

**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 use 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
<input type="text"/>	<input type="text"/>	<input type="text" value="XXXX"/>
Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼
<input type="text"/>	<input type="text"/>	<input type="text"/>
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 / 業務代表聯絡電話
<input type="text"/>	<input type="text"/>	<input type="text"/>
TR Membership Number 業務代表會員號碼	<input type="checkbox"/> IA <input type="text"/>	<input type="checkbox"/> ANG <input type="text"/>

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 To 至
MM月 DD日 YYYY年 MM月 DD日 YYYY年

Insurance amount covered by other Companies 投保於其他保險公司之金額

Name of Company 公司名稱	Policy No. 保單號碼	Type of Benefit 受保類別	Amount Recoverable 可領回金額
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE OF BENEFITS (Please cross where appropriate) 索償類別 (請於適當方格內加上“X”)

1. Emergency Medical Assistance & Expenses

緊急旅遊支援及醫療費用

- ☐ Medical Expenses Reimbursement 醫療費用
☐ Emergency Medical Evacuation 緊急醫療運送
☐ Repatriation of Remains 遺體運返費用
☐ Compassionate Visit 安排家屬探望

2. Personal Accident 個人意外

- ☐ Accidental Death & Dismemberment 意外死亡及斷肢賠償
☐ Permanent Total Disability 永久完全殘廢賠償

3. ☐ Staff Replacement 替補員工4. ☐ Journey Cancellation / Journey Curtailment (Early Return)
取消行程 / 縮短行程 (提早回程)5. ☐ Baggage Loss 個人行李 / 物件遺失6. ☐ Travel Documents Loss 旅遊證件遺失7. ☐ Personal Money 個人金錢8. ☐ Travel Delay 行程延誤9. ☐ Baggage Delay 行李延誤10. ☐ Personal Liability 個人責任11. ☐ Compassionate Death Benefit 身故體恤津貼12. ☐ Health Wallet 健康賞13. ☐ Others 其他：

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

CLAIMS PAYMENT OPTION 支付賠償方法：

For customers who have registered FPS / e-BankIn, the payment will be remitted to the designated bank account.

To receive claims payment easily and conveniently, please register FPS / e-BankIn by completing the following:

Remarks 註：

Owner's Mobile Number

持有人流動電話號碼：

Identity proof must be provided for registration of FPS / e-BankIn if you have not submitted a **valid Identity Card / Passport** before.如未曾提供有效的身份證 / 護照，需遞交身份證明文件作登記「轉數快」或「電子入賬服務」之用。

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. 是次申請應用於您於公司所持有之所有香港保單。
Remark: If the stated AIA financial planner / broker / IFA on this form is not my current servicing AIA financial planner / broker / IFA of other policies, I give consent to him / her to follow up my request for all Hong Kong policies.
備註：倘若表格上填寫的財務策劃顧問／經紀／獨立理財顧問並不是本人其他保單的財務策劃顧問／經紀／獨立理財顧問，本人同意他／她一併跟進我就所有香港保單的要求。
- ☐ Apply to the following Hong Kong policy / policies. 是次申請只應用於下列之香港保單：

Use "FPS / e-BankIn" 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「轉數快」或「電子入賬服務」將以上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定的上限。

Please select transferring policy benefits paid to **either FPS OR e-BankIn**. 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。

- ☐ a. FPS* 轉數快* (Applicable to HKD payment only 只適用於港幣付款)

Please select **either 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** application. Your FPS account must **also** be registered under the policy owner. 請以「X」號選擇下列**其中一種**「識別代號」*及提供以下相關資料。若**多過一個選項**將被視為申請**無效**。「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：

 FPS Identifier 「轉數快」 識別號碼：

Mobile Number 手機號碼：

()
Country Code
國際電話區號

Telephone No
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。

“**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.

「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。

- ☐
- b. 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。
- 4) Please ensure the bank account holder name is the same as the policy owner name, otherwise the payment will be rejected by banks. 請確保銀行戶口持有人姓名與保單持有人姓名一致, 否則入帳指示將不被銀行接納。

Bank Name and Branch in Hong Kong 香港銀行及分行之名稱

Bank No.
銀行編號

Branch No.
分行編號

My Account No.
本人之賬戶號碼

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）

[illegible]

☐ 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。
Remark: If the stated AIA financial planner / broker / IFA on this form is not my current servicing AIA financial planner / broker / IFA of other policies, I give consent to him / her to follow up my request for all Macau policies.
備註：倘若表格上填寫的財務策劃顧問／經紀／獨立理財顧問並不是本人其他保單的財務策劃顧問／經紀／獨立理財顧問，本人同意他／她一併跟進我就所有澳門保單的要求。

☐ e-BankIn 電子入賬服務

- 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。
- 4) Please ensure the bank account holder name is the same as the policy owner name, otherwise the payment will be rejected by banks. 請確保銀行戶口持有人姓名與保單持有人姓名一致, 否則入帳指示將不被銀行接納。

My Account No. 本人之賬戶號碼

[illegible]

HKD 港幣 MOP 澳門幣

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相同)

[illegible]

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。

☐ 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「現金儲備金戶口」。

☐ 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 / 我們明白及同意如本人 / 我們選擇任何保單下所作出的利益款項以「選擇貨幣」支付，本人 / 我們同意承擔所需的兌換差額，而該差額是有關貨幣兌換時依據友邦保險內部貨幣兌換率而釐定。

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 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，此授權書仍然存在法律效力，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 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 claim arising therefrom. These tests may 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，膽固醇及有關之血脂、糖尿病、腎或肝功能失當、愛滋病或感染人體免疫力缺乏病毒、免疫系統失當或體內藥物、毒品、尼古丁及其代產品之含量等化驗。

I / We hereby declare that the information given on this form is true and complete to the best of my / our knowledge and belief.
本人 / 我們現聲明此申請書上所填資料皆為本人 / 我們所知及所信之事實及其全部。

I / We confirm that I / we have read, understood and agreed to the Personal Information Collection Statement(s) of my / our policy issuer(s) and / or pension scheme provider(s), i.e. AIA International Limited (Hong Kong Branch), AIA International Limited (Macau Branch), AIA Company Limited and / or AIA Everest Life Company Limited, where applicable, (the "PICS") which is available for download: <https://www.aia.com.hk/en/privacy-statement-main>.

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies), account(s) or investments contained in this application or collected, obtained, compiled or held by my / our policy issuer(s) and / or pension scheme provider(s) by any means from time to time may be collected and utilized in accordance with the PICS.

I / We acknowledge and consent to the transfer of my / our personal data to parties within or outside Hong Kong (for policy(ies) / pension scheme(s) issued in Hong Kong) or Macau (for policy(ies) / pension scheme(s) issued in Macau), as the case may be, for the purposes as set out in the PICS.

The latest version of the PICS which complies with the relevant rules and regulations is / are available for download from the above website and upon request.

我 / 我們確認我 / 我們已閱讀、明白及同意我 / 我們的保單續發人及 / 或退休金計劃服務提供者（即友邦（國際）有限公司（香港分行）、友邦（國際）有限公司（澳門分行）、友邦保險有限公司及 / 或友邦雋峰人壽有限公司（如適用））的個人資料收集聲明（「該聲明」），該聲明可在以下網址下載

<https://www.aia.com.hk/zh-hk/privacy-statement-main>。

我 / 我們聲明及同意在本申請所載或我 / 我們的保單繕發人及 / 或退休金計劃服務提供者不時以任何方法收集、獲得、編製或持有的任何個人資料及關於我 / 我們的保單、帳戶或投資的其他資料，可根據該聲明收集及使用。

我／我們知悉及同意就該聲明所述目的轉移我／我們的個人資料至香港境外／境內（如保單／退休金計劃在香港／澳門境外／境內（如保單／退休金計劃在澳門／境內）（視乎情況而定）予該聲明所載的資料承讓人。

該聲明的符合相關守則及法規之最新版本可於以上網址下載及可供索取。

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 身份證 / 護照號碼

Date 日期

ID Card / Passport Number 身份證 / 護照號碼

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 日期

This declaration and authorization must be signed by the insured. If the insured is a minor, the insured's parent / legal guardian can sign on his/her behalf.
此聲明及授權書必須由受保人簽署，若受保人為小童，則可由其家長／合法監護人簽署。

Please complete the following information if the signature is not given by the insured. 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)

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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. a) 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			

		:		
HR 時	MIN 分			

☐ A.M. 上午
☐ P.M. 下午

b) 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：

--

--

c) 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：

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d) Have you consulted any doctor or had medicine treatment before the commencement of your journey?

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，請提供詳情：

☐ No 否

--

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		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MM月</td><td>DD日</td><td>YYYY年</td> </tr> </table>							MM月	DD日	YYYY年									
MM月	DD日	YYYY年																		
ii) The doctor you last consulted for this accident / illness and the Last Consultation Date. 最後求診的醫生資料及日期		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MM月</td><td>DD日</td><td>YYYY年</td> </tr> </table>							MM月	DD日	YYYY年									
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 <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MM月</td><td>DD日</td><td>YYYY年</td> </tr> </table>							MM月	DD日	YYYY年	To 至 Date of Discharge 出院日期 <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MM月</td><td>DD日</td><td>YYYY年</td> </tr> </table>							MM月	DD日	YYYY年
MM月	DD日	YYYY年																		
MM月	DD日	YYYY年																		

2. Please list below for the medical expenses to be claimed. 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									
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MM月</td><td>DD日</td><td>YYYY年</td> </tr> </table>							MM月	DD日	YYYY年		
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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

To be completed for claims under Benefit 1d – Compassionate Visit 如申請賠償類別為1d - 『安排家屬探望』適用

1. Reason for Compassionate Visit 安排家屬探望原因：	Destination 目的地：																			
2. Period of Visit: 探望日期：	From 由 <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MM月</td><td>DD日</td><td>YYYY年</td> </tr> </table>							MM月	DD日	YYYY年	To 至 <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MM月</td><td>DD日</td><td>YYYY年</td> </tr> </table>							MM月	DD日	YYYY年
MM月	DD日	YYYY年																		
MM月	DD日	YYYY年																		
3. Full name of Immediate Family Member: 直系親屬姓名：	Name: 姓名：	Relationship to the Insured: 與受保人關係：																		
4. Full name of Minor: 小童姓名：	Name: 姓名：	Relationship to the Insured: 與受保人關係：																		
5. Total Amount Claimed and its Currency 索償金額及其貨幣	Amount: 金額：	Nature of Expenses 費用性質：																		

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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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) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MM月</td><td>DD日</td><td>YYYY年</td><td>HR時</td><td>MIN分</td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <input type="checkbox"/> A.M. 上午 <input type="checkbox"/> P.M. 下午											MM月	DD日	YYYY年	HR時	MIN分					
MM月	DD日	YYYY年	HR時	MIN分																	
b) Where and how did it happen? 意外地點及經過	b) <table border="1"> <tr><td> </td></tr> </table>																				
c) Part of body injured and type of injury 受傷部位及傷勢	c) <table border="1"> <tr><td> </td></tr> </table>																				
d) Full name and telephone no. of witness(es), if any 見證人之姓名及其聯絡電話 (如適用) Name of Witness(es) 見證人之姓名 <table border="1"> <tr><td> </td></tr> </table> Tel No. of Witness(es) 見證人之聯絡電話 <table border="1"> <tr><td> </td></tr> </table>																					

DETAILS OF MEDICAL CONSULTATION / HOSPITALIZATION 求診及住院詳情

2. Details of Physician(s) consulted or hospital(s) admitted for current accident during the journey 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	Admission / Consultation No.(s) 住院 / 求診號碼	Admission / Consultation Date(s) 住院 / 求診日期						
		<table><tr><td><div></div></td><td><div></div></td><td><div></div><div></div><div></div><div></div></td></tr><tr><td>MM月</td><td>DD日</td><td>YYYY年</td></tr></table>	<div></div>	<div></div>	<div></div> <div></div> <div></div> <div></div>	MM月	DD日	YYYY年
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<div></div>	<div></div>	<div></div> <div></div> <div></div> <div></div>						
MM月	DD日	YYYY年						

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. Police Report 4. Death Certificate 5. Beneficiary's ID copy 6. Passport / Entry Proof / Travel Tickets 7. 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.警察報告 4.死亡証 5.受益人的身份證副本 6.護照 / 出入境證明 / 行程票據 7.批准屍體火葬證明書

To be completed for claims under Benefit 4 – Journey Curtailment (Early Return) or Journey Cancellation 如申請賠償類別為4 – 『縮短行程』(提早回程) 或 『行程取消』適用

1. Reason for Journey Curtailment / Cancellation 縮短行程或取消行程之原因																												
2. Period of Journey Curtailment / Cancellation 縮短之行程或取消之行程時段	From	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MM月</td><td>DD日</td><td>YYYY年</td><td></td><td></td><td></td> </tr> </table>							MM月	DD日	YYYY年				To	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MM月</td><td>DD日</td><td>YYYY年</td><td></td><td></td><td></td> </tr> </table>							MM月	DD日	YYYY年			
MM月	DD日	YYYY年																										
MM月	DD日	YYYY年																										
3. Full name, address and telephone no. of travel agent 旅行社名稱、地址及聯絡電話號碼																												
4. Total amount claimed and its currency 索償金額及其貨幣			Nature of Expenses 費用性質： <table border="1"> <tr><td> </td></tr> </table>																									
5. If the journey curtailment / journey cancellation is due to death, serious injury or sickness of the Insured / Immediate Family Member / Close Business Partner, please state clearly the followings: 若因受保人 / 直系親屬 / 公司合夥人死亡、嚴重受傷或病重而引致縮短或取消行程，請清楚填報下列資料：																												
Full name of sick / injured person 病者 / 受傷者姓名	Telephone No. 聯絡電話號碼	Relationship to the Insured 與受保人之關係	Diagnosis 診斷	Injury 意外	Illness 疾病																							
				<input type="checkbox"/>	<input type="checkbox"/>																							
				<input type="checkbox"/>	<input type="checkbox"/>																							
				<input type="checkbox"/>	<input type="checkbox"/>																							

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
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

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To be completed for claims under Benefit 5 – Baggage Loss, Benefit 6 – Travel Document Loss and / or Benefit 7 – Personal Money 如申請賠償類別為5—『個人行李遺失』，6—『旅遊證件遺失』，及/或7—『個人金錢』適用

1. a) Date of Loss / Damage 物品遺失 / 損毀之日期	1. a) <table border="1"> <tr> <td></td><td></td> <td></td><td></td> <td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="2">MM月</td> <td colspan="2">DD日</td> <td colspan="4">YYYY年</td> </tr> </table>									MM月		DD日		YYYY年										
MM月		DD日		YYYY年																				
b) Where and how did it happen? 發生地點及經過	b) <table border="1"> <tr> <td></td> </tr> </table>																							
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	c) <table border="1"> <tr> <td></td><td></td> <td></td><td></td> <td></td><td></td><td></td><td></td> <td>:</td> <td></td><td></td> <td><input type="checkbox"/> A.M. 上午</td> </tr> <tr> <td colspan="2">MM月</td> <td colspan="2">DD日</td> <td colspan="4">YYYY年</td> <td>HR 時</td> <td>MIN 分</td> <td><input type="checkbox"/> P.M. 下午</td> </tr> </table>									:			<input type="checkbox"/> A.M. 上午	MM月		DD日		YYYY年				HR 時	MIN 分	<input type="checkbox"/> P.M. 下午
								:			<input type="checkbox"/> A.M. 上午													
MM月		DD日		YYYY年				HR 時	MIN 分	<input type="checkbox"/> 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 / damaged items 遺失 / 損毀之物品詳情

Item(s) Lost / Damaged 遺失 / 損毀之物品	Date of purchase / Document(s) Replacement 購買遺失 / 損毀之物品或 補發旅遊證件之日	(Purchase) value / Repairing Cost / Document(s) replacement cost and its currency (購買) 價值 / 修理費用 / 補發旅遊證件之費用及其貨幣	Purchase receipt(s) attached 購買單據隨賠償申請書附上								
	<table border="1"> <tr> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>MM月</td><td>DD日</td> <td colspan="2">YYYY年</td> </tr> </table>					MM月	DD日	YYYY年			<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 無
MM月	DD日	YYYY年									
	<table border="1"> <tr> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>MM月</td><td>DD日</td> <td colspan="2">YYYY年</td> </tr> </table>					MM月	DD日	YYYY年			<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 無
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	<table border="1"> <tr> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>MM月</td><td>DD日</td> <td colspan="2">YYYY年</td> </tr> </table>					MM月	DD日	YYYY年			<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 無
MM月	DD日	YYYY年									

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

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. 航空公司 / 輪船公司 / 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

To be completed for claims under Benefit 8 – Travel Delay and/or Benefit 9 - Baggage Delay 如申請賠償類別為8—『行程延誤』及/或9—『行李延誤』適用

1. Reason for travel / baggage delay: 行程延誤及 / 或行李延誤之原因:	1. <table border="1"> <tr> <td></td> </tr> </table>	
2. Full name, address and telephone no. of travel agent / Public common carrier 旅行社 / 航空公司名稱、地址及聯絡電話號碼	2. <table border="1"> <tr> <td></td> </tr> </table>	

3. Details for Travel / Baggage Delay 行程 / 行李延誤之詳情

Expected Arrival Date and Time 預定到達日期及時間	Actual Arrival Date and Time 實際到達日期及時間	Flight No. 航班編號	Duration of Travel / Baggage Delay 行程 / 行李延誤之時段

Remarks 註：

Please attach all relevant documents such as 1. Owner's ID copy 2. Copy of boarding pass / air ticket 3. Written confirmation from Airlines / Public Common Carrier / Travel Agent 4. Original Receipts for Purchase of necessities / Hotel Accommodation & Refreshments 5. Passport / Entry Proof 6. 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. 登機證 / 機票副本 3. 航空公司 / 輪船公司 / 旅行社發出之書面證明 4. 購買必須品 / 酒店住宿及用膳之單據 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

To be completed for claims under other benefits 如申請其他賠償類別適用
1. Details of claims 其他賠償類別之詳情

Benefit Type 賠償類別	Date 日期			Time (am / pm) 時間（上午/下午）	Place 地點	Nature of expenses 費用性質	Claimed Amount with Currency 索償金額及其貨幣
	<div><div></div><div></div></div> <div>MM月</div>	<div><div></div><div></div></div> <div>DD日</div>	<div><div></div><div></div><div></div><div></div></div> <div>YYYY年</div>				
	<div><div></div><div></div></div> <div>MM月</div>	<div><div></div><div></div></div> <div>DD日</div>	<div><div></div><div></div><div></div><div></div></div> <div>YYYY年</div>				
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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 knowledge.

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

☐ 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 / 見證人簽署

Date

日期：

☐ Please write down the correct policy number.

請填寫正確之保單號碼。

☐ Please attach Entry Proof.

請遞交出入境證明。

☐ Please complete all the questions in Part I.

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.

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. You may check the required documents on our website (<http://www.aia.com.hk> > Help & Support > Health Care and Claims > How to file a Claim). 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索償申請，請將此表格連同有關索償文件一併遞交。有關申請索償所需遞交之文件，請參閱友邦的網頁 (<http://www.aia.com.hk> > 客戶支援 > 醫療保健和索償 > 如何索償)。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「申請退回正本文件表格」。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。因索取有關資料需時，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索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: 請將您的索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 Customer Service Centre, 12/F AIA Tower, 183 Electric Road, North Point, Hong Kong
香港：友邦客戶服務中心，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



Download our AIA+ mobile app to manage your policy!
下載 AIA+ 手機應用程式以便輕鬆管理您的保單！