

Travel Insurance Claim Form

旅遊保險索償申請表

This form must be completed truthfully and accurately. If the space is not enough or no applicable field available, please supplement information by attachment.
請正確填寫此申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.
各部份之「所需文件」只是概括要求，本公司保留權利在有需要時要求閣下提供更多文件以處理有關的索償申請。如所遞交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請有可能會受延誤或被拒絕。

The completed form should be returned to us together with all supporting documents as soon as possible at the following address:

請填妥索償申請表並連同所有有關文件盡快寄回以下地址：

AIG Insurance Hong Kong Limited (Macau Branch)
Claims Department
Unit 506, 5/F, AIA Tower, No 251A-301 Avenida Comercial de Macau
Facsimile: 853 2835 5299
Telephone: 853 2835 5602 / 6321 3633
Email address: claim.mo@aig.com
www.aig.com.hk/macau

美亞保險香港有限公司（澳門分行）
賠償部
澳門商業大馬路251A-301號友邦廣場5樓506室
傳真：853 2835 5299
電話：853 2835 5602 / 6321 3633
電郵地址：claim.mo@aig.com
www.aig.com.hk/macau

Section I - General Information (REQUIRED) 第一部份 受保人及一般資料 (必須填寫)

General Documents Required 所需文件：

- Certificate of insurance or premium receipt 保險憑證或保費收據
- Travel proof, such as air-ticket, boarding pass, travel agent or airline's official receipt 旅遊證明，例如機票、登機証、航空公司或旅行社簽發的收據
- Letter from employer/company regarding the nature and duration of trip, if claiming under a corporate travel policy. 僱主發出的公幹證明(商務旅遊保單適用)

Policy/Certificate No. 保單號碼		Name of Policyholder (English) 保單持有人姓名(英文)		Name of Policyholder (Chinese) 保單持有人姓名(中文)	
Name of Insured (English) 受保人姓名(英文)		Name of Insured (Chinese) 受保人姓名(中文)		Insured's ID No/Passport No 受保人身份証/護照號碼	
Name of Parent/Legal Guardian (English) Only applicable if the Insured is below the age of 18 父母/合法監護人姓名(英文) 只適用於受保人未滿18歲的情況		Name of Parent/Legal Guardian (Chinese) Only applicable if the Insured is below the age of 18 父母/合法監護人姓名(中文) 只適用於受保人未滿18歲的情況		Parent/Legal Guardian's ID No/Passport No 父母/合法監護人身份証/護照號碼	
E-mail Address 電郵地址		Mobile Phone No. 手提電話號碼		Office / Home Contact No. 辦公室或家居電話號碼	
Mailing Address 通訊地址				Travel Guard Case reference number, if applicable. Travel Guard 檔案編號，如適用。	
Are you a citizen of the United States? 閣下是否美國公民？ ☐ Yes 是 ☐ No 否	If yes, please provide your social security number 如是，請提供社會保障編號		Policy Category 保單類別 ☐ Single Trip Policy 單次旅遊保險單 ☐ Annual Policy 全年旅遊保險單	Journey Period 旅遊日期 From 由 DD 日 MM 月 YYYY 年 To 至 DD 日 MM 月 YYYY 年	
AIG Macau Branch is a subsidiary of US company and as such is required to report injury claims of U.S. citizens who may be eligible to receive "Medicare" (pursuant to the Medicare, Medicaid & SCHIP Extension Act of 2007). This information is requested solely to enable us to comply with this reporting requirement. 美亞保險澳門分行作為美資公司的附屬公司，需要（根據美國法案Medicare, Medicaid & SCHIP Extension Act of 2007）匯報所有有資格享用美國公共醫療保險的美國公民提出的受傷索償。此項資料僅為遵從以上匯報要求而收集。			Was a credit card used to purchase some or all of journey arrangement? 是次旅程是否以信用卡支付全部或部份旅費？ ☐ Yes 是 ☐ No 否		
Do you have any other insurance policies covering this loss or expenses incurred? 是項索償是否受保於其他保險合約？ ☐ Yes 是 ☐ No 否		If yes, please provide the details below 如是，請提供以下資料 Name of Insurer 保險公司之名稱 Policy No. 保單編號 Policy Type 保單類別 Sum Insured 保額			

Section II A – Medical Expenses/ Hospital Income/Loss of Income
第二部份(甲) 醫療費用 / 住院現金/緊急入息援助

Documents required under SECTION IIA:
Medical Expense

- Original hospital/medical bill(s)/receipt(s)/medical report stating diagnosis and the date of the injury/sickness commenced and certified by a qualified medical practitioner.
- Letter of referral from general practitioner for the medical treatment conducted by specialists, physiotherapists, etc

Hospital Income/Loss of Income

- Medical certificate from a qualified medical practitioner certifying the number of days of hospitalization.
- Hospital discharge summary.
- Letter from employer/company stating that the Insured is under employment during sick leave period as a result of injury/sickness and amount of the salary earned, if claiming loss of income.

第二部份(甲)所需文件

醫療費用

- 由註冊醫生發出的醫療報告/收據正本，並註明診斷結果及受傷或疾病發生日期
- 如果有接受特別或專科治療，例如物理治療，請提供註冊醫生發出的轉介信

住院現金/緊急入息援助

- 由註冊醫生發出的醫療證書證明住院日數
- 出院總結
- 如屬緊急入息援助索償，請提供由公司/僱主發出之信件，證明受保人在受傷或疾病的病假期間仍然受僱及薪酬金額

Date and time of the injury/sickness 發生意外或疾病的日期、時間				Date of first consultation with doctor/hospital 第一次求診日期			Nature of injury/Diagnosis of sickness 傷勢/病況的診斷結果	
DD 日	MM 月	YYYY 年	☐ A.M. / ☐ P.M. 上午 / 下午	DD 日	MM 月	YYYY 年		
In the case of injury, where and how did the accident occur? In the case of sickness, what were the symptom(s) and when did the symptom(s) first appear? 如屬受傷個案，請詳述意外發生地點及經過。如屬疾病個案，請說明病徵及首次出現病徵的時間。								
Was the injury due to any other person's fault? 如屬受傷個案，請說明是否因為任何第三者的過錯。 ☐ Yes 是 ☐ No 否				If yes, please provide the details of the third party, including the name, address and contact number. 如是，請提供有關第三者的姓名、通訊地址及電話				
Claim Amount for Overseas Medical Expenses (Please indicate the currency) 海外醫療費用的索償金額 (請註明貨幣)				Claim Amount for Follow Up Medical Expenses in Hong Kong 覆診醫療費用的索償金額				
Do you need to receive further medical treatment? 你是否需要繼續接受治療? ☐ Yes 是 ☐ No 否				If yes, how long will the further medical treatment last? 如是，該療程還需多長時間？				

Section II B – Loss of Baggage, Travel Documents and Personal Money
第二部份(乙) 行李、旅遊證件及金錢損失

Documents required under SECTION IIB:

- Loss/damage reports issued by the relevant authorities or organizations (e.g. police, airline, hotel, etc.).
- Photos showing the extent of damage to the property, if applicable.
- Original Purchase receipt of the lost/damaged items
- Repair quotation, if applicable.
- Original receipts for additional hotel accommodation and travel expenses, if applicable.
- Compensation breakdown from other insurers/parties (e.g. airlines), if applicable.

第二部份 (乙)所需文件

- 有關機構(如酒店/航空公司/警方)發出的損失/損壞報告
- 顯示物品損壞程度的相片(如適用)
- 損失/損壞物品購買收據正本
- 維修報價(如適用)
- 額外支付的住宿/交通費用收據正本(如適用)
- 其他保險公司或有關團體(如航空公司)的賠償明細(如適用)

Date and time of loss/damage 損失/損壞日期				Location of loss/damage 損失/損壞地點			
DD 日	MM 月	YYYY 年	☐ A.M. / ☐ P.M. 上午 / 下午				
Full description of how the loss/damage occurred 詳細描述事件發生的經過							
Was the loss reported to police / common carrier / hotel? 有否向警方/公共交通機構/酒店報告此損失或者損壞事件? ☐ Yes 是 ☐ No 否				Did the common carrier / hotel offer compensation in any form (including repair, replacement) 有關公共交通機構/酒店有否提供任何形式的賠償(包括維修或更換) ☐ Yes, please specify 有，請詳述 _____ ☐ No 沒有			
Name and contact information of the reported police station/common carrier/hotel 警局/公共交通機構/酒店的名稱、通訊地址及電話							
Apart from the above mentioned, was the loss due to any other person's fault? If yes, please provide contact information of the third party. 除以上所提及之機構，損失是否由其他人仕的過錯導致? 如是，請提供對方的名稱、電郵、通訊地址及電話							
Details of the lost/damaged items 損失/損壞物品資料資料 (If the space is not enough, please supplement information by attachment 如果表格空間不足，請以附件補充資料)							
Item(s) lost/damaged: 損失/損壞物品		Date of Purchase 購買日期		Purchase Value 購買價錢		Repair Quotation 維修報價	

Section II C - Travel Delay and Baggage Delay 第二部份(丙) 旅程及行李延誤

Documents required under SECTION IIC:

- Documentation indicating the reason(s) for and number of hours of delay (e.g. confirmation from common carrier)
- Original receipt(s) for emergency purchase of essential items, if applicable.

第二部份(甲)所需文件

- 公共運輸機構發出顯示延誤原因及時數的證明
- 緊急購買必需品的收據正本(如適用)

☐ Travel Delay 旅程延誤	Reason for Delay 延誤原因	Location 地點		
☐ Baggage Delay 行李延誤				
Date 日期		Departure time 出發時間	Arrival time 抵達時間	Flight No. 航班編號
Original arrival/departure time 原定時間	DD 日	MM 月	YYYY 年	
Actual arrival/departure time: 延誤後實際時間	DD 日	MM 月	YYYY 年	
Did you make any emergency purchases of essential items? 有沒有購買緊急必需品? ☐ Yes 是☐ No 否				

Section II D - Journey Cancellation, Curtailment and Re-arrangement 第二部份(丁) 行程取消/行程縮短/行程更改

Documents required under SECTION IID:

- Journey Cancellation and Curtailment
 - Original receipt(s) showing any pre-paid costs or deposits made OR additional travel and/or accommodation expenses incurred after the commencement of the insured journey.
 - Documentation confirming:
 - a) trip cancellation
 - b) non-refundable/refunded amount
 - Copy of the original itinerary.
 - Medical certificate indicating diagnosis and reason that the insured is unfit for travel, if applicable.
 - Death certificate, if applicable.
 - Proof of relationship to the Insured, if applicable.
- Journey re-arrangement
 - Original documentation/receipts indicating the additional travel and/or accommodation expenses incurred after the commencement of the insured journey outside Macau.
 - Documentation from common carrier or travel agent indicating the reason for travel re-arrangement.

第二部份 (丁)所需文件

- 行程取消/行程縮短
 - 顯示已付費用/按金或於受保行程開始後支付的額外住宿費用的收據正本
 - 酒店、航空公司證明文件以便確認:
 - i) 缺席出發/行程取消
 - ii) 退款金額/不能退款
 - 原有行程副本
 - 醫生證明受保人不適合旅程的診斷及原因 (如適用)
 - 死亡證明 (如適用)
 - 與受保人的關係證明(如適用)
- 行程更改
 - 於澳門以外的受保行程開始後的額外交通及/或住宿費用文件/收據正本
 - 由公共運輸機構/旅行社發出的文件顯示行程更改的原因

☐ Journey Cancellation 行程取消	Reason for journey cancellation, curtailment or re-arrangement 行程取消/行程縮短/行程更改的原因					
☐ Journey Curtailment 行程縮短						
☐ Journey Re-arrangement 行程更改						
From 由		To 至				
Period of original journey 原定行程	DD 日	MM 月	YYYY 年	DD 日	MM 月	YYYY 年
Period of curtailed/re-arranged journey 縮短/更改後之行程	DD 日	MM 月	YYYY 年	DD 日	MM 月	YYYY 年
If the journey curtailment/journey cancellation was due to death, serious injury or sickness of the insured/immediate family member/close business partner/ traveling companion, please state clearly the following 如行程取消或行程縮短原因是因為受保人本人或受保人的直系親屬或親密的生意伙伴或旅遊夥伴死亡、嚴重受傷或患病，請提供以下資料						
Full name of sick/injured/deceased person 死亡、受傷或患者姓名		Relationship to the Insured 與受保人關係		Diagnosis 診斷		

Section II E - Personal Accident (Fatal and Permanent Disability) 第二部份(戊) 個人意外(死亡及永久傷殘)

Documents required under SECTION IIE:

- Relevant incident report and police report
- Death Certificate if applicable
- Proof of claimant's relationship to the Insured, if applicable
- Medical report regarding the extent of permanent disability suffered

第二部份(甲)所需文件

- 有關意外的警方報告、事件報告
- 死亡證明，如適用
- 索償申請人與受保人的關係證明，如適用
- 顯示永久傷殘程度的醫療報告

Date and time 意外發生的日期及時間	☐ ☐ DD 日 MM 月 YYYY 年 A.M. / P.M. 上午 / 下午	Place of accident 意外地點
Full description of how the accident occurred, and the injuries sustained 詳述意外發生的經過及所遭受的損傷		
Name of Claimant (both English and Chinese) in fatal case 索償申請人中/英文姓名 (僅適用於死亡個案)	Claimant's relationship to the Insured 索償申請人與受保人的關係	Claimants' ID No/Passport No 索償申請人身份證/護照號碼
Cause of death, if applicable 死亡原因(如適用)	Permanent disability (degree and extent), if applicable 永久傷殘的程度(如適用)	

Section II F - Personal Liability 第二部份(己) 個人責任

Full description of the incident (including how, when and where it happened, and the extent of the damage/loss) 詳細描述意外發生的時間、地點及經過，以及損失程度	
Full name and telephone no. of the third party claimant 第三者索償人姓名及電話號碼	Full name and telephone no. of witness(es) if any 證人姓名及電話號碼(如適用)
Remarks 備註： • Any lawsuit, demand, claim or proceeding of any type relating to the incident of which the claimant becomes aware of, and received from the third party claimant, should be immediately forwarded to us without acknowledgement. 如收到任何第三者對有關事件的索償要求、法庭傳票、通告及書面命令，或涉及任何法律訴訟，切勿自行處理，應立即通知及提交本公司處理 • No liability should be admitted and no settlement or promise of payment should be reached or made to the third party without our prior approval. 未得到本公司事先同意前，不要向第三者承認任何責任或達成和解或付款承諾	

Section III – Declaration and Authorization 第三部份 聲明及授權

A. The undersigned Insured(s) / Claimant(s) HEREBY DECLARE that to the best of the Insured(s') / Claimant(s') knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. B. In relation to the personal data collected in this claim form, the Insured(s)/Claimant(s) agree and acknowledge that: (a) (unless specifically indicated otherwise in this form) the personal data requested in this form (or otherwise provided during the course of the claim process) is necessary for AIG Insurance Hong Kong Limited (Macau Branch) ("AIG Macau Branch") to process the insurance claim and any such data not provided may mean the claim cannot be processed. (b) the personal data collected in this form may be used by AIG Macau Branch for purposes which include 1) assessing, investigation, adjusting and making a decision on this claim; 2) otherwise for the purpose of administering the insured(s') insurance policy (including pursuing recovery from reinsurers) and 3) for other purposes stated elsewhere in this form. (c) AIG Macau Branch may transfer the personal data to its head office in Hong Kong or to the following classes of persons (whether based in Macau, Hong Kong or other jurisdictions) for the purposes identified in (b) above: i) third parties providing services related to the administration of the Insured's policy (including reinsurers); ii) financial institutions for the purpose of processing this application and obtaining policy payments; iii) loss adjusters, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers; iv) another member of the AIG group (for all of the purposes stated in (b)) in any country; or v) other parties referred to in AIG Macau Branch's Data Privacy Policy for the purposes stated therein. (d) The Insured(s)/Claimant(s) may gain access to, or request correction of their personal data (in both cases, subject to a reasonable fee) at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited (Macau Branch) at Unit 506,5/F, AIA Tower, No 251A-301 Avenida Comercial de Macau or enquiry.mo@aig.com. The full version of AIG Macau Branch's Data Privacy Policy can be found at www.aig.com.hk/macau. C. The Insured(s) / Claimant(s) hereby irrevocably authorize: (a) any organization, institution, or individual that has any information, record or knowledge of the Insured(s') health and medical history or any treatment or advice rendered thereto to disclose to AIG Macau Branch such information, record and knowledge; (b) AIG Macau Branch or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate the Insured(s') health status in relation to the Claims therein and any matter arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites; (c) the police that has any of the Insured(s') information to provide AIG Macau Branch with the information including but not limited to the police reports, witness statements, investigation and/or prosecution results; (d) airline(s) that has/have any of the Insured (s') information to provide AIG Macau Branch with the information including but not limited to flight details, booking details, irregularities reports and all information related to the Insured (s') bookings; and (e) any organization institution or individual that has any information, record or knowledge of the Insured(s') travel record to disclose to AIG Macau Branch such information, record and knowledge. This authorization shall bind the Insured(s') / Claimant(s') successors and assigns and remain valid notwithstanding the Insured(s') / Claimant(s') death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.			
A. 於本索償申請表簽署之受保人 / 索償申請人謹此聲明盡其所知所信，上述所申報的一切資料均屬正確無誤，並無任何保留。 B. 就有關從此索償申請表所收集的個人資料，受保人 / 索償申請人同意及確認： (a) 除非於本表格上另有訂明，本表格所要求提供的個人資料（或於處理索償時所要求提供的個人資料）是供美亞保險香港有限公司（澳門分行）（“美亞保險澳門分行”）處理保險索償申請的所需資料，若未能提供任何所需資料索償申請則可能不被處理； (b) 美亞保險澳門分行可按列於其私隱政策的用途使用此表格所收集的個人資料，其用途包括：1）評核、調查、調整及就此索償申請作出決定；2）管理受保人的保單(包括向再保險公司索取賠償)及3）任何於本表格其它位置列明的目的； (c) 美亞保險澳門分行亦可向其位於香港的總公司或以下類別的人士（不論在澳門、香港或其它地區）轉交該些個人資料，作上述（b）項所列明之用途： i) 提供有關本人 / 吾等保單管理服務的第三者（包括再保險公司）； ii) 財務機構，作處理此申請及收取保費； iii) 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜； iv) 其它在任何國家之AIG集團之成員公司，作上述（b）項所有列明之用途；或 v) 其它於美亞保險澳門分行私隱政策所列明的人士，作於私隱政策列明之用途。 (e) 受保人 / 索償申請人可隨時致函到美亞保險香港有限公司(澳門分行)之私隱事務主任(地址: 澳門商業大馬路251A-301號友邦廣場5樓506室或電郵: enquiry.mo@aig.com) 查閱、或要求修改其個人資料（美亞保險澳門分行可就查閱及修改要求收取合理費用）美亞保險澳門分行私隱政策的全文載於www.aig.com.hk/macau。 C. 受保人 / 索償申請人茲授權： (a) 任何知悉或擁有受保人之健康狀況及病歷或任何治療或諮詢記錄或資料及曾為或將為受保人診治之機構、組織或人士，向美亞保險澳門分行透露有關資料及記錄； (b) 美亞保險澳門分行或任何其認可之驗身醫生或化驗所，替受保人進行所需之醫療評估及測試，並對受保人之健康狀況進行審核及評估，作為處理本索償申請及其後與之有關的賠償事宜。此等化驗包括，但並不限於膽固醇及有關之血脂肪、糖尿病、肝或腎功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代謝產物之含量等化驗； (c) 警方向美亞保險澳門分行提供有關受保人之任何資料包括但不限於警察報告、証人口供、調查及 / 或檢控結果； (d) 航空公司向美亞保險澳門分行提供有關受保人之任何資料包括但不限於航班資料、訂位資料、違規報告及所有有關受保人之訂位資料；及 (e) 任何知悉或擁有受保人之出入境資料紀錄之機構、組織或人士向美亞保險澳門分行透露有關資料及紀錄。 此授權書不得撤回。在法律許可下，即使受保人 / 索償申請人死亡或喪失能力，此授權書仍然存有法律效力，而受保人/索償申請人之繼承人及轉讓人亦會受此授權書約束。此授權書之副本與正本均屬有效。			
Name of Insured / Claimant (if applicable) 受保人/索償申請人(如適用)姓名		Signature of Insured / Claimant (if applicable) (If the Insured is below the age of 18, the Insured's Parent/Legal Guardian should sign on his/her behalf) 受保人/索償申請人(如適用)簽署(如受保人未滿18歲，則由其父母或合法監護人簽署)	
Insured /Claimant's ID Card No./Passport No. 受保人/索償申請人身份證/護照號碼		Date 日期 DD 日 MM 月 YYYY 年	
Name of Parent/Legal Guardian (If Insured is below the age of 18) 父母/合法監護人姓名 (如果受保人未滿18歲)		Signature of Parent/Legal Guardian (if the Insured is below the age of 18) 父母/合法監護人簽署 (如受保人未滿18歲)	
Parent/Legal Guardian's ID Card No./Passport No. 父母/合法監護人身份證/護照號碼		Date 日期 DD 日 MM 月 YYYY 年	
Producer's Information (if applicable) 保單經紀資料 (如適用)			
Name 名稱	Code 編號	Mobile Phone No. 手提電話號碼	Email Address 電郵地址