



**CHUBB GROUP OF INSURANCE COMPANIES  
FEDERAL INSURANCE COMPANY**

Incorporated in U.S.A. with limited liability

24th Floor Harcourt House, 39 Gloucester Road, Wanchai, Hong Kong.  
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**PERSONAL ACCIDENT / TRAVEL INSURANCE CLAIM FORM  
個人意外旅行保險索償申請表**

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY, AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY, WHETHER OR NOT A CLAIM IS MADE.

茲此聲明，填寫本申請函並不代表本公司已承諾了保險單責任，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 Insured: \_\_\_\_\_ 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

Telephone No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
電話號碼 出生日期

Address: \_\_\_\_\_  
地址

- Type of Claim:** 1)  Personal Accident 個人意外 2)  Medical Expense 醫藥費用  
**索償類別** 3)  Lost Baggage 行李遺失 4)  Delayed Baggage 行李延誤  
5)  Personal Money 個人金錢 6)  Personal Liability 個人責任  
7)  Flight Delay 飛機誤點 8)  Trip Cancellation 取消行程  
9)  Curtailment Expense 提早結束旅程 10)  Aircraft Hijacking 劫機  
11)  Emergency Medical Evacuation (Repatriation of Remains) 緊急運返保障

**Description of Claim:**  
索償事由

Date, Time and Place of accident: \_\_\_\_\_  
日期、時間及地點

Describe in full how the accident happened: \_\_\_\_\_  
請詳細描述事件發生的過程

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

Claim Items 索償項目	Purchase Date 購買日期	Original Cost 原來購買成本	Claim Amount 索償金額
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**DOCUMENTS REQUIRED:****索償的必備文件**

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索償申請，敬請提供以下列舉文件，一併將此申請函送回本公司

Type of Claim 索償種類	Personal Accident Medical Expense 個人意外/醫藥費用	Lost Baggage Delayed Baggage Flight Delay Aircraft Hijacking 行李遺失/延誤 飛機誤點/劫機	Evacuation Repatriation 緊急運返保障	Trip Cancellation Curtailment Expense 取消行程 提早結束旅程	Personal Money 個人金錢
For Business Travel: Company letter 只限商務旅行 公司證明信	✓	✓	✓	✓	✓
Itinerary Airticket voucher 行程表/機票存根	✓	✓	✓	✓	✓
Medical Report or Claim Items with original receipt 醫療報告或 索償項目及收據	✓	✓		✓	
Boarding Pass 登機證明		✓			
Common Carrier's Confirmation 公共交通運輸證明		✓			
Hotel's Confirmation & Police Report (if loss at hotel) 酒店證明及 警方報案證明 (如在酒店內遺失)		✓			✓
Relevant Documents 其他相關資料	✓	✓	✓	✓	✓

No. of Receipts submitted with the form \_\_\_\_\_ . Total claim amount HK\$ \_\_\_\_\_

內附文件共 \_\_\_\_\_ 份。索償金額共 \_\_\_\_\_

I hereby declare that to the best of my knowledge and belief, the above statements and answers are true and correct in every respect.

本人鄭重聲明本申請表上所載一切屬實無誤，並無隱瞞或不實說明等情事

**AUTHORIZATION 授權書**

**To be completed if you claim for Personal Accident or Medical Expense.**

如索償個人意外或醫療費用，請簽署以下授權書

I hereby authorize any hospital, physician, or other person who has attended or examined me, to furnish to Federal Insurance Company, or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A Photostat copy of this authorization shall be considered as effective and valid as the original.

本人茲授權任何醫院，醫師及其他曾替本人診治、護理，或檢查之人士，將部份或全部有關人受傷或疾病之醫療診斷報告及藥方等資料供給與聯邦保險公司或其代表人。此授權書如經攝成影印本，則影印本與正本俱同等之效力。

Signature 簽名

\_\_\_\_\_  
Claimant 索償人

\_\_\_\_\_  
Policy Holder/Insured 保單持有人

Name: \_\_\_\_\_  
連絡人

Date: \_\_\_\_\_  
日期