



GENERALI
Assicurazioni Generali S.p.A.

忠利保險有限公司

Hong Kong Branch: 35/F., Shell Tower, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong. Tel: 2521 0707 Fax: 2521 8018

香港分行地址: 香港銅鑼灣勿地臣街1號時代廣場蜆殼大廈35樓。電話: 25210707 傳真: 25218018

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

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY, AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY.
茲此聲明, 提供本申請表並不代表本公司已承諾了賠償責任, 為審核您的索償申請, 請據實填妥以下資料後儘快寄回本公司。

Name of Policyholder: _____ Policy No.: _____
保單持有人名稱 保險單號碼

Name of Claimant: _____ I.D. Card No.: _____
索償人姓名 身份証號碼

Contact No.: _____ Fax No.: _____ E-mail Address: _____ Date of Birth: _____
聯絡電話號碼 傳真號碼 電郵地址 出生日期

Correspondence Address: _____
通訊地址

Type of Claim: 索償類別	1) <input type="checkbox"/> Medical Expenses / Related Costs 醫療費 / 有關費用	2) <input type="checkbox"/> Personal Accident 個人意外
	3) <input type="checkbox"/> Emergency Medical Evacuation (Repatriation of Remains) 緊急醫療運送 (遺體運返)	4) <input type="checkbox"/> Trip Cancellation / Curtailment / Re-arrangement 行程取消 / 縮短 / 更改
	5) <input type="checkbox"/> Travel Delay / Baggage Delay 旅程延誤 / 行李延誤	6) <input type="checkbox"/> Personal Belongings 個人財物
	7) <input type="checkbox"/> Special Care 附加保障	8) <input type="checkbox"/> Personal Liability 個人責任

Description of Claim:
索償事由

Date, Time and Place of incident: _____
事件發生日期、時間及地點

Describe in full how the incident happened: _____
請詳細描述事件發生的過程

If Claim for Medical Expenses / Related Costs:
如屬醫療費 / 有關費用索償

Nature of Injury / Diagnosis of Sickness: _____
受傷性質 / 病因

(If space is insufficient, please attach separate page.)
如上述空間不敷使用, 請另以紙張列舉

Claimed Items 索償項目	Purchase Date / Medical Treatment Date 購買日期 / 診治日期	Claimed Amount 索償金額
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Please give details if you have any other insurances covering your claimed loss or expenses incurred:
如上述索償項目已受保於其他保險合約，請提供該等保險之詳情:

BASIC DOCUMENTS REQUIRED:
索償所需之基本文件

To facilitate consideration of your claim, please ensure you have submitted all the necessary documents with this form.
為方便本公司審核您的申請，敬請提供以下列舉文件，一併將此申請表送回本公司

Type of Claim 索償種類	Personal Accident / Medical Expenses 個人意外 / 醫療費用	Personal Belongings 個人財物	Travel / Baggage Delay 行程 / 行李延誤	Trip Cancellation / Curtailement / Re-arrangement 行程取消 / 縮短 / 更改
Company Letter (for Business Travel only) 公司證明信 (只限商務旅遊)	✓	✓	✓	✓
Itinerary / Air-ticket Voucher (copy) 行程表 / 機票存根 (副本)	✓	✓	✓	✓
Boarding Pass (copy) 登機証 (副本)	✓	✓	✓	✓
Claimant's HKID Card Copy 索償人之香港身份証副本	✓			
Original Medical Receipts & Medical Report 醫療收據及報告之正本	✓			
Purchase / Replacement Receipt of Lost Item 遺失物件的購買 / 重新購置收據		✓		
Repair Quotation / Invoice for Damaged Item & its Photo 損壞物件的維修報價單 / 發票及照片		✓		
Confirmation from Carrier / Airline / Hotel 客運 / 航空公司 / 酒店之事件證明		✓	✓	✓
Police Report 警方報案記錄		✓		
Emergency Purchase Receipt 購買應急用品之收據			✓	
Receipt for Travel Deposit / Additional Travel Fare / Accommodation Expenses 旅費按金 / 額外交通 / 住宿費用的收據				✓
Other Relevant Documents 其他有關文件	✓	✓	✓	✓

DECLARATION & 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/吾等作出聲明，就本人/吾等所知及所信，上述資料均屬真確及並無遺漏。
- I, the undersigned claimant, hereby authorize any hospital, physician, clinic, or other person/authority/organization, to furnish to Assicurazioni Generali, S.p.A or its authorized representative, any and all information with respect to my loss, injury or illness, medical history, consultation, prescriptions or treatment and copies of police reports, incident reports, airlines or other carries' irregularity reports, statement and all hospital or medical records.
本人 為下述簽署索償人茲授權任何醫院、醫生、診所、其他人仕、有關官方或機構，向忠利保險有限公司或其授權之代表提供所有有關本人之損失、受傷、症病、病歷、醫療診斷及藥方、警方報告、航空公司或其他客運公司之報告、口供、所有醫院或醫療報告之副本。
A Photostat copy of this authorization shall be considered as effective and valid as the original
本授權書之副本與正本具有同等之效力。
- I/We further declare and agree that the personal information collected or held by Assicurazioni Generali, S.p.A ("the Company"), whether contained in this Claim Form or otherwise obtained, may be used by the Company or disclosed to any individual or organization within or outside Hong Kong for the following purpose: (1) to assess and process this application; (2) to provide insurance and customers services; (3) to conduct insurance claim or analysis.
本人/吾等再在此聲明及同意由忠利保險有限公司("本公司"):不論在本申請表或其他途徑取得,均可供本公司使用或向在香港境內或境外任何人仕或機構以作下列用途: (1) 評核此項申請; (2) 提供保險及客戶服務; (3) 處理保險索償或有關分析。
- I/We acknowledge that I/we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Assicurazioni Generali S.p.A., Hong Kong Branch ("Generali"). I/We confirm that I/we have read and understood 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 life insureds and any other relevant individuals (where applicable) for providing their personal data to Generali for the purposes 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.
本人/我們確認,本人/我們已獲提供一份由忠利保險有限公司香港分行("忠利保險")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/我們同意忠利保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人/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其他有關人士(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利保險,並允許忠利保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

Signature : _____
簽署 Policyholder 保單持有人

Signature : _____
簽署 Claimant 索償人

Date : _____
日期

Date : _____
日期

收集個人資料聲明

- (a) 閣下須要不時向忠利保險有限公司香港分行(「本公司」)提供關於閣下自己、保單持有人、受保人、受益人、索償人及／或其他有關人士的資料(「個人資料」)，以讓本公司為閣下提供保險及／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／或處理閣下提出的任何或所有其他要求、查詢和投訴。
- (b) 閣下是自願向本公司提供個人資料的。然而，若閣下未能提供個人資料，可能導致本公司不能夠為閣下提供保險及／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／或處理閣下提出的任何或所有其他要求、查詢和投訴。
- (c) 個人資料可被用於以下用途：
- (i) 處理(包括但不限於承保)及／或審批保險及／或相關產品與服務的申請，以及該等產品與服務的任何附加、更改、變更、取消、續期及／或復效；
 - (ii) 管理經由本公司發出及／或安排的保單；
 - (iii) 處理(包括但不限於調查、分析、評估和裁定)及／或理賠經由本公司發出及／或安排的保單之下的索償事宜；
 - (iv) 如適用的話，行使代位權；
 - (v) 向客戶追收尚欠金額(如有)；
 - (vi) 經由本公司發出及／或安排的保單之下籌劃共同保險及／或再保險；
 - (vii) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；
 - (viii) 客戶服務(包括但不限於處理查詢和投訴)、推銷(包括但不限於直銷)，以及其他相關活動；
 - (ix) 進行資料核對程序；
 - (x) 設計保險及／或相關產品與服務供客戶使用；
 - (xi) 推銷本公司、本公司的關聯公司(包括但不限於本集團的公司、母公司、本母公司的信託公司(該等關聯公司在下文合稱為「關聯公司」))及／或本公司所選定的第三方的保險及／或其他相關產品與服務；
 - (xii) 本公司、關聯公司、相關的保險業協會或聯會、監管當局、政府部門及／或其他法定監管機構的統計或精算研究；
 - (xiii) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及本公司及／或關聯公司應要遵守的任何其他有關規定，包括但不限於披露有關資料；及
 - (xiv) 與之有關的任何用途。
- (d) 由本公司持有的個人資料將受到保密，但本公司可依據以上(c)段所列的用途向以下各方(不論在香港特別行政區境內還是境外)提供個人資料，事前無須知會閣下及／或該等個人資料所涉及的任何其他有關人士：
- (i) 就本公司的業務營運向本公司提供行政、電訊、電腦、付款、推銷、調查、諮詢及／或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、

銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及／或任何其他有關各方，以適用者為準；

- (ii) 相關的保險業協會或聯會，及／或該等協會或聯會的成員；
 - (iii) 本公司、關聯公司及／或本公司所選定的第三方的海外辦事處或分行，以適用者為準；
 - (iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及應要遵守的任何其他有關規定之下，本公司及／或關聯公司負有義務須向其作出披露的人士；
 - (v) 根據對本公司及／或關聯公司有約束力的任何法律之下，本公司及／或關聯公司須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構（包括但不限於稅務局）；
 - (vi) 本公司的合法繼承人或受讓人；及
 - (vii) 對本公司及／或關聯公司負有保密責任的人士。
- (e) 本公司可使用由相關的保險業協會或聯會及／或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有個人資料。
- (f) 根據《個人資料（私隱）條例》：
- (i) 任何人士均有權：
 - (A) 查詢本公司有沒有持有其資料，如有的話，可取得一份該等資料；
 - (B) 要求本公司改正其任何不正確的個人資料；及
 - (C) 查明關於本公司的個人資料政策和處事常規，並可獲通知有關本公司所持個人資料的種類；
 - 及
 - (ii) 本公司有權就處理任何查閱個人資料的要求之下收取合理的費用。
- (g) 如欲查閱及／或改正個人資料及／或查詢關於本公司的政策和處事常規及所持個人資料的種類，請向以下人員提出要求：

個人資料保護主任
忠利保險有限公司香港分行
香港銅鑼灣勿地臣街1號時代廣場蜆殼大廈35樓

附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。

Personal Information Collection Statement

- (a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the “**Company**”) with data about yourself(ves), policyowner(s), life insured(s), beneficiary(ies), claimant(s), and/or other relevant individuals (the “**Personal Data**”) in connection with the provision of insurance and/or related products and services to you, the processing of claims under insurance policies issued and/or arranged by the Company, and/or the processing of any or all other requests, enquiries and complaints from you.
- (b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the 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 or all other requests, enquiries, or complaints from you.
- (c) The purposes for which the Personal Data may be used are as follows:
- (i) processing (including, without limitation, underwriting) and/or approving applications for insurance and/or related products and services, and any addition, alteration, variation, cancellation, renewal and/or reinstatement of such products and services;
 - (ii) administering insurance policies issued and/or arranged by the Company;
 - (iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/or settlement of claims under insurance policies issued and/or arranged by the Company;
 - (iv) exercising rights of subrogation, if applicable;
 - (v) collection of amounts outstanding (if any) from customers;
 - (vi) arranging coinsurance and/or reinsurance in respect of the insurance policies issued and/or arranged by the Company;
 - (vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;
 - (viii) customer services (including, but not limited to, processing enquiries and complaints), marketing (including, but not limited to, direct marketing), and other related activities;
 - (ix) conducting data matching procedures;
 - (x) designing insurance and/or related products and services for customers’ use;
 - (xi) marketing insurance and/or other related products and services of the Company, its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company’s parent company (hereinafter such affiliated companies are collectively referred to as the “**Affiliated Companies**”)) and/or third parties selected by the Company;
 - (xii) statistical or actuarial research of the Company, its Affiliated Companies, relevant insurance industry associations or federations, supervisory authority, government department and/or other competent authority;
 - (xiii) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/or its Affiliated Companies are expected to comply with, including, without limitation, making disclosures of the relevant information; and
 - (xiv) any purposes relating thereto.
- (d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/or any other relevant individuals to whom the Personal Data is related:
- (i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/or other services to the Company in connection with the operation of its business;
 - (ii) relevant insurance industry associations or federations, and/or members of such industry associations or federations;
 - (iii) overseas locations or branches, as appropriate, of the Company, its Affiliated Companies and/or third parties selected by the Company;

- (iv) persons to whom the Company and/or its Affiliated Companies are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/or its Affiliated Companies are expected to comply with;
 - (v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the Company and/or its Affiliated Companies;
 - (vi) lawful successors or assigns of the Company; and
 - (vii) persons who owe a duty of confidentiality to the Company and/or its Affiliated Companies.
- (e) The Company may verify any or all of the Personal Data by using information collected and released or transferred by relevant insurance industry associations or federations, and/or members of such industry associations or federations.
- (f) In accordance with the Personal Data (Privacy) Ordinance:
- (i) any individual has the right to:
 - (A) check whether the Company holds data about him/her and, if so, obtain a copy of such data;
 - (B) require the Company to correct any data relating to him/her that is inaccurate; and
 - (C) ascertain the Company's policies and practices in relation to data and to be informed of the kind of data held by the Company;
 - and
 - (ii) the Company has the right to charge a reasonable fee for the processing of any data access request.
- (g) The person to whom requests for access to data and/or correction of data and/or for information regarding policies and practices and kinds of data held are to be addressed as follows:

Personal Data Protection Officer
Assicurazioni Generali S.p.A., Hong Kong Branch
35/F, Shell Tower, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong.

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.