



TRAVEL INSURANCE CLAIM FORM

ONLY FOR CASH BENEFIT OF TRAVEL DELAY

旅遊保險索償表格 - 旅程延誤之現金津貼專用

Please complete this form in block letters to Claims Department at "Allied World Assurance Company, Ltd 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong".

請用正楷填寫表格，送交 Allied World Assurance Company, Ltd 世聯保險有限公司理賠部，地址為香港鰂魚涌太古坊華蘭路18號港島東中心 22 樓。

Tel 電話：+852 2968 3221 Fax 傳真：+852 2917 6179 Email 電郵：hk_claims@awac.com

- NOTE:**
1. Must complete all required information in this form otherwise it may delay the processing of your claim.
 2. No supporting document is required upon submission of this form, however we reserve our rights to request further information or supporting document for processing the claim application.

- 注意事項:**
1. 必須填妥本表格所有要求的資料否則有關賠償申請有可能會受延誤。
 2. 提交本表格時不需附加證明文件，唯本公司保留要求更多資料或證明文件以作處理賠償申請的權利。

(1) CLAIMANT'S INFORMATION 索償人資料

Name of Insured (Policyholder) 受保人(保單持有人) 姓名	Policy No. 保單號碼
Name of Claimant (if different from above) 索償人姓名(如與上述不同)	HKID Card No. 香港身份證號碼
Daytime Contact No. 日間聯絡電話	Email 電郵
Correspondence Address 通信地址	

(2) DELAY OF BOOKED COMMON CARRIER 已安排乘搭之公共交通工具的延誤

Type of Common Carrier and its Number 公共交通工具的種類及其編號		(Please <input checked="" type="checkbox"/> the appropriate box 請 <input checked="" type="checkbox"/> 以選適合空格)	
<input type="checkbox"/> Flight 飛機 <input type="checkbox"/> Ship 輪船 <input type="checkbox"/> Train 火車 <input type="checkbox"/> Other(Please specific) 其他(請註明) _____		Number 編號 _____	
Cause of Delay 延誤原因			
<input type="checkbox"/> Strike 罷工 <input type="checkbox"/> Industrial Action 工業行動 <input type="checkbox"/> Adverse weather 惡劣天氣 <input type="checkbox"/> Natural Disaster 天然災難 <input type="checkbox"/> Mechanical Breakdown 機件故障			
Original Departure Date & Time 原定出發日期和時間	*AM / PM *上午/下午	Origin 出發地	Destination 目的地
Y 年 / M 月 / D 日	hr 時 / min 分		
Actual Departure Date & Time 實際出發日期和時間	*AM / PM *上午/下午	Hours of Delay 延誤時數	
Y 年 / M 月 / D 日	hr 時 / min 分		
*Delete if appropriate 刪除不適用			

(3) AUTHORIZATION AND DECLARATION 授權及聲明

For the purpose of assessing my/our claim, I/we hereby authorize Allied World Assurance Company, Ltd ("Allied World") or its authorized representative to collect any and all information with respect to the claimant's or my/our loss, police statement made and the like from any person, party and/or authority that has any records or is holding any information of the claimant or me/us; and authorize any person, party and/or authority that has any records or is holding any information of the claimant or me/us to disclose to Allied World or its authorized representative, any and all information with respect to the claimant's or my/our loss, police statement made and the like. A photocopy of this authorization shall have the same effect as the original.

I/We understand and consent that Allied World may verify or release the information and documents collected to relevant parties, including but not limited to carrier, travel agent, insurance company or other organization, including copies thereof, which it may deem necessary for the said purpose.

I/We declare to the best of my/our knowledge and belief that the information given is true in every respect. I/We also agree that any concealment or incorrect statement in connection with this claim may result in legal liability and the policy shall become void.

本人(等)謹此授權 Allied World Assurance Company, Ltd 世聯保險有限公司(「貴公司」)或其授權代表，向任何持有索償人或本人(等)之任何記錄或資料的人仕、有關人等、及/或有關當局，索取任何或所有有關索償人或本人(等)之損失、口供或任何相關資料，並授權任何持有索償人或本人(等)任何記錄或資料的人仕、有關人等、及/或有關當局，向貴公司或其授權代表，提供任何或所有有關索償人或本人(等)之損失、口供或任何相關資料，作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

本人亦明白及同意貴公司如就收集目的認為有需要，可查核或提供予有關人士，包括但不限於運輸公司、旅行社、保險公司或其他團體等，所收集得的資料及文件及其副本等。

本人(等)謹此聲明，根據本人所知及所信，本索償表格上填報之資料均實屬無訛。本人(等)並同意，任何蓄意欺騙或隱瞞將構成法律責任並導致保單失效。

Signature of the Insured (Policyholder) _____ Date _____
受保人(保單持有人) 簽署 _____ 日期 _____
With company chop (if any) 附公司印鑑(如適用)

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

Personal Information Collection Statement

Purpose of Collection

Allied World Assurance Company, Ltd (“Allied World”) may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

Transferee

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World’s companies;
- Reinsurers;
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World's other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities,

in each case both within and outside of the Hong Kong Special Administrative Region.

Marketing and Promotion

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies’ general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer’s signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World’s Compliance Officer at the contacts set out below.

Access Requests and Corrections

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd by mail to 22/F, One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to hkcompliance@awac.com.

個人資料收集聲明

資料收集目的

Allied World Assurance Company, Ltd 世聯保險有限公司(「本公司」)可能收集並使用閣下的個人資料，作為營運其保險業務及下列目的之用：

- 處理閣下的保險申請；
- 安排保險合約及管理已發出的保單；
- 索償處理、調查及分析；
- 為客戶設計產品或服務；
- 推廣、改善及進一步提供本公司及其集團公司的產品、服務；及
- 遵守適用於本公司的法律或規則要求。

一般而言，閣下向本公司提供個人資料屬自願性質。如閣下未能給予足夠的資料，本公司可能無法提供所需保險服務。

資料轉移

本公司持有的客戶資料將予保密，但本公司可能會把閣下的個人資料提供給下列各方作上述用途：

- 本公司的集團公司；
- 再保險公司；
- 中介人包括保險代理人及保險經紀；
- 索償調查者、公證行及其他專業顧問；
- 本公司其他指定服務提供者，提供包括以下服務：電訊、資訊科技、行政、數據處理、付款處理、緊急援助、法律及醫療；
- 任何保險業組織或聯會及其成員；及
- 任何必要人士以符合任何相關的法律或規則要求，或監管機構之命令，

以上各項適用於香港特別行政區境內及境外。

市場推廣

貴為本公司的重要客戶，本公司及其集團公司可能會透過閣下所提供的個人資料如姓名及聯絡方法，向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠，及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

如閣下已於投保書勾選位於投保人簽署上方的空格表示不願接收任何市場推廣資料和最新消息，本公司將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時要求本公司停止使用閣下的個人資料作直接推廣用途。屆時請按照下述聯絡方式通知本公司的條例事務主任。

資料查閱要求及更改

閣下有權要求查閱及更改本公司所持有的任何有關您之個人資料。有關申請可循下列途徑向本公司之條例事務主任提出：郵寄至香港鰂魚涌太古坊華蘭路18號港島東中心22樓，或傳真至+852 2968 5111，或電郵至 hkcompliance@awac.com。