

## **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

-or i ravel Protect policy, please us eclaim submissior 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 / F 身份證號碼 / 護照號					
				XXXX	1000			
Area Code	Agency / Broker Name		Agent / Broker Cod					
區域編號	營業員組別 / 經紀名稱 		營業員號碼 / 經紀號	<b>虎碼</b>				
					04242112			
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. N 營業員 / 業務代表聯	0. 終絡電話				
TR Membership Number 業務代表記	會員號碼 IA		ANG					
information if no specific agent / b 營業員 / 保險或理財顧問 / 業務代表	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 "✓" in the box. 如果您不同意上述安排,請於空格內劃上「✓」號。							
PART I (TO BE COMPLETED E	BY INSURED / CLAIMANT) 第一	一部份(由受保	<b>民人或申請人填寫</b> )					
Country of Destination 行程目的地								
Period of Journey 行程日期								
From 由	To 至 L							
MM月 DD日 Y Insurance amount covered by other	YYY年 MM月 DD		<del>*</del>					
Insurance amount covered by other	Companies 及体形共同体際公司之	- 亚银						
Name of Company 公司名稱	Policy No. 保單號碼	Type of B	enefit 受保類別	Amount Recoverab	le 可領回金額			
TYPE OF BENEFITS (Please ti	ck where appropriate) 索償類兒	別(請於適當フ	5格內加上"✓")					
Emergency Medical Assistance	& Expenses	5. Bagga	age Loss 個人行李 /	物件遺失				
緊急旅遊支援及醫療費用  Madical Evacace Reimbur	rooment 殴奋弗田	6. Trave	l Documents Loss 旅	逐遊証件遺失				
Medical Expenses Reimbur  Emergency Medical Evacua		7. Perso	nal Money 個人金錢					
Repatriation of Remains 遺		8. Trave	l Delay 行程延誤					
☐ Compassionate Visit 安排家			age Delay 行李延誤					
2. Personal Accident 個人意外			nal Liability 個人責任	F				
Accidental Death & Dismen	nberment 意外死亡及斷肢賠償		assionate Death Bei					
Permanent Total Disability	永久完全殘廢賠償		s 其他:	…如此 刘 弘 [] [] [] [] []				
3. Staff Replacement 替補員工	- -	12. U Outer	3 共心・					
4. Journey Cancellation / Jour 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

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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")

nereinatter called "AIA" 以下固件 《及形体院》						
CLAIMS PAYMENT OPTION 支付賠償方法:						
IMPORTANT NOTE 重要事項: 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」: Remarks 註:						
To allow successful claims payment through FPS / e-BankIn, all policies belonged to same owner must be registered for FPS / e-BankIn. We will notify you by SMS 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:  We will update the telephone number to the above policy(ies) accordingly if it is different from the Company record. We will notify you by SMS 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。						
	ı have not submitted a <u>valid Identity Card / Passport</u> before.如未曾提					
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 :					
Apply to all your Hong Kong policies held with our Company. 是次申請應用於 Apply to the following Hong Kong policy / policies. 是次申請只應用於下列之						
您於公司所持有之所有香港保單。	g policies held with our Company. 請選擇適用者 <sup>,</sup> 否則我們將會把是次申請應用於					
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。	the below designated bank account. The transferred amount will not exceed the 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					
Please select transferring policy benefits paid to <u>either FPS OR e-BankIn</u> . 請選擇						
<b>a. FPS* 轉數快*</b> Please select <u>either ONE</u> of the "Proxy ID"# below by putting a tick on appropriate box and provide relevant information. <u>More than one selection</u> will be treated as <u>invalid</u> application. Your FPS account must also be registered under the policy owner. 請以 剔號選擇下列 <u>其中一種</u> 「識別代號」#及提供以下相關資料。若 <u>多過一個選項</u> 將被視為申請 <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:	D. 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)/有效銀行卡周本。					
FPS Identifier 「轉數快」識別號碼:	<ol> <li>Joint account is not allowed. 不接受聯名戶口。</li> <li>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。</li> <li>Bank Name and Branch in Hong Kong 香港銀行及分行之名稱</li> </ol>					
Mobile Number 手機號碼:						
Country Code Telephone No 國際電話區號 手機號碼	Bank No.       Branch No.       My Account No.         銀行編號       分行編號       本人之賬戶號碼					
* "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.  「快速支付系統服務(轉數快)」指我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支付系統及相關系統及服務。	Name as recorded on Bank Passbook / Correspondence / Statement / Bank card (must be same as the Owner of the above Policy) 銀行存摺 / 信件 / 月結單 / 銀行卡上所記錄之戶口持有人姓名(必須與上述保單持有人相同)					
# "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.						
「 <b>識別代號</b> 」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						
Apply to the following Macau policy / policies. 是次申請只應用於下列之澳門	<del></del>					
Please take the appropriate box; otherwise we will apply to all of your Macau poli 公司所持有之所有澳門保單。	icies 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					
e-Bankin 電子入賬服務						
Please provide bank account information below and submit together with the following  1) Copy of any recent bank passbook / bank correspondence / bank statement 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  2) Joint account is not allowed. 不接受聯名戶口。	(including e-statement) / valid bank card showing the account holder's name and					
3) e-BankIn account must also be registered under the policy owner. 電子入賬服務的	]户口必須同樣為保單持有人。					
Bank Name in Macau 澳門銀行之名稱	Account Currency 賬戶貨幣					
Name as recorded on Bank Passbook / Statement (must be same as t	HKD 港幣 MOP 澳門幣 he Owner of the above Policy)					
銀行存摺/月結單上所紀錄之戶口持有人姓名(必須與上述保單持有人村	目同) 					

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	Policy	Number 保單號碼						
Declaration & Authorization 聲明及授權 By using the FPS / e-BankIn, 1 / 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土業務保單) 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) (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到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友邦保險酌情所提供之服務。  (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 / 我們用自及同意如本人 / 我們那在原作,可以使用的原理解析,可以								
OTHER INFORMATION 其他資料								
DECLARATION AND AUTHORIZATION	ON 聲明及授權							
I/We DECLARE that the answers given above are true and complete. 本人/我們現聲明以上每一項答案為完全和真確。 I/We here by irrevocably authorize: 本人/我們茲授權: a.any organization, institution, or individual that has any record or knowledge of my / our / the Insured's employment, sick leave records, accident or loss details (of any sorts), health, medical history or any treatment or advice, that when requested by an authorized representative of AIA / AIAB may disclose any such information. This authorization shall bind my / our / the Insured's successors and assigns and remain valid notwithstanding my / our / the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original. 任何知悉或擁有本人/我們/被保人之工作、病假紀錄、意外或損失(任何類別)之詳情、健康狀況、病歷或任何治療或諮詢紀錄及曾為或將為本人/我們/被保人診治之機構、組織或人士、向友邦保險透露有關資料,不得撤回,即使本人/我們/被保人死亡或喪失能力,此授權書仍然存有法律效力,而本人/我們/被保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。b.AIA / AIAB or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my / our / the Insured's health status in relation to this application and any claimarising therefrom. These testsmay 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. 友邦保險或任何其認可之驗身醫生或化驗所,替本人/我們/被保人進行所需之醫療評估及測試,並對本人/我們/被保人之健康狀況進行審核及評估,作為處理本申請及其後與之有關的賠償事宜,不得撤回。此等化驗會包括,但並不限於,膽固醇及有及測試,並對本人/我們/被保人之健康狀況進行審核及評估,作為處理本申請及其後與之有關的賠償事宜,不得撤回。此等化驗會包括,但並不限於,膽固醇及有								
關之血脂肪、糖尿病、腎或肝功能失常、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、尼古丁及其代產品之含量等化驗。 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. 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.  [個人資料收集及使用 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式與門								
下載:www.aia.com.hk,及可向貴公司索里 Signature of Owner / Trustee 持有人 / 信託人 (Please do not sign on blank form and use 請勿在空白表格上簽署,並確保簽名與保單申請得	簽署 the signature on our file.	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 身份證 / 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		Signature of Witness 見証人簽署  Name 姓名  Date						
This declaration and authorization must be signe 此聲明及授權書必須由受保人簽署,若受保人為公		s a minor, the insured's parent / legal guardian can sign on his/her behalf. 簽署。						
Please complete the following information if the	ignature is not given by the insu	ured. 若簽署者非受保人,請填寫下列資料。						
Name of Insured 受保人姓名 (in block letter 正楷書寫)		Relationship with the Insured 與受保人關係 (Please provide documentary proof for the relationship. 請提交關係證明文件)						

			Policy Number 保單號碼							
То	To be completed for claims under Benefit 1a – Medical Expenses Reimbursement 如申請賠償類別為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 have the symptoms been existing? 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: Symptoms 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								
Plea Note 請連	ase a e 4. L !同所	s 註: ttach all relevant documents such as 1. Owner's ID cc .ab Reports 5. Police Report 6. Passport / Entry Proof / 有有關文件一併遞交:如 1.保單持有人的身份證副本 2.近 呈票據7.其他保險公司 / 機構發出之賠償細算表	Travel Tickets 7. Compensation Breakdown from	other Insurers / Parties						
		completed for claims under Benefit 1d – C	-	T						
1.	Rea	ison for Compassionate Visit 安排家屬探望原因:		Destination 目的地:						
2.		iod of Visit: 〖日期:	From	To AMM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:						
	小重	name of Minor: 旋姓名:	Name: 姓名:	Relationship to the Insured: 與受保人關係:						
5.		al Amount Claimed and its Currency 資金額及其貨幣	Amount: 金額:	Nature of Expenses 費用性質:						
Plea Prod 請連	ase a of / T ē同所	s 註: ttach all relevant documents such as 1. Owner's ID copy ravel Tickets 4. Travel Expenses Receipts 5. Relationsh 有有關文件一併遞交:如 1.保單持有人的身份證副本 2 據 5 關係證明6 批准屍體火整證明書	p Proof 6. Burial / Cremation Certificate							

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				F	Policy N	umb	per 保耳	單號碼								
То	To be completed for claims under Benefit 2 – Personal Accident 如申請賠償類別為2 -『個人意外』適用															
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		/YYY	年	HR	: : :	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 witn 見証人之姓名及其聯絡電話(如適戶Name of Witness(es) 見証人之姓名	月)					Tel No	o. of \	Witne	ss(es)	) 見証	人之	聯絡電詞	舌	
DE	TAI	LS OF MEDICAL CONSULTATI	ON / HOSPITA	ALIZ/	ATION 求	診別	及住院記	羊情								
2.	Def	tails of Physician(s) consulted or hos	spital(s) admitted	d for c	urrent acc	cider	nt durino	g the jour	ney	於旅科	呈中曾	求診。	之醫生	或入住	之醫	院詳情:
		Name(s) and Address(es) c Doctor(s) / Hospital(s) 醫生 / 醫院名稱及地址	of	Adı	mission / ( 住院		sultatior 診號碼	n No.(s)		,	Admis			sultatior 診日期	n Dat	te(s)
											 MM月		DD日		/YY	Y年
										I	 MM月	[	DD日		/YY	Y年
										I	 MM月		DD日		/YY <sup>^</sup>	<b> </b>
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 所有有關文件一併遞交:如1.保單持有人的 證明/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 Cert	tificat	е	·		•			
To 如	be 申請	completed for claims under Be 語償類別為4-『縮短行程』(提	enefit 4 – Jour 早回程) 或 『	rney 行程耳	Curtailm <b>及消</b> 』適。	nent 用	(Early	Return	) or	Jour	ney (	Cano	ellat	ion		
1.		ason for Journey Curtailment / Canc 显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目	YYY	Y年	To 至	: L	M月	DE	D 日	Y	YYY年
3.		I name, address and telephone no. o 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								Na L	ature o	of Exp	oense	es 費用性	生質:	
5.	Clo	ne journey curtailment / journey cand use Business Partner, please state cl 因受保人 / 直系親屬 / 公司合伙人死亡	early the followi	ings:			-					mmed	diate	Family I	Mem	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		Diagno 診斷	osis			Inju 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 Pe	completed for claims unde ersonal Money 如申請賠償類	r Benefit 5 – Baggage Lo 別為5-『個人行李遺失』	ss, Ber	efit 6 – Travel Dod 『旅遊証件遺失』,	cument Los 及/或7-『f	s and / or Be 個人金錢』適	nefit 用
1.	a)	Date of Loss / Damage 物品遺失 / 損毀之日期		1. a)	MM月 DD日	YYYY年		
	b)	Where and how did it happen? 發生地點及經過		b)				
	c)	Date and Time when the incide related Parties 向警察局 / 有關機構報告事件的		e/ c)			HR 時 MIN 名	☐ A.M. 上午 分 ☐ P.M. 下午
	d)	Name and Address of the Pothe incidence was reported and 警察局 / 有關機構之名稱及地址	d its reference no., if any	m				
2.	De	tails of lost / damaged items 遺纪	失/損毀之物品詳情					
		Item(s) Lost / Damaged 遺失 / 損毀之物品	Date of purchase / Docum Replacement 購買遺失 / 損毀之物品 補發旅遊證件之日	` '	(Purchase) value Cost / Document(s) cost and its cu (購買)價值 / / 補發旅遊證件之費	replacement urrency 修理費用/	atta 購買單掉	e receipt(s) ched 據隨賠償 書附上
			MM月 DD日 YYY	Y年			☐ Yes 有	☐ No 無
			MM月 DD日 YYY	Y年			☐ Yes 有	☐ No 無
			MM月 DD日 YYY	Y年			☐ Yes 有	☐ No 無
Plea ume othe 請連	ise a ents er Ins 语序	attach all relevant documents such a replacement receipts 4. Receipts for surers / Parties 7. Police Report 听有有關文件一併遞交:如 1.保單持不	Remarks 註: Please attach all relevant documents such as 1. Owner's ID copy 2. Written confirmation from Airlines / Public Common Carrier / Hotel 3. Purchase receipts / documents replacement receipts 4. Receipts for Additional hotel accommodation and travelling expenses 5. Passport / Entry Proof 6. Compensation Breakdown from other Insurers / Parties 7. Police Report in June 1. 保單持有人的身份證副本 2.航空公司 / 輸船公司 / 酒店發出之書面證明3.購買物品之單據 / 補發旅遊證件之收據 4.滯留期間之額外酒店住宿及交通費用之單據 5.護照 / 出入境證明6.其他保險公司 / 機構發出之賠償細算表 7.警察報告					
			M 71017 (10 ) (1 ) (1 ) (1 ) (1 ) (1 ) (1 ) (1	<b>治</b> 優細昇	長7.警察報告			20. 11.11 H 7 13 1 37 - RX
To	be 自譜	completed for claims unde 菩腔僧類別為8-『行程延誤』	r Benefit 8 – Travel Delay	and/or	長7.警察報告			
<b>如</b> 即	<b>申請</b> Rea	<b>completed for claims unde</b> 情 <b>賠償類別為8-『行程延誤』</b> ason for travel / baggage delay: 程延誤及 / 或行李延誤之原因:	r Benefit 8 – Travel Delay	and/or	長7.警察報告			
1.	Ful Pul	精賠償類別為8-『行程延誤』 ason for travel / baggage delay:	r Benefit 8 – Travel Delay 及/或9 – 『行李延誤』適』 no. of travel agent /	and/or	長7.警察報告			
1.	Ful Pul 旅	情賠償類別為8-『行程延誤』 ason for travel / baggage delay: 程延誤及 / 或行李延誤之原因: Il name, address and telephone blic common carrier	r Benefit 8 – Travel Delay 及/或9 – 『行李延誤』適 no. of travel agent /	and/or	長7.警察報告			
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1.	Ful Pul 旅	情賠償類別為8-『行程延誤』 rason for travel / baggage delay: 程延誤及 / 或行李延誤之原因: Il name, address and telephone blic common carrier 行社 / 航空公司名稱、地址及聯約 trails for Travel / Baggage Delay Expected Arrival Date and Time	r Benefit 8 – Travel Delay 及/或9 – 『行李延誤』適月 no. of travel agent / 電話號碼 行程 / 行李延誤之詳情	and/or	表 7.警察報告  Benefit 9 - Bagga	ge Delay	ion of Travel / E	Baggage Delay
1. 2. 3. Rem Plear / Tracoifing	Ful Re. Ful R	情賠償類別為8-『行程延誤』 rason for travel / baggage delay: 程延誤及 / 或行李延誤之原因: Il name, address and telephone blic common carrier 行社 / 航空公司名稱、地址及聯約 trails for Travel / Baggage Delay Expected Arrival Date and Time	r Benefit 8 – Travel Delay 及/或9 – 『行李延誤』適 no. of travel agent /  電話號碼  行程 / 行李延誤之詳情  Actual Arrival Date a 實際到達日期及 第 1. Owner's ID copy 2. Copy of b ase of necessities / Hotel Accomm 可人的身份證副本 2.登機證 / 機票 記	and/or 則 1. 2. nd Time 专間	Flight No. 航班編號	Durat  confirmation fro	ion of Travel / E 行程 / 行李延記 om Airlines / Publi f 6. Compensatio	Baggage Delay 吳之時段 c Common Carrier in Breakdown from
1. 2. 3. Renr Plead / Trao othe連接 5	Full Pull Pull Pull Pull Pull Pull Pull	精賠償類別為8-『行程延誤』  Passon for travel / baggage delay: 程延誤及 / 或行李延誤之原因:  Il name, address and telephone blic common carrier 行社 / 航空公司名稱、地址及聯絡  Italis for Travel / Baggage Delay  Expected Arrival Date and Time 預定到達日期及時間  Italis for Travel / Baggage Delay  Expected Arrival Date for Purch surers / Parties  新有有關文件一併遞交:如 1.保單持種	r Benefit 8 – Travel Delay 及/或9 – 『行李延誤』適 no. of travel agent / 《電話號碼 行程 / 行李延誤之詳情 Actual Arrival Date a 實際到達日期及 實際到達日期及 s 1. Owner's ID copy 2. Copy of b ase of necessities / Hotel Accomm 最大的身份證副本 2.登機證 / 機票 强出之賠償細算表	and/or 1. 2. 2. Ind Time sparding production 8	Flight No. 航班編號 ass / air ticket 3. Written Refreshments 5. Passp 公司/輪船公司/旅行社	Durat  confirmation fro	ion of Travel / E 行程 / 行李延記 om Airlines / Publi f 6. Compensatio	Baggage Delay 吳之時段 c Common Carrier in Breakdown from
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Policy Number 保單號碼

Folicy	Number						
SUPPLEMENTARY CLAIMS DETAILS 索償補充資料:							
SUFFICINIENTANT OLAHVIO DETAILO 来限而尤具行。							
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 / 建議友邦財務策劃顧問 / 保險顧問/ 投資顧問參考事項	BROKER / IFA						
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	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						
M遊文行如護照、古入児證明、17年宗像、豆機證寺  Original Medical Expenses Receipts  醫療費用正本收據	Death Certificate, Beneficiary's ID copy 死亡証、受益人之身份證副本						
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	□ 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	Date						
友邦財務策劃顧問 / 保險顧問 / 投資顧問/見証人簽署  Please write down the correct policy number.	日期:  Please complete all the questions in Part I.						
請填寫正確之保單號碼。  Please attach Entry Proof. 請遞交出入境證明。	此表格上所有問題都必須作答。  Please make sure the signature of the insured / owner in consistent with that in policy application.  请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.  為使能儘速辦理您的素價申請,請將此表格連同有關素價文件一併遞交。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價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,賠價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價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: 請將您的素價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 1903, 19/F 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19樓1903室							

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