。此授權書之副本亦屬有效。

本人 / 吾等亦在此聲明及同意由安達保險香港有限公司所收集或持有的個人資料，不論包含在這索償表格或以其他方式獲取，均可供安達保險香港有限公司使用或各在香港境內或境外之任何人士或機構例如律師事務所、會計人員、精算師、公證人、索償調查員、醫生及其他醫護服務提供者及其他已載於安達收集個人資料聲明之人士及機構披露作以下用途：(1) 評核此項申請，(2) 提供保險及客戶服務，(3) 處理保險的索償或有關之分析。本人 / 吾等明白如本人 / 吾等不同意或撤回此聲明，安達保險香港有限公司或未能處理及評核本人 / 吾等之索償。安達收集個人資料聲明之副本已載於www.chubb.com/hk。

就提供上述資料的任何人士有權查閱及要求更改安達保險香港有限公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求，可向安達保險香港有限公司之個人資料私隱主任提出，地址為香港灣仔港灣道6-8號瑞安中心25樓。

Signature of Insured Person 受保人簽署:	Name of Insured Person 受保人姓名: (in BLOCK CAPITALS 請以正楷書寫)
Date Signed 簽署日期:	HKID Card No. of Insured Person: 受保人香港身份證號碼:
Signature of Parent / Legal Guardian 受保人父母 / 合法監護人簽署: (if Insured Person is below 18 years old 如受保人未滿18歲)	Name of Parent / Legal Guardian 父母 / 合法監護人姓名: (in BLOCK CAPITALS 請以正楷書寫)
Date Signed 簽署日期:	HKID Card No. of Parent / Legal Guardian: 父母 / 合法監護人香港身份證號碼:
Signature of Basic Cardmember 基本卡會員簽署:	Name of Basic Cardmember 基本卡會員姓名: (in BLOCK CAPITALS 請以正楷書寫)
Date Signed 簽署日期:	HKID Card No. 香港身份證號碼:

For All Sections 所有項目

The completed Claim Form and all relevant supporting documents should be mailed or sent (at the Insured Person's own expense) to Chubb Insurance Hong Kong Limited at the following address within 30 days after the occurrence of the event:
受保人必須於事發後30天內,將已填妥之賠償申請表並連同以下所需文件一併自費呈交或郵寄至:

Claims Department	賠償部
Chubb Insurance Hong Kong Limited	安達保險香港有限公司
25th Floor, Shui On Centre	香港灣仔
No. 6-8 Harbour Road	港灣道6至8號
Wanchai, Hong Kong	瑞安中心25樓

1. Boarding pass, travel tickets and itinerary
登機證、旅遊票據及行程表
2. Relationship proof, such as marriage certificate or birth certificate (if the Insured Person is not a Cardmember)
關係證明,如結婚證明書、出生證明書(如受保人不是卡會員)

A. Personal Accident / Medical Expenses 人身意外 / 醫療費用

1. Medical report / certificate advising diagnosis
註明診斷結果之醫療報告 / 證明書
2. Original medical receipts, statement of account with detailed breakdown
醫療收據正本、收費清單及明細
3. Incident report issued by relevant authorities and / or police report
有關機構發出的意外事件報告及 / 或警方報告
4. Document confirming the cause of death, such as Death certificate, autopsy / post mortem report (if applicable)
註明死亡原因的文件,如死亡證、解剖 / 驗屍報告(如適用)
5. Medical report confirming the extent of permanent disability suffered (if applicable)
證明永久傷殘程度的醫療報告(如適用)

B. Personal Cash & Document / Baggage & Personal Effects 行李及隨身物品 / 金錢及證件

1. Loss / Damage report issued by police, airline, or relevant authorities 警方、航空公司或有關機構發出的損失 / 損毀報告
2. Original purchase receipt of the lost / damaged items 損失 / 損毀物品的購買收據正本
3. Original payment receipt for the replaced travel document 補領證件費用收據正本
4. Photos showing the extent of damage 顯示物品損毀程度的相片
5. Compensation breakdown from relevant authorities / insurers 有關機構 / 其他保險公司的賠償明細

C. Baggage Delay 行李延誤

1. Relevant carrier delay report confirming the reason and duration of delay 有關運輸機構發出延誤原因及時數的證明
2. Original purchase receipt of the emergency purchased essential clothing and toiletries 緊急購買衣服及梳洗用品的收據正本
3. Compensation breakdown from relevant authorities 有關機構的賠償明細

D. Flight Delay 航班延誤

1. Relevant airline delay report confirming the reason and duration of delay
有關航空公司發出延誤原因及時間的證明

E. Missed Departure / Trip Cancellation / Curtailment 啟程誤點 / 取消旅程 / 縮短旅程

1. Documentation issued by relevant parties confirming the cause of missed departure / trip cancellation / curtailment, such as airline confirmation, medical report, relationship proof, etc.
有關人士、機構證明啟程誤點 / 取消旅程 / 縮短旅程原因的文件,如航空公司證明、醫療報告、關係證明等
2. Original payment receipts for the pre-paid costs or deposits of the forfeited travel and accommodation expenses (if applicable)
已預付而被沒收的交通及住宿費用收據正本(如適用)
3. Documentation confirming the trip cancellation / curtailment and the refundable amount
有關機構證明缺席 / 取消 / 縮短旅程及可獲退款的金額
4. Original payment receipt for the additional travel / accommodation expenses incurred after commencement of journey (if applicable)
旅程開始後支付的額外交通 / 住宿費用收據正本(如適用)
5. Document showing the rescheduled itinerary (for missed departure / trip curtailment)
可顯示重新編排後行程的文件(啟程誤點 / 縮短旅程 適用)

F. Personal Liability 個人責任

1. Do not admit liability on or enter into any settlement agreement without our consent
如沒有本公司同意,切勿承認責任或自行訂下協議或承諾
2. Detailed description of the incident (including the date, time, location, circumstance and the extent of the damage / injury)
詳述事發日期、時間、地點、經過及損毀 / 損傷程度
3. Photos showing the environment of the scene and the extent of damage / injury
顯示現場環境及損毀 / 損傷程度的相片
4. Full name and contact method of the third party claimant and witness(es)
第三者索償人及所有證人之姓名及聯絡方法
5. Any claim / demand letter, lawsuit or proceeding of any type relating to the incident (should be forwarded to us immediately without acknowledgement)
任何有關事件的索要求,法庭傳票、命令及訴訟(必須立即通知及提交予本公司,切勿自行處理)

Note: The above request is for initial consideration only. We reserve the right to request further documents / information for claim assessment.
注意: 以上文件只為初步評估之用,本公司有權要求提供進一步文件 / 資料以作賠償審理。