

AIA International Limited

(Incorporated in Bermuda with limited liability)

TRAVEL INSURANCE CLAIM FORM旅遊保險賠償申請書

Applicable to Travel Care / Travel Smart / China Assist Protection

適用於「旅行樂」/「醒目遊」/「伴您遨遊中國」

For iTravel Protect policy, please us eClaim submission 若索償申請為「智遊保」,請使用「電子索償」

Policy Number 保單號碼	Name of Insured 受保人姓名	ID Card Number / Passport Number 身份證號碼 / 護照號碼						
NA 700 Mile			XXXX					
Area Code	Agency / Broker Name		Agent / Broker Code	 e	INCOME:			
區域編號	營業員組別 / 經紀名稱 		營業員號碼 / 經紀號	:碼				
			1 / TDV: T-I N					
Agency Code 營業員組別編號	Agent / TR's Name 營業員 / 業務代表姓名		Agent / TR's Tel. No 營業員 / 業務代表聯	o. ጶ絡電話	O4242112			
TR Membership Number 業務代表質	會員號碼 IA		ANG					
For proper follow up on your claims progress, your AIA financial planner / broker / IFA of your latest inforce policy can view this claim's information if no specific agent / broker / IFA / TR information is provided at above. 為了妥善地跟進您的賠償進度,若於以上沒有提供指定營業員 / 保險或理財顧問 / 業務代表資料,您最新生效保單的友邦財務策劃顧問 / 保險或理財顧問將能夠查閱是次申請資料。 If you do not agree on the above arrangement, please mark a "X" in the box. 如果您不同意上述安排,請於空格內劃上「X」號。								
PART I (TO BE COMPLETED BY INSURED / CLAIMANT) 第一部份(由受保人或申請人填寫)								
Country of Destination 行程目的地								
Period of Journey 行程日期								
From 由 L L L L L L L L L L L L L L L L L L	To 至L YYY年 MM月 DD	YYYY						
Insurance amount covered by other	· · · · · · · · · · · · · · · · · · ·							
Name of Company 公司名稱	Policy No. 保單號碼		f Benefit 受保類別 Amount Recoverable 可領					
	<u> </u>							
TYPE OF BENEFITS (Please ci	ross where appropriate) 索償業	順別(請於適 額	當方格內加上"X")				
Emergency Medical Assistance	& Expenses	5. Bagga	age Loss 個人行李 / ²	物件遺失				
緊急旅遊支援及醫療費用 Madical Expanses Baimbur		6. Travel Documents Loss 旅遊証件遺失						
Medical Expenses Reimbur		7. Personal Money 個人金錢						
Repatriation of Remains 遺			el Delay 行程延誤					
☐ Compassionate Visit 安排家			age Delay 行李延誤					
2. Personal Accident 個人意外			onal Liability 個人責任	Ē				
l <u> </u>	nberment 意外死亡及斷肢賠償							
Permanent Total Disability 🧖	永久完全殘廢賠償		passionate Death Ber	Netii 材效短心/年知				
3. Staff Replacement 替補員工	- -	12 Other	rs 其他: ————————————————————————————————————					
4. Journey Cancellation / Journ 取消行程 / 縮短行程(提早回	ney Curtailment (Early Return) 回程)							

PLEASE SIGN & RETURN IMMEDIATELY BUT NO LATER THAN 14 DAYS 請簽署後即時但不遲於14天內遞交 PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

Policy Number 保單號碼					

AIA INTERNATIONAL LIMITED 友邦保險(國際) 有限公司 (hereinafter called "AIA" 以下簡稱 "友邦保險")

PORTIAN TO TELE 裏写事: For customers who have registered FPS / o-Bankin, the payment will be remitted to the designated bank account. WHO PORTIAN TO TAL HIGH ()	nereinatter called "AIA" 以下同件 文邦休熙 /							
For customers who have registered FPS / e-Bankin, the payment will be remitted to the designated bank account. Spie Pay Lag May 1 機能の場所の 1 機能の	CLAIMS PAYMENT OPTION 支付賠償方法:							
upon completion of the registration。第三等市人的所有是连续型。 Windle Number	For customers who have registered FPS / e-BankIn, the payment will be remitted to the designated bank account. 如客戶已登記使用「轉數快」或「電子入賬服務」,賠償款項將會自動入賬至指定銀行戶口 To receive claims payment easily and conveniently, please register FPS / e-BankIn by completing the following: 為更方便快捷收到賠償款項,請填妥以下資料以即時登記「轉數快」或「電子入賬服務」:							
upon completion of the registration. 知此結構素の可見经不同。我們會直有開墾板至以上保軍。我們接於表或登世帝目發送気前極知德(tentity proof must be provided for registration of 18F5 / e-Bankin ty vou have not submitted a valid Identity Card / Passport before 如未曾提供更多的。	upon completion of the registration. 保單持有人的所有保單須登記「轉數快」或「電子入賬服務」以允許我們以「轉數快」或「電子入賬服務」支付賠償款項。 我們將於完成登記當日發送短訊通知您。 Owner's Mobile Number 持有人流動電話號碼:							
	upon completion of the registration. 如此號碼跟公司紀錄不同,我們會更新有關號碼至以上保單。我們將於完成登記當日發送短訊通知您。 Identity proof must be provided for registration of FPS / e-BankIn if you have not submitted a <u>valid Identity Card / Passport</u> before 如未曾提							
Please take the appropriate box, otherwise we will apply to all of your Hong Kong policies held with our Company, 提高推演用者 - 否则我們落意是次申请雇用分	Complete this section if application for Hong Kong Policy(ies) 請填妥以下部	分如申請涉及香港保單 :						
型於空間持有之所有音速程率。 Web FPS / East Mark ** to transfer policy benefits paid under the above policy to the below designated bank account. The transferred amount will not exceed the maximum limit set by the Company. 使用「轉數性」或「電子人販服務」將以上促單軟機所支行的保單利益稱入下列設定之銀行戶」轉入文全銀將不超過公司所述的上限。 a. FPS **轉數性 ** (Applicable to HKD payment only 只想用於格符前) Please select transferring policy benefits paid to either FPS CR e-Bankin 清洁漢 ** [轉數性] 或「電子人販服務」其中一環以前入以上促氧玻璃所支付之保证利益。								
maximum limit set by the Company, 使用,排數使,或「電子及服服務」將以上保單敬順所支付的保單和延轉下列指定之銀行戶口,轉入全會翻將不超過公司所定的上限。 Please select transferring policy benefits paid to gither FPS OR e-Bankin. 油選擇 Please select dether ONE of the "Proxy ID" below by marking a "X" on appropriate box and provide relevant information. More than one selection will be treated as invalid palpication. Your FPS account must also be registered under the policy owner. 请求 I 有限数分 II 有	您於公司所持有之所有香港保單。							
a. FPS* 轉數快* (Applicable to HKD payment only 只適用於港幣付款) Please select <u>either ONE</u> of the "Proxy 10" below by marking a "X" on appropriate boar and provide release information. More than one selection will be freated as invalid application. Your FPS account must also be registered under the policy owner. 指文 1 依隶年为月发生一度 "周期代史—1" (是现代下销载联发),经股份工作 可能的 1 是重量现所被 1 是重量现所被 1 是重量现所 1 是重量的 1 是重量的 1 是重量的 1 是重量的 1 是重量的 1 是重量的 1 是重要的	maximum limit set by the Company. 使用「轉數快」或「電子入賬服務」將以上定的上限。	保單號碼所支付的保單利益轉入下列指定之銀行戶口,轉入之金額將不超過公司所						
Pease provide bank account information below and submit together with the following application. Your FPS account must also be registered under the policy owner. [AUX SIZE]	Please select transferring policy benefits paid to <u>either FPS OR e-BankIn</u> . 請選擇	「轉數快」或「電子入賬服務」其中一項以轉入以上保單號碼所支付之保單利益。 ————————————————————————————————————						
PFPS Identifier 「轉數快」識別號碼:	Please select <u>either ONE</u> of the "Proxy ID"* below by marking a "X" on appropriate box and provide relevant information. <u>More than one selection</u> will be treated as <u>invalid</u> oplication. Your FPS account must also be registered under the policy owner. 請以 X」號選擇下列 <u>其中一種</u> 「識別代號」*及提供以下相關資料。若 多過一個選項 將被 為申請 <u>無效</u> 。「轉數快」的用戶註冊名稱必須同樣為保單持有人。 Email 電郵地址:							
Telephone No	FPS Identifier 「轉數快」識別號碼:	的戶口必須同樣為保單持有人。						
### Service" means the services provided by us to you from time to time to facilitate payments and funds transfer using the Faster Payment System and related systems and services from time to time provided by Hong Kong Interbank Clearing Limited, together with its successors and assigns. 「推達女怀系統服務(傳數後)」指沒們不時向您提供的感想,以讓我們使用由香港銀行同業結算有限公司及其繼承人及受讓人不時提供的快速支付系統及相關系统及服務。 "Proxy ID" means an identifier which may be accepted by HKICL for the registration of an account in the HKICL Addressing Service, including your mobile phone number, email address or FPS Identifier. 「論別代號」指結算公司接納用作結算公司服戶绑定服務服序。全配的識別資料(包括認多戶相談語、審局地址或「轉數仗」所以下銀方中的影及澳門保軍: Apply to all your Macau policies held with our Company. 是次申請應用於您於公司所持有之所有澳門保軍。 Apply to the following Macau policy / policies. 是次申請只應用於下列之澳門保軍: Please take the appropriate box; otherwise we will apply to all of your Macau policies held with our Company. 建次申请原用分配的分别的分别,并有之所有澳門保軍。 — e-BankIn 電子入胰服務 Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提文下列之文件: 1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account mumber. 任何利用于口持有人是优惠统派统证明的银行存指(信件 / 月結單(包括電子结單)/ 有效銀行中副本。 2) Joint account in the Macau 澳門銀行之名稱 My Account No. 本人之賬戶號碼 My Account No. 本人之賬戶號碼 My Account No. 本人之账戶號碼 My Account No. 本人之账戶號碼 My Account No. 本人之账戶號碼 My Account No. 本人之账戶號碼 MOP 澳門幣 Name as recorded on Bank Passbook / Statement (must be same as the Owner of the above Policy)	Mobile Number 手機號碼:							
***FPS Service** means the services provided by us to you from time to time to facilitate payments and funds transfer using the Faster Payment System and related systems and services from time to time provided by Hong Kong Interbank Clearing Limited, together with its successors and assigns. 「快速文付系統服務(轉數快)」指我們不時向您提供的快速文付系统及相關系统及服務。以讓我們使用由香港銀行同業結算有限公司及其銀承人及受護人不時提供的快速文付系统及相關系统及服務。 ***Proxy ID** means an identifier which may be accepted by HKICL for the registration of an account in the HKICL Addressing Service, including your mobile phone number, email address or FPS Identifier. 「黃別代號」指結算之可接的用作等分面更新集集反公司账户绑定服務账户登配的識別資料。包括您的手機觉据,電影地址或「轉數快」識別號碼。 **Complete this section if application for Macau Policy(ies) 請項安以下部分如申請涉及漢門保單: Apply to all your Macau policies held with our Company, 是次申請疾用於下列之澳門保單: Apply to the following Macau policy / policies. 是次申請只應用於下列之澳門保單: ●BAnkIn 電子人賬服務 Please take the appropriate box; otherwise we will apply to all of your Macau policies held with our Company, 請選擇適用者,否則我們將會把是次申請應用於您於公司所持有之所有澳門保單。 ●BankIn 電子人賬服務 Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件: 1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何列有戶口持有人級行服務。据表现所能可以表现所能稱意识的概念可以表现的概念,是可以表现的概念,是可以表现的概念,是可以表现的是可以表现的表现的是可以表现的是可以表现的是可以表现的是可以表现的是可以表现的是可以表现的是可以表现的是可以表现的是可以表现的是一个专家的工作,可以表现的是一个专家的工作,可以表现的是一个专家的工作,可以表现的是一个专家的工作,可以表现的工作,可以表现的工作,可以表现的工作,可以表现的工作,可以表现的工作,可以表现的工作,可以可以表现的工作,可以表现的工作,可以表现的工作,可以表现的工作,可以表现的工作,可以表现的工作,可以可以可以表现的工作,可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以		· · · · · · · · · · · · · · · · · · ·						
related systems and services from time to time provided by Hong Kong Interbank Clearing Limited, together with its successors and assigns. [快速文件系統服務(轉數快)」指投們不時向您提供的服務,以讓我們使用由香港銀行同業結算有限公司及其繼承人及受讓人不時提供的快速文付系统及相關系统及服務。 "Proxy ID" means an identifier which may be accepted by HKICL for the registration of an account in the HKICL Addressing Service, including your mobile phone number, email address or FPS Identifier. [論別代號] 指結算公司接納用作結算公司懸戶鄉定服務服务同整記的識別資料・包括您的手機號碼。電影地址或「轉數快」識別號碼。 Complete this section if application for Macau Policy(ies) 請提安以下部分如申請涉及澳門保單: Apply to all your Macau policies held with our Company. 是次申請應用於您於公司所持有之所有澳門保單。 Apply to the following Macau policy / policies. 是次申請只應用於下列之澳門保單: Please take the appropriate box; otherwise we will apply to all of your Macau policies held with our Company. 請選擇適用者,否則我們將會把是次申請應用於您於公司所持有之所有澳門保單。 — e-Bankin 電子入賬服務 Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件: 1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何利克民日持有人民任預集人政策的最近期的銀行存程度相关的基本(图片文书室),有效銀行卡副本。 2) Joint account is not allowed、不接受聯名戶口。 a-Bank Name in Macau 澳門銀行之名稱 My Account No. 本人之賬戶號碼 My Account No. 本人之賬戶號碼 My Account No. 本人之賬戶號碼 My Account No. 本人之賬戶號碼 My Account No. 本名之賬戶號碼 My Account No. 本名定於於 / Statement (must be same as the Owner of the above Policy)	* "FPS Service" means the services provided by us to you from time to time							
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phone number, email address or FPS Identifier. 「識別代號」指結算公司接納用作結算公司賬戶綁定服務賬戶登記的識別 資料,包括您的手機號碼。電郵地址或「轉數快」識別號碼。 Complete this section if application for Macau Policy(ies) 請填妥以下部分如申請涉及澳門保單: Apply to all your Macau policies held with our Company. 是次申請應用於您於公司所持有之所有澳門保單。 Apply to the following Macau policy / policies. 是次申請只應用於下列之澳門保單: Please take the appropriate box; otherwise we will apply to all of your Macau policies held with our Company. 請選擇適用者,否則我們將會把是次申請應用於您於公司所持有之所有澳門保單。 e-BankIn 電子入賬服務 Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件: 1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何列有戶口持有人及銀行無戶號碼最近期的銀行存摺/信件/月結單(包括電子結單)/有效銀行卡副本。 2) Joint account is not allowed. 不接受聯名戶口。 3) e-BankIn account must also be registered under the policy owner. 電子入賬服務的戶口必須同樣為保單持有人。 Bank Name in Macau 澳門銀行之名稱 My Account No. 本人之賬戶號碼 My Account No. 本人之賬戶號碼 My Account No. 本人之賬戶號碼 My Account No. 本人之服戶號碼 My Account No. 本人之服戶號碼 My Account No. 本人之服戶號碼 My Account Passbook / Statement (must be same as the Owner of the above Policy)								
で								
Complete this section if application for Macau Policy(ies) 請填安以下部分如申請涉及澳門保單: Apply to all your Macau policies held with our Company. 是次申請應用於您於公司所持有之所有澳門保單。 Apply to the following Macau policy / policies. 是次申請只應用於下列之澳門保單: Please take the appropriate box; otherwise we will apply to all of your Macau policies held with our Company. 請選擇適用者,否則我們將會把是次申請應用於您於公司所持有之所有澳門保單。 e-BankIn 電子入賬服務 Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件: 1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何列有戶口持有人及銀行賬戶號碼最近期的銀行存摺 / 信件 / 月結單(包括電子結單) / 有效銀行卡副本。 2) Joint account is not allowed. 不接受聯名戶口。 3) e-BankIn account must also be registered under the policy owner. 電子入賬服務的戶口必須同樣為保單持有人。 Bank Name in Macau 澳門銀行之名稱 My Account No. 本人之賬戶號碼 My Account No. 本人之賬戶號碼 MOP 澳門幣 Name as recorded on Bank Passbook / Statement (must be same as the Owner of the above Policy)								
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My Account No. 本人之賬戶號碼 MoP 澳門幣 Name as recorded on Bank Passbook / Statement (must be same as the Owner of the above Policy)		J戶口必須同樣為保單持有人。						
My Account No. 本人之賬戶號碼 HKD 港幣 MOP 澳門幣 Name as recorded on Bank Passbook / Statement (must be same as the Owner of the above Policy)	Bank Name in Macau 澳門銀行之名稱	Account Currency 賬戶貨幣						
		HKD 港幣 MOP 澳門幣						

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Policy Number 保單號碼									
Declaration & Authorization 聲明及授權 By using the FPS /e-BankIn, I / we confirm I / we have read and agreed to be bound by the terms and conditions as set out on AIA Corporate Website (www.aia.com. hk). 藉使用「轉數快」或「電子入賬服務」,本人/我們確認本人/我們已經閱讀AIA公司網頁內(www.aia.com.hk)列明之條款及條件,並同意受此約束。 Only if FPS / e-BankIn has not been registered or requested, we will follow payment option selected at below by marking a "X" in one of the boxes. 唯有未登記使用「轉數快」或「電子入賬服務」,我們將根據以下於空格內劃上「X」號的支付賠償方法。 Deposited the claims payment (in the same Policy Currency) in the ancillary Future Premium Deposit Account(s) ("FPDA"). Terms of Use of the FPDA shall govern and apply. (Applicable to Mainland Chinese Visitors policy only) 以相應的保單貨幣將賠償款項存入該保單附屬的「現金儲備金户口」。 「現金儲備金户口」的使用受其使用條款規範。(僅適用於抵港抵澳內地人士業務保單) Paid by Cheque in Policy currency (not applicable for FPS / e-BankIn customers) 以保單貨幣支票支付(不適用於「轉數快」或「電子入賬服務」之客戶) Paid by Cheque in Hong Kong Dollar (not applicable for FPS / e-BankIn customers) 以港幣支票支付(不適用於「轉數快」或「電子入賬服務」之客戶) (a) I / We understand that any benefits payable under the Policy will be paid in the latest policy currency as shown on the Policy Information Page of the Policy or, if applicable, the appropriate subsequent endorsement. Accordingly, the provision of the option to receive any such benefits in a currency other than the latest policy currency (the "Opted Currency") is solely a service offered by AIA at its discretion. 本人 / 我們明白所有保單利益之款項將根據保單資料頁或隨後所發出之批註(如適用)所載之最近期保單貨幣為準。因此,提供選擇以最近期的保單貨幣以外的貨幣(「選擇貨幣」)作為收取任何此等利益的貨幣只屬方用使用或方架保險門情提供之服務。 (b) I / We understand and agree that should I / we opt for payment of any benefits payable under the Policy in the Opted Currency, I / we will bear the necessary exchange difference, such difference being determined by AIA on the basis of AIA's internal exchange rates as at the time of the relevant currency conversion. 本人 / 我們同意承擔所需的兌換率而釐定。 OTHER INFORMATION 其他分類科									
DECLARATION AND AUTH	ORIZATIO	N 聲明及授權							
I / We DECLARE that the answers g I / We here by irrevocably authorize: a.any organization, institution, or ind any sorts), health, medical history or This authorization shall bind my / our legally possible. A photocopy of this 之詳情、健康狀況、病歷或任何治療被保人死亡或喪失能力,此授權書仍b.AIA / AIAB or any of its approved r / the Insured's health status in relatirelated blood lipids, diabetes, liver or disorder or the presence of medicatic 及測試,並對本人 / 我們/被保人之健 國之血脂肪、糖尿病、肾或肝功能失	my / our / t d by an au remain val al. 任何知 診治之機構 承人及轉讓 the neces herefrom. y syndrom 保險或任 其後與之	he Insured's employme thorized representative id notwithstanding my / 悉或擁有本人 / 太例 / 被供 人亦會受此授權書約束 sary medical assessme These testsmay include (AIDS), infection by a 可其認可之驗身醫生或何關的賠償事宜,不得擔	ent, sick leave in our / the Insure RA人之工作、 症保险透露有關。此授權書之 in ent and tests to e, but are not lany human imm 上驗所,替本人效回。此等化驗	may disclose a ed's death or in f假紀錄、意外 資料,不得撤 正本與副本i同 o underwrite a alimited to, test uunodeficiency / 我們/被保人 會包括,但並	nny such inform ncapacity in so 或損失(任何集 回,即使本人/ 屬有效。 nd evaluate my s for cholesterd virus (HIV), im 進行所需之醫療 不限於,膽固酌	ation. far as 順別) 我們 / / / our ol and mune 豪評估			
PERSONAL DATA COLLECTION AND USE I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC"). I / We declare and agree that anypersonal data and other information relating to me / us or my/ our policy(ies) or investments contained in this application or collected obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request. 【图文章中收集及使用 本人 / 我們確認本人 / 我們已閱讀及明白AIA個人資料收集聲明(「AIA個人資料收集聲明」)本人 / 我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料,可根據AIA個人資料收集聲明收集及使用。本人 / 我們知悉及同意就AIA個人資料收集聲明所述目的視乎情況轉讓本人 / 我們的個人資料至香港(如保單在香港繕發)或澳門(如保單在澳門繕發)境外予AIA個人資料收集聲明所載的資料承讓人。AIA個人資料收集聲明的最新版本可於以下網址或澳門(如保單在澳門繕發)境外予AIA個人資料收集聲明所載的資料承讓人。AIA個人資料收集聲明的最新版本可於以下網址							ected C.I./ u (for rsion 公收發		
下載:www.aia.com.hk,及可向貴公司索取。 Signature of Owner / Trustee 持有人 / 信託人簽署 (Please do not sign on blank form and use the signature on our file. 請勿在空白表格上簽署,並確保簽名與保單申請書一致)			Signature of Insured, if other than Owner / Trustee 受保人簽署,倘非持有人 / 信託人(Please do not sign on blank form and use the signature on our file. 請勿在空白表格上簽署,並確保簽名與保單申請書一致) (Whose age is 18 or above 年齡十八歲或以上必須簽署)						
Name 姓名			Name 姓名						
ID Card / Passport Number 身份	澄/護照號碼	Date 日期	ID Card / Passport Number 月期 Date 日期						
Relationship with the Insured 與受保人關係			Signatu 見証人質 Name 姓名	ure of Witness §署		Date 日期			
This declaration and authorization m 此聲明及授權書必須由受保人簽署,				the insured's parent / le	egal guardian o	can sign on his	s/her behalf.		
Please complete the following inform				署者非受保人,請填寫了	下列資料。				
Name of Insured 受保人姓名			Relationship with the Insured 與受保人關係						
Name of Insured 受保人姓名 (in block letter 正楷書寫)			(Please	provide documentary p	roof for the rel	っぷ ationship. 請扱	是交關係證明文(件)	

			Policy Number 保單號碼					
То	be (completed for claims under Benefit 1a – N	ledical Expenses Reimbursement ኳ	吅申請賠償類別為 1a -『醫療費用』適用				
1.		Date and time of accident / diagnosis made : 發生意外或疾病開始之日期及時間:	MM月 DD日 YYYY年	□□□ : □□□ □ A.M. 上午 HR 時 MIN 分 □ P.M. 下午				
		Where and how did accident happen / How long 發生意外之地點及經過/ 疾病之徵狀出現了多久? Accident Details 意外地點及經過:		s Duration 疾病徵狀出現多久:				
		Nature of accident / diagnosis of illness: 意外的情況、傷勢 / 病況的診斷 Nature of accident 意外的情況:	Diagnosis	of Illness 病況診斷:				
		Have you consulted any doctor or had medicine 於行程出發前有否向醫生求診或接受任何藥物治療 Yes 有 If Yes, please give details 如有,請 No 否	療?	our journey?				
	e)	Give details of consultations. 診治詳情						
			Name(s) and Address(es) of Doctor(s) / Hospital(s) 醫生 / 醫院名稱及地址	Consultation Date(s) 求診日期				
	i)	The doctor first consulted for this accident / illness and First Consultation Date 首次就診的醫生資料及日期		MM月 DD日 YYYY年				
	ii)	The doctor you last consulted for this accident / i liness and the Last Consultation Date. 最後求診的醫生資料及日期		MM月 DD日 YYYY年				
	iii)	If hospitalized, please state the period of hospitalization. 若曾住院,請列出住院時段。	From 由 Date of Admission 入院日期 MM月 DD日 YYYY年	To 至 Date of Discharge 出院日期 MM月 DD日 YYYY年				
2.	Plea	ase list below for the medical expenses to be clai	med. 請填寫欲索償之醫療費用詳情。					
		Consultation Date(s) 求診日期	Nature of expenses 醫療費用性質	Claimed Amount with Currency 索償金額及其貨幣				
		MM月 DD日 YYYY年						
		MM月 DD日 YYYY年						
Remarks 註: Please attach all relevant documents such as 1. Owner's ID copy 2. Original Receipts 3. Medical reports from the health care providers or Hospital Discharge Note 4. Lab Reports 5. Police Report 6. Passport / Entry Proof / Travel Tickets 7. Compensation Breakdown from other Insurers / Parties 請連同所有有關文件一併遞交:如 1.保單持有人的身份證副本 2.正本單據 3.由當地醫療機構發出之醫療報告或出院證明書 4.化驗報告 5.警察報告 6.護照 / 出入境證明/行程票據7.其他保險公司 / 機構發出之賠償細算表								
		completed for claims under Benefit 1d – C						
1.	Rea	ison for Compassionate Visit 安排家屬探望原因:		Destination 目的地:				
	探望	iod of Visit: 归期:	From 由 DD日 YYYY年	To 至 MM月 DD日 YYYY年				
3.		name of Immediate Family Member: 親屬姓名:	Name: 姓名:	Relationship to the Insured: 與受保人關係:				
4.		name of Minor: i姓名:	Name: 姓名:	Relationship to the Insured: 與受保人關係:				
5.		al Amount Claimed and its Currency 食金額及其貨幣	Amount: 金額:	Nature of Expenses 費用性質:				
Plea Pro 請導	Remarks 註: Please attach all relevant documents such as 1. Owner's ID copy 2. Medical reports from the health care providers or Hospital Discharge Note 3. Passport / Entry Proof / Travel Tickets 4. Travel Expenses Receipts 5. Relationship Proof 6. Burial / Cremation Certificate 請連同所有有關文件一併遞交:如 1.保單持有人的身份證副本 2.由當地醫療機構發出之醫療報告或出院證明書 3.護照 / 出入境證明/ 行程票據 4.酒店住宿及交通費用之單據 5.關係證明6.批准屍體火葬證明書							

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				F	Policy N	umk	er 保耳	旱號碼								
То	be	completed for claims under Be	enefit 2 – Pers	sonal	Accider	nt 如	申請賠	音償類別	為2	- [個人才	意外』	適用	J		
1.	a)	Date and time of accident : 發生意外或疾病開始之日期及時間			1.	. a)	MM月	DD日		YYYY		HR	:[時 I	MIN 分	=	A.M. 上午 P.M. 下午
	b)	Where and how did it happen? 意外地點及經過				b)										
	c)	Part of body injured and type of inju 受傷部位及傷勢	ıry			c)										
	d)	Full name and telephone no. of witt 見証人之姓名及其聯絡電話(如適月 Name of Witness(es) 見証人之姓名	月)					Tel No	o. of	Witne	ess(es) 見証	人之即	聯絡電 話	i	
DE	TAI	LS OF MEDICAL CONSULTATI	ON / HOSPITA	ALIZA	ATION 求	診別	住院 記	羊情								
2.	Det	tails of Physician(s) consulted or hos	pital(s) admitted	d for c	urrent acc	cider	nt durino	g the jour	rney	於旅	程中曾	求診	之醫生	或入住	之醫	院詳情:
	Name(s) and Address(es) of Doctor(s) / Hospital(s) 醫生 / 醫院 名稱及地址			Adı	mission / 住院		sultatior 診號碼	n No.(s)		Admission / Consultation Date(s) 住院 / 求診日期					e(s)	
											MM月] [DD日	Y	YYY	
											MM月] [DD日	Y	YYY	
											 MM月] [DD日	Y	YYY	
Plea Dea 請連	ise a th C	s 註: attach all relevant documents such as 1. ertificate 5. Beneficiary's ID copy 6. Pass f有有關文件一併遞交:如 1.保單持有人的 發明/ 行程票據 7.批准屍體火葬證明書	port / Entry Proof	/ Trave	el Tickets 7.	. Buri	al / Cren	nation Cer	rtifica	ite	•		_			•
To 如F	be 申請	completed for claims under Be 語篇質類別為4-『縮短行程』(提	enefit 4 – Jour 早回程) 或 『	rney 行程耳	Curtailm 及消』適	nent 用	(Early	Return	ı) or	r Jou	rney	Cano	ellat	ion		
1.		ason for Journey Curtailment / Cand 逗行程或取消行程之原因	ellation													
2.		riod of Journey Curtailment / Cancel 豆之行程或取消之行程時段	lation	From 由	n		DD日	YYY	YY年	2	o E M	M月	DD)日	Y	YYY年
3.		l name, address and telephone no. (亍社名稱、地址及聯絡電話號碼	of travel agent													
4.		al amount claimed and its currency 賞金額及其貨幣									lature	of Exp	pense	s 費用性	·質:	
5.	Clo	ne journey curtailment / journey cand se Business Partner, please state c 因受保人 / 直系親屬 / 公司合伙人死亡	early the followi	ings:								mme	diate f	Family N	/lem	ber /
		ull name of sick / injured person 者 / 受傷者姓名	Telephone No. 聯絡電話號碼		Relation 與受保人			nsured		Diagr 診斷	nosis			Injur 意夕		Illness 疾病

Remarks 註:

Please attach all relevant documents such as 1. Owner's ID copy 2. Unused ticket, deposit receipts 3. Medical reports from the health care providers 4. Death Certificate 5. Passport / Entry Proof 6. Written confirmation from Airlines / Public Common Carrier / Hotel 7. Police Report 8. Burial / Cremation Certificate 9. Compensation Breakdown from other Insurers / Parties

pensation Breakdown from other Insurers / Parties 請連同所有有關文件一併遞交:如 1.保單持有人的身份證副本 2.未能完成的行程之票據、訂金收據 3.由當地醫療機構發出之醫療報告 4.死亡証 5.護照 / 出入境證明 6.航空公司/輪船公司/酒店發出之書面證明7.警察報告 8.批准屍體火葬證明書 9.其他保險公 / 機構發出之賠償細算表

To 7 –	be completed f Personal Mone	or claims under E ey 如申請賠償類別	Benefit 5 – Baggage Los 為5-『個人行李遺失』	s, Benefi ,6-『旅	t 6 – Travel Docu 遊証件遺失』,及	ıment Loss and / 及/或7-『個人金釒	or Benefit 遠』適用	
1.	a) Date of Loss 物品遺失/損	•		1. a)	IM月 DD日	YYYY年		
	b) Where and h 發生地點及經	ow did it happen? 過		b)				
	c) Date and Time when the incidence was reported to the Police / related Parties 向警察局 / 有關機構報告事件的日期及時間				IM月 DD日 Y	YYY年 HR 時	A.M. 上午 MIN 分 P.M. 下午	
	d) Name and Address of the Police Station / Parties to whom the incidence was reported and its reference no., if any 警察局 / 有關機構之名稱及地址及其檔案編號(如適用者)							
2.	Details of lost / da	amaged items 遺失 /						
	Item(s) Lost 遺失 / 損	t / Damaged	Date of purchase / Documer Replacement 購買遺失 / 損毀之物品或 補發旅遊證件之日	Co	(Purchase) value / fost / Document(s) recost and its curl (購買)價值 / 修輔發旅遊證件之費用	eplacement rency 理費用/	irchase receipt(s) attached 購買單據隨賠償 申請書附上	
			MM月 DD日 YYYY			Ye	es 有	
		1	MM月 DD日 YYYY	/年		Y	es 有	
			MM月 DD日 YYYY	/年		Y6	es 有	
Plea ume othe 請連	ents replacement rec er Insurers / Parties 7 ē同所有有關文件一例	eipts 4. Receipts for Ad 7. Police Report f遞交:如 1.保單持有人	. Owner's ID copy 2. Written corditional hotel accommodation ar. .的身份證副本 2.航空公司 / 輪船 明6.其他保險公司 / 機構發出之賠	nd travelling 公司 / 酒店發	expenses 5. Passport 發出之書面證明3.購買物	/ Entry Proof 6. Comp	ensation Breakdown from	
To 如甲	be completed f 申請賠償類別為8	or claims under E 3-『行程延誤』及	Benefit 8 – Travel Delay a :/或9-『行李延誤』適用	and/or Be	enefit 9 - Baggag	e Delay		
	Reason for travel 行程延誤及/或行	/ baggage delay: 李延誤之原因:		1.				
	Public common c	ss and telephone no arrier 名稱、地址及聯絡電	o	2.				
3.	Details for Travel	/ Baggage Delay 行	程/行李延誤之詳情	•				
		val Date and Time 崔日期及時間	Actual Arrival Date ang 實際到達日期及時		Flight No. 航班編號	Duration of Travel / Baggage D 行程 / 行李延誤之時段		
Plea / Tra othe 請連	ivel Agent 4. Origina er Insurers / Parties [同所有有關文件一伊	I Receipts for Purchase	Owner's ID copy 2. Copy of boo of necessities / Hotel Accommo 的身份證副本 2.登機證 / 機票副本 2. 登機 過失	dation & Re	freshments 5. Passpor	rt / Entry Proof 6. Comp	pensation Breakdown from	
Plea / Tra othe 請連 據 5	ase attach all relevar avel Agent 4. Origina er Insurers / Parties 同所有有關文件一伊 護照 / 出入境證明6.	I Receipts for Purchase 并遞交:如 1.保單持有人 其他保險公司 / 機構發出	of necessities / Hotel Accommo 的身份證副本 2.登機證 / 機票副和	dation & Re 本 3.航空公司	freshments 5. Passpor 引/輪船公司/旅行社發	rt / Entry Proof 6. Comp	pensation Breakdown from	
Plea / Tra othe 請連 據 5	se attach all relevar ivel Agent 4. Origina ir Insurers / Parties 同所有有關文件一伊 護照 / 出入境證明6. be completed f	I Receipts for Purchase 并遞交:如 1.保單持有人 其他保險公司 / 機構發出	of necessities / Hotel Accommo 的身份證副本 2.登機證 / 機票副本 之賠償細算表	dation & Re 本 3.航空公司	freshments 5. Passpor 引/輪船公司/旅行社發	rt / Entry Proof 6. Comp	pensation Breakdown from	
Plea / Tra othe 請連 據 5	se attach all relevar ivel Agent 4. Origina ir Insurers / Parties 同所有有關文件一伊 護照 / 出入境證明6. be completed f	I Receipts for Purchase f遞交:如 1.保單持有人 其他保險公司 / 機構發出 for claims under c	of necessities / Hotel Accommo 的身份證副本 2.登機證 / 機票副本 之賠償細算表 other benefits 如申請其他 Time (an	dation & Re 本 3.航空公司 3.賠償類別 n / pm)	freshments 5. Passpor 引/輪船公司/旅行社發 J適用	rt / Entry Proof 6. Comp	pensation Breakdown from	
Plea / Tra othe 請連 據 5	se attach all relevanted Agent 4. Origina relasurers / Parties 同所有有關文件一份護照 / 出入境證明6 be completed f Details of claims Benefit Type	I Receipts for Purchase 并遞交:如1.保單持有人 其他保險公司/機構發出 for claims under c 其他賠償類別之詳情 Date	of necessities / Hotel Accommo 的身份證副本 2.登機證 / 機票副本 之賠償細算表 other benefits 如申請其他 Time (an	dation & Re 本 3.航空公司 3.賠償類別 n / pm)	freshments 5. Passpor 司/輪船公司/旅行社發 J適用 Place	t / Entry Proof 6. Comp 出之書面證明4.購買必 Nature of expenses	pensation Breakdown from 須品 / 酒店住宿及用膳之單 Claimed Amount with Currency	
Plea / Tra othe 請連 據 5	se attach all relevanted Agent 4. Origina relasurers / Parties 同所有有關文件一份護照 / 出入境證明6 be completed f Details of claims Benefit Type	I Receipts for Purchase f遞交:如1.保單持有人 其他保險公司/機構發出 for claims under c 其他賠償類別之詳情 Date 日期	of necessities / Hotel Accommo 的身份證副本 2.登機證 / 機票副本 之賠償細算表 other benefits 如申請其他 Time (an 時間(上午	dation & Re 本 3.航空公司 3.賠償類別 n / pm)	freshments 5. Passpor 司/輪船公司/旅行社發 J適用 Place	t / Entry Proof 6. Comp 出之書面證明4.購買必 Nature of expenses	pensation Breakdown from 須品 / 酒店住宿及用膳之單 Claimed Amount with Currency	

Policy Number 保單號碼

Folicy	Number 床单號閘						
SUPPLEMENTARY CLAIMS DETAILS 索償補充資料:							
Part II (TO BE COMPLETED BY AIA FINANCIAL PLANNER / BROKER / IFA) 第二部份(由友邦財務策劃顧問 / 保險顧問 / 投資顧問填寫)							
SUGGESTED CHECKLIST FOR AIA FINANCIAL PLANNER / BROKER / IFA 建議友邦財務策劃顧問 / 保險顧問/ 投資顧問參考事項							
I believe that the answers given above are true to the best of my knowl 我認為上述之答案全屬正確無訛。 Documents attached with this claim form 與申請表一起呈遞之文件 Owner's ID copy 保單持有人的身份證副本 Travel Document such as Passport, Entry Proof, Travel Tickets, Boarding Pass 旅遊文件如護照、出入境證明、行程票據、登機證等 Original Medical Expenses Receipts 醫療費用正本收據 Police Report 警察報告 Purchase Receipt for lost / stolen / damaged items 遺失 / 損毀之物品之單據 Compensation Breakdown from other Insurers / Parties 其他保險公司 / 機構發出之賠償細算表	ledge. Hotel Accommodation and Travelling Expenses Receipts 酒店住宿及交通費用單據 Medical Report or Hospital Discharge Note 醫療報告或出院證明書 Written Confirmation from Airlines / Public Common Carrier / Hotel 航空公司 / 輪船公司 / 酒店發出之書面證明 Death Certificate, Beneficiary's ID copy 死亡証、受益人之身份證副本 Purchase Receipts for Necessities / Documents Replacement Receipts 購買必須品 / 補發旅遊證件之單據 Others, please specify 其他,請註明:						
Signature of AIA Financial Planner / Broker / IFA / Witness 友邦財務策劃顧問 / 保險顧問 / 投資顧問/見証人簽署	Date 日期:						
☐ Please write down the correct policy number. 請填寫正確之保單號碼。	Please complete all the questions in Part I. 此表格上所有問題都必須作答。						
☐ Please attach Entry Proof. 請遞交出入境證明。	Please make sure the signature of the insured / owner in consistent with that in policy application. 請確保以上之簽名與保單申請書之簽名一致。						
Important Note 注意事項							
(a) In order to speed up your claim application, please attach the required claims documents together with this application form. If you want to get back the original medical receipt(s) / sick leave certificate(s) submitted, please also complete the "Request for Return of Original Document(s)" Form. We will notify you or our AIA financial planner / your broker / IFA if we need to obtain extra information from you or from outside parties to assess your claim. As the time required for obtaining the information is variable, the processing time of your claim will likely be longer. 为使能儘速辦理您的索償申請,請將此表格連同有關案償文件一併遞交。如欲退回任何呈交之正本醫療收據 / 病假證明書,請一併遞交「退回正本文件」申請表格。若我們有需要就審核閣下之賠償申請向您或其他人士索取額外資料,我們會通知您或友邦財務策劃顧問 / 您的保險顧問 / 投資顧問。因素取有關資料需時,賠償申請的審核時間會較長。 (b) In case you want to claim for other benefits, you have to complete an appropriate claim form of that respective claim type and file it in together with the necessary supporting evidence. 如您還需申請其他賠償類別,您須另行填寫及遞交相關的素償申請表格和所需證明。 (c) Please submit your claim application to our AIA financial planner / your broker / IFA or send it to us at the following address: 請將您的素償申請交予友邦財務策劃顧問 / 您的保險顧問 / 投資顧問,或郵寄至以下地址: • HK: AIA Wealth Select Centre, 12/F AIA Tower, 183 Electric Road, North Point, Hong Kong香港:友邦財駿中心,香港北角電氣道183 號友邦廣場12樓 • Macau: AIA Customer Service Centre, Unit 201, 2F, AIA Tower, Nos. 251A-301, Avenida Comercial de Macau, Macau 澳門:友邦客戶服務中心,澳門商業大馬路251A-301號友邦廣場2樓201室							

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