

Travel insurance claim form (Hong Kong Baptist University) 旅遊保險索償申請表 (香港浸會大學)

Please ✓ the appropriate box and * delete where inappropriate. 請 ✓ 適用方格及於*號刪去不適用者。

Please use block letter if you fill in the form in English. 如用英文填寫資料，請使用正楷書寫。

For staff and student 適用於職員及學生

Claims submission 申請索償：

Please complete this claim form and submit it together with original medical receipts and all required supporting documents to Finance Office, Hong Kong Baptist University within 30 days following the loss. Otherwise, it may prejudice your claims under the Policy.

請於蒙受損失後30天內填妥本表格連同醫療收據正本及一切有關文件交回香港浸會大學財務處，否則可能影響您的賠償處理。

1. Personal information 個人資料

All fields are mandatory. 所有項目必須填報。

Policy no. **TTT0001125ZC**
保單號碼

Policyholder **Hong Kong Baptist University**
保單持有人 **香港浸會大學**

New submission 新申請
Submission Date (呈交日期)

Follow-up submission 補交申請
Submission Date (呈交日期)

Claim no. (if any) 索償編號 (如有)

Medical Expenses Claim 醫療費用索償:
Recovery status 康復情況
[] Fully Recovery 已經康復
[] Not Recovery 仍未康復

Name of insured person (English)
受保人姓名 (英文)

HKID card/Passport no. of insured (first four digits)
受保人香港身份證 / 護照號碼 (首四位號碼)

Type of insured 受保人類別

Staff 職員

Student 學生

Staff/Student ID no. 職員 / 學生編號

Department/Faculty 部門 / 學系

Date of birth 出生日期

Day日 Month月 Year年

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position 職位

Mobile phone no. 流動電話號碼

Email address 電郵地址

Hong Kong Correspondence address 香港通訊地址

Flat/Room 室 / 單位

Floor 樓

Block 座

Building 大廈

Estate name/No. & name of street/Lot no. 屋苑名稱 / 街名及門牌 / 地段

District 地區

HK/KLN/NT* 香港 / 九龍 / 新界*

2. Details of accident 意外詳情

Accident Location 意外地點

Details of accident 意外發生經過詳情

Accident date and time 意外日期及時間

Day日 Month月 Year年 Hour時 Minute分 AM/PM* 上午/下午*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. General information 一般資料

Travel period (departure from Hong Kong) from Day日 Month月 Year年 to Day日 Month月 Year年
旅程期間 (由香港出發) 由 [][][][][][][][][] 至 [][][][][][][][][]

Nature of trip Business/Study (please provide certificate issued by HKBU) Personal Both
旅遊性質 公幹 / 學業 (請提供由香港浸會大學發出的書面證明) 私人 兩者

Are you making any other insurance claim as a result of this incident? Yes No
您是否正就此次事件向其他保險公司索償? 是 否

If "Yes", please provide the name of insurance company and policy no.

如「是」, 請提供該保險公司名稱及保單號碼

4. Claim items 索償項目

Type of claims Medical expenses (including burn injury) Personal accident Baggage/Personal effects
索償類別 醫療費用 (包括燒傷) 人身意外 行李 / 隨身財物

Loss of money/travel documents Travel delay/Re-routing Baggage delay/emergency purchase
金錢 / 旅遊證件遺失 行程延誤 / 行程更改 行李延誤 / 緊急購物

Trip cancellation Trip curtailment Personal liability
取消行程 縮短行程 個人責任

3.1 Medical expenses 醫療費用

Accident location or symptom first appeared Date of accident or symptom first appeared Day日 Month月 Year年
意外地點或首次出現症狀地點 意外日期或首次出現症狀日期 [][][][][][][][][]

For injury claims, please provide the accident description. For illness claims, please state the symptom.

如申請受傷索償, 請詳述意外發生經過。如申請疾病索償, 請詳述有關症狀。

Overseas medical expenses amount (Please specify the currency) Hong Kong medical expenses amount Diagnosis
外地醫療費用金額 (請註明貨幣) (Policy Excess 自負額: HKD 150) 香港醫療費用金額 診斷結果

Do you/Will you receive any follow up treatment(s) in Hong Kong? If Yes, please provide the following details Yes No
您是否需要/將會在香港繼續治療或應診? 如是, 請提供以下資料。 是 否

Estimated recovery date Follow-up medical expenses in Hong Kong (if any) (HKD)
預計康復日期 香港繼續治療 / 應診的醫療費用金額 (如有) (港元)

Recovery status Fully recovered, no need for follow up treatment Not recovered, will have follow up treatment (compensation will be
康復情況 已經康復, 不須應診 仍未康復, 須繼續應診 (於完全康復後會進行賠償手續處理)

Basic supporting documents 基本證明文件

Please ✓ the provided document(s), our company may request for additional documents from insured person via Finance Office of HKBU.

請 ✓ 已提交的文件, 本公司可能聯絡香港浸會大學財務處向受保人要求提供額外相關索償文件。

- Original/certified true copy of medical bills showing the medical expenses and diagnosis
註明醫療費用、診斷結果之醫療單據正本 / 核實副本
- Copy of medical report and referral letter for medical treatments conducted by specialists, physiotherapists
醫療報告及專科治療、物理治療轉介信副本
- Copy of letter of hospital admission and discharge summary
入院紙及出院紙副本

4. Claim items (continued) 索償項目 (續)

3.2 Personal accident (additional information) 個人意外 (補充資料)

Accident location 意外發生地點 _____ Accident date 意外發生日期 Day日 Month月 Year年 _____ Accident time 意外發生時間 Hour時 Minutes分 _____

Accident condition 意外狀況 Death 死亡 Injured, please state the nature of injury(ies) 受傷·請列明傷勢

How did the accident occur? 事故是如何發生的? _____

Basic supporting documents 基本證明文件

Please ✓ the provided document(s), our company may request for additional documents from insured person via Finance Office of HKBU.
請 ✓ 已提交的文件·本公司可能聯絡香港浸會大學財務處向受保人要求提供額外相關索償文件。

<input type="checkbox"/>	Copy of properties or incident report by local police 當地警方之財物 / 事件報告副本
<input type="checkbox"/>	Copy of medical report/forensics officer report 醫療報告 / 法醫官報告副本
<input type="checkbox"/>	Original/certified copy of death proof and heritage management certificate or probate (if applicable) 死亡證副本及遺產管理書 / 遺囑認證正本或核實副本 (如適用)
<input type="checkbox"/>	Copy of immediate family relationship proof (e.g. birth certificate, marriage certificate) (if applicable) 直系親屬關係證明文件 (如出世紙、結婚證明書) 副本 (如適用)

3.3 Loss of baggage/personal effects/money/travel document 行李 / 隨身財物 / 金錢 / 旅遊證件遺失

Loss or damage items 遺失或損毀項目 Personal belongings 個人物品 Money 現金 Travel document 旅行證件
 Travel ticket 交通票據 Replacement cost of travel document 補發旅遊證件之費用

Place of loss/damage 遺失或損壞發生的地點 _____ Date of loss/damage 遺失或損壞日期 Day日 Month月 Year年 _____

State how the loss/damage occurred or discovered (e.g. where the property was placed, and where, when and how the loss was discovered)
詳細描述事件發生的經過 (如遺失物品、擺放位置、如何及何時發現自己物品遺失等) (Personal Belonging, Money, Document : Policy Excess: HKD 200)

Loss or damaged item name, brand and model 遺失 / 損毀財物之名稱、牌子及型號	Date of original purchase (Month, year) 原本購買日期 (月·年)	Original purchasing price (Please specify the currency) 原本購買價值 (請註明貨幣)	Repairing cost (Please specify the currency) 維修費 (請註明貨幣)
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Was the loss of properties reported to the local police? If Yes, please provide the following information.
遺失財物後·是否有向當地警方報失? 如是·請提供以下資料。 Yes 是 No 否

Report no. 檔案編號 _____ Date of report 報失日期 Day日 Month月 Year年 _____

- You can add supplementary paper if the provided space is insufficient.
如提供的位置不足·可另行加紙填寫。
- The claims amount may be affected if you cannot provide the purchase receipt/quotation for repairing the damaged item/accident details.
如不能提供遺失物件的購買收據 / 損毀財物的維修費報價單 / 事發詳情·有關賠償金額將會受影響。
- Our company will consider the market price and depreciation of the loss/damage items when evaluate the claim amount.
本公司在評核索償賠款時·會考慮遺失 / 損毀財物的市場價值及折舊率。

4. Claim items (continued) 索償項目 (續)

Travel delay 旅程延誤

	Departure date and time (Day, Month, Year, Hour, Minute) 出發日期及時間 (日·月·年·時·分)	Arrival date and time (Day, Month, Year, Hour, Minute) 到達日期及時間 (日·月·年·時·分)
Scheduled flight no. 原定航班編號	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Actual flight no. 實際航班編號	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Reason for travel delay (as stated on the supporting document) Weather condition Mechanical failure Riot/strike/civil commotion/terrorism
旅程延誤原因 (顯示於證明文件上的延誤原因) 天氣引致 機械故障 暴亂 / 罷工 / 內亂 / 恐怖活動

Operational reason Other
營運原因 其他

Delayed hour(s)
延誤時數

Hour時 Minute分

Curtailed of trip/Cancellation of trip 縮短旅程 / 取消旅程

You must apply for the refund of prepaid and unused travel and accommodation expenses from the related company(ies) before making this claim.
您必須在提交此索償前，向有關公司申請退還已支付及未有使用的交通及住宿費用。

Reason of interruption/curtailment/cancellation
旅程阻礙 / 縮短旅程 / 取消旅程之原因

- Insured or immediate family member's death, serious physically injury or serious illness within 30 days before departure date
受保人或直系親屬於旅程開始前30天內身故、患嚴重疾病或損傷
- Fire, flood or burglary for home of the insured person within one week before departure
旅程開始前一星期受保人居所發生火災、水浸或被盜竊
- Weather conditions, outbreak of strike/riot/civil commotion/infectious disease/terrorism/nature disasters at overseas destination within one week before departure
旅程開始前一星期海外目的地發生惡劣天氣 / 罷工 / 暴動 / 傳染病 / 恐怖活動 / 天災
- Other, please specify
其他，請註明

Prepaid and unused **traveling expenses** (Please specify the currency)
已支付及未有使用的**交通費用** (請註明貨幣)

Did you apply for the refund of prepaid and unused traveling expenses
有否申請退還已支付及未有使用的交通費用？

Yes, and confirmed the non-refundable expenses (Please specify the currency)
有，並確認無法追討已支付的費用 (請註明貨幣)

Yes 有 (waiting for reply 待覆)

No 沒有

Prepaid and unused **accommodation expenses** (Please specify the currency)
已支付及未有使用的**住宿費用** (請註明貨幣)

Did you apply for the refund of prepaid and unused accommodation expenses
有否申請退還已支付及未有使用的住宿費用？

Yes, and confirmed the non-refundable expenses (Please specify the currency)
有，並確認無法追討已支付的費用 (請註明貨幣)

Yes 有 (waiting for reply 待覆)

No 沒有

Additional traveling expenses incurred (if any) (Please specify the currency)
額外衍生的交通費用 (如有) (請註明貨幣)

Additional accommodation expenses incurred (if any) (Please specify the currency)
額外衍生的住宿費用 (如有) (請註明貨幣)

(Cancellation / Curtailed - Policy Excess : HKD200)
(縮短旅程 / 取消旅程 - 自負額 HKD200)

4. Claim items (continued) 索償項目 (續)

Basic supporting documents 基本證明文件

Please ✓ the provided document(s), our company may request for additional documents from insured person via Finance Office of HKBU.
請 ✓ 已提交的文件，本公司可能聯絡香港浸會大學財務處向受保人要求提供額外相關索償文件。

Baggage delay, travel delay or expenses for travel re-routing 行李延誤，旅程延誤或更改行程之費用

<input type="checkbox"/>	Copy of written report from the related public common carrier with reason(s) and duration for the travel delay or baggage delay 公共交通工具公司的旅程延誤原因、延誤時間之書面報告副本
<input type="checkbox"/>	Copy of scheduled and actual itinerary flight boarding pass/electronic boarding pass 原定及實際航班 (電子) 登機證副本
<input type="checkbox"/>	Copy of refundable or non-refundable proof from the related company of the additional accommodation, travel ticket or public common carrier expenses (must be applied for refund) 額外住宿費用、交通票據或公共交通工具公司可退還或不可退還之費用書面證明副本 (必需申請退還費用)

Cancellation/Curtailment/Re-route 取消 / 縮短行程 / 更改行程

<input type="checkbox"/>	Trip cancellation/curtailment proof e.g. copy of medical report or death certificate 有關取消或縮短行程原因之文件，如醫療報告或死亡證副本
<input type="checkbox"/>	Copy of purchase the air ticket or accommodation (for designated credit card travel insurance plan) 購買機票或住宿的簽賬證明副本 (指定信用卡旅遊保險計劃)
<input type="checkbox"/>	Copy of refundable or non-refundable proof from the related company of the additional accommodation, travel ticket or public common carrier expenses (must be applied for refund) 額外住宿費用、交通票據或公共交通工具公司可退還 / 不可退還之費用書面證明副本 (必需申請退還費用)
<input type="checkbox"/>	Copy of immediate family relationship proof (e.g. birth certificate, marriage certificate) (if applicable) 直系親屬關係證明文件 (如出世紙、結婚證明書) 副本 (如適用)

5. Claims documentation 索償文件

Please submit the required documents together with this form to Finance Office of HKBU. Our company may request for additional documents.
請連同所需之文件及此表格一併交回香港浸會大學財務處。本公司可能要求提供額外相關索償文件。

1. Original air ticket and boarding pass/common carrier (flight/vessel) ticket
機票及登機證之正本
2. All original medical receipts and medical reports for medical claims
所有醫療收據及發票正本
3. All original purchase receipts/invoices for baggage and emergency purchase claims
因行李延誤或遺失 / 損毀物件之原本購買收據及發票之正本
4. Relevant loss report from hotel management, airline company or police, etc.
由酒店、航空公司或警方等發出之損失報告
5. Copy of Hong Kong Baptist University Student Identity Card or Staff Identity Card
香港浸會大學學生證或職員證副本
6. Original of Letter issued by Hong Kong Baptist University certifying nature, itinerary and period of Insured Trip
由香港浸會大學所簽發的證明書正本，證明有關是次旅程性質及時間

6. Declaration and authorization 聲明及授權

1. I/We declare that all information provided by me/us above is true and complete to the best of my/our knowledge and belief and such information is provided without reservation or withholding of any kind.
本人 / 我們謹此聲明，以上由本人 / 我們所提供之全部資料乃據本人 / 我們所知所信屬真確及完整無誤，而本人 / 我們在提供資料方面並沒有任何保留或隱瞞。
2. I/We confirm that I/we have read, understood and agreed to **Zurich Insurance Company Ltd's ("the Company") privacy policy** as described below.
本人 / 我們確認本人 / 我們已閱讀、明白並同意以下所述**蘇黎世保險有限公司 (「貴公司」)**之私隱政策。
3. I/We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I/we have been observed or treated to give full particulars about my/our health or provide the relevant report or document to the Company or its agents.
本人 / 我們授權於任何曾替本人 / 我們作診療之醫生、醫務人員、醫院或診所提供有關本人 / 我們病歷之資料或提供有關的報告或文件予 貴公司或其代理人。
4. I/We hereby further authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies etc. who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about me/us or related incidents of injury, loss or damage to the Company or its agents.
本人 / 我們授權持有本人 / 我們投保資料、索償紀錄或任何有關資料之一方，包括但不限於警方及政府機構、航空公司、旅遊公司、保險公司等任何有關人士或組織，可以將部份或全部有關本人 / 我們是次受傷、損失或損毀相關事件等資料提供予 貴公司或其代理人。
5. A photocopy of this authorization shall be considered as effective and valid as the original.
此授權書之影印本與正本同屬有效。

7. Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”) 有關個人資料（私隱）條例（「私隱條例」）的客戶通知

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd (“Company”)** from time to time, which also includes data collected or generated in the ordinary course of the Company’s business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group (“**Zurich Insurance Group**”) for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由蘇黎世保險有限公司（「本公司」）不時收集或持有的客戶（包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人）個人資料，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料（例如從第三方收到的索償資料和病歷），均可供本公司及／或其所屬集團（「蘇黎世保險集團」）內的公司使用作為向客戶提供服務而必須的用途（否則本公司將無法為未能提供所需資料的客戶提供服務）。

Please read carefully the details of the Company’s privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires.

本公司之私隱政策詳載於www.zurich.com.hk/pics或可透過掃描QR碼細閱。您亦可致電2968 2288與我們的客戶服務中心聯絡又或向保險中介人查詢。



Name of insured person
受保人姓名

Signature of insured person
受保人簽署

Day日 Month月 Year年
Date 日期

Authorized signature and chop
Finance Office, Hong Kong Baptist University
香港浸會大學財務處簽署及蓋章

Day日 Month月 Year年
Date 日期

Claim submission is invalid without the signature and chop of HKBU. 沒有浸大簽署及蓋章之索賠提交將視為無效。

7. Appendix: Travel insurance claims guide (staff and student) 附件：旅遊保險索償指引（職員及學生）

Policy no. 保單號碼：TTT0001125ZC

Please refer to Insurance Summary for details of Claim Procedures in Insurance Summary which is available at the website <https://fohome.hkbu.edu.hk/for-students/information/insurance.html> or <https://fohome.hkbu.edu.hk/for-staff/information/insurance-for-staff-members.html> 如欲知詳細索償資訊，請登入網址 <https://fohome.hkbu.edu.hk/for-students/information/insurance.html> 或 <https://fohome.hkbu.edu.hk/for-staff/information/insurance-for-staff-members.html> 查閱「保單摘要」內的「索償事宜」。

Personal accident 個人意外

Please contact HKBU immediately for accidental death or series accident incurred. 如遇意外死亡或嚴重意外，請立即與浸大聯絡。

Medical expenses 醫療保障

Please attach the original of all medical bills showing the expenses and diagnosis. 請附上所有醫療費用單據正本。單據上應顯示醫療費用及醫生之診斷。

Worldwide emergency assistance 全球緊急支援服務

Services are provided by Inter Partner Assistance Hong Kong Ltd. For emergency circumstances please notify the 24 hour Worldwide Emergency Assistance Hotline: +852 2886 3977 (collect call) immediately. 此服務由Inter Partner Assistance Hong Kong Ltd. 直接提供，有緊急事故時請即時致電保險公司的24小時支援熱線：+852 2886 3977

Cancellation and curtailment 行程取消或縮短

Please state overleaf the reasons of cancellation/curtailment together with the documents proving the amount and cause of the loss e.g. confirmation letters from the airline company, medical reports, tour receipts etc. 請於背頁提供取消或縮短行程之理由，並附上有關之證明文件如：航空公司之證明信件、醫療報告、旅行團收據等。

Loss/Damage of baggage and personal effects and loss of travel document

行李及個人財物或損壞及旅遊證件遺失

- Please notify local police and other responsible parties such as the airline company and hotel immediately. 請於發現損失後即時通知當地警方及其他有責任的機構如航空公司及酒店等。
- Please state overleaf the circumstances, how the loss was discovered, incident report reference and full address of the policy station and hotel. 請於背頁提供事發經過及如何發現該損失、當地警方及酒店的正確地址及檔案編號。
- Please attach the original of the purchase/replacement receipts for the lost/damaged items. 請附上損失、補購物品之收據正本。
- Please provide photographs showing the damaged items and retain the damaged items for inspection. 請提供損壞財物的相片及保留損毀之財物以供檢驗。
- If the baggage was damaged/lost in the custody of the airline company, please lodge a complaint to the airline company immediately. 如閣下之行李於航空公司保管下受損，請即時追究航空公司。

8. Appendix: Travel insurance claims guide (staff and student) (continued)

附件：旅遊保險索償指引（職員及學生）（續）

Baggage delay 行李延誤

Please attach copy of the air ticket, boarding pass and written confirmation from the airline company stating the length of the length of the delay. If necessities were bought, please attach the original receipts.

請附上機票副本、登機證和航空公司發出之信件以證明班機因何延誤及延誤多久。如果曾購買必需品，請附上收據正本。

Flight delay 航班延誤

Please attach the copy of the air ticket, boarding pass and written confirmation from the airline company stating the length and cause of the delay. If hotel accommodation is involved, please attach the original receipts.

請附上機票副本、登機證及航空公司發出之信件以證明航班延誤原因及延誤時間。如曾住宿酒店，請附上收據正本。

Personal liability 個人責任

Please do not admit liability on or enter into any settlement agreement with the third party without our written consent and refer the third party claim to us. Upon completing the journey, please provide HKBU and us with the details of the accident as soon as possible.

如沒有得到我們同意，切勿與第三者私下訂立協議或承諾。如收到第三者之索償，請轉交及我們處理，於旅程結束後，請盡快向浸大及我們提供遇事之詳情。

Additional documents relevant to the claim may be required and to be forwarded up request of Zurich Insurance Company Limited (The Company). 如有所需，蘇黎世保險有限公司（本公司）將要求索償人提供額外之有關文件以供處理索償事宜用途。

Policy excess 保單自附額

1. Medical expenses 醫療費用	HKD 150 per sickness or injury 每病症或受傷
2. Cancellation and curtailment 行程取消或縮短	HKD 200 each and every loss 每宗索償
3. Personal baggage 個人行李	HKD 200 each and every loss 每宗索償
4. Money 現金	HKD 200 each and every loss 每宗索償
5. Travel document 旅遊證件	HKD 200 each and every loss 每宗索償

For any inquiries, please call Finance Office of Hong Kong Baptist University at 3411 7683.

有任何查詢，請致電3411 7683香港浸會大學財務處。