



EAGLE STAR

TRAVEL INSURANCE CLAIM FORM
旅遊保險索償表格

Completed Claim Form together with supporting documents should be forwarded to us within 30 days following the loss. Otherwise, it may prejudice your claim under the policy.

請於蒙受損失後三十天內填妥本表格連同一切有關文件交回本公司以便處理，否則可能影響台端之賠償。

Certificate No. 保單號碼: _____

Name of Insured 保戶姓名: _____

Name of Claimant 索償人姓名: _____

Address 地址: _____

_____ Telephone No. (Day Time) 日間聯絡電話: _____

Period of Insurance : Form 保險期由 _____ To 至 _____

Type of Claims: 索償類別	1. Medical Expenses 醫療費用	2. Personal Accident 人身意外	3. Baggage / Personal effects 行李／隨身財物
	4. Loss of Money / Documents 金錢／證件遺失	5. Travel Delay / Re-Routing 行程延誤／更改	6. Baggage Delay / Emergency Purchase 行李延誤／緊急購物
	7. Cancellation / Curtailment 取消／縮短行程	8. Others 其他 _____	

Place of Loss / Accident: 損失／意外地點: _____

Date and Time of Loss / Accident: 損失／意外日期及時間: _____

Details of occurrence: 事件發生詳情: _____

Total Claimed Amount 索償總額: _____

TO BE COMPLETED FOR CLAIM UNDER SECTION 1 – MEDICAL EXPENSES

如索償類別為第 1 節—醫療費用，必須填妥此部份。

A) Accident Cause – Nature of Injury: _____

甲) 意外—受傷性質

B) Sickness Cause – Describe diagnosis of sickness and treatment received: _____

乙) 疾病—所患疾病之名稱及所接受之治療

TO BE COMPLETED FOR CLAIM UNDER SECTION 3 – BAGGAGE & PERSONAL EFFECTS

如索償類別為第節一行李及隨身財物，必須填妥此部份。

Loss / Damaged Items 損失／損毀之物件	Date and Place of Purchase 購買地方及日期	Original Purchase Value 購入價值
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If space provided is inadequate, please use separate sheet of paper for item list. 如此欄不夠填寫，請另加紙張。

CLAIM DOCUMENTATION

索償文件

- Please attached 請附上
1. copy of Policy Certificate 保單副本
 2. all original medical receipts and medical reports for medical claims 所有醫療收據和報告之正本
 3. all original purchase receipts / invoices for baggage and emergency purchase claims 因行李延誤或遺失／損毀物件之購買收據／發票之正本
 4. relevant Loss Report from Hotel Management, Airline company or Police, etc 有關酒店、航空公司或警方等之紀錄報告

Additional documents relevant to the claim may be required and to be forwarded upon request of Eagle Star Insurance co. Ltd. (The Company).

如有所需，鷹星保險有限公司（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。

NOTE

註明

Any persons from whom the Company have collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. A request for such access may be made to the Personal Data Privacy Officer of the Company of Levels 15-17 Cityplaza 3, 14 Taikoo Wan Road, Hong Kong.

就提供上述資料的任何人有權查閱及要求更改由本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，可向本公司之個人資料私隱主任提出，地址為香港太古灣道 14 號太古城中心 3 期 15-17 樓。

DECLARATION AND AUTHORIZATION


聲明及授權書

I declare that to the best of my knowledge and belief the above statement and particulars contained are in all respects true and completed 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 Eagle Star Insurance Co. Ltd. A Photostat copy of this authorization shall be considered as effective and valid as the original.

本人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對保險公司作任何資料之保留。本人茲授權於任何曾替本人作診療之醫生、醫務人員、醫院或診所提供有關本人病歷之資料予鷹星保險有限公司，此授權書之影印本亦屬有效。

Date 日期: _____ Signature of Claimant 索償人簽署 _____

EAGLE STAR INSURANCE COMPANY LIMITED
(INCORPORATED IN THE ENGLAND & WALES WITH LIMITED LIABILITY)
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A member of the  Zurich Financial Services Group