

Please complete this form in block letters and submit it together with all relevant documents 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，連同有關證明文件，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

Use separate sheet if not enough space on this form. We may request for further information for handling the claim application. Submission of this form is not construed as our admission of any liability. 倘本表格不敷填寫，請另加紙張。本公司有權要求索償人提供更多資料以處理賠償申請。提交該表格並不代表本公司承擔賠償責任。

(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) GENERAL INFORMATION 基本資料

Date of Incident/ Loss 事故發生日期	Y 年 M 月 D 日	Place of Incident/ Loss 事故發生地點
Details of Incident/ Loss (Cause & Circumstance) 詳述事故發生原因和經過		
Is this incident/loss covered by any other insurance? 該事故是否受保於其他保單?	<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有	Submitted claim to another insurer or reported to police? 有否就此向其他保險公司索償或報警?
If Yes, please specify 如有，請詳述：		If Yes, please specify 如有，請詳述：

(3) BENEFITS CLAIMED 索償項目

 Please the appropriate box(es) 請 選適合空格

3.1	<input type="checkbox"/> Medical Expenses 醫療費用 <input type="checkbox"/> Hospital Cash 住院現金	<input type="checkbox"/> Personal Accident 人身意外 <input type="checkbox"/> Mugging 街頭行劫	<input type="checkbox"/> Trauma Counselling 創傷輔導保障
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Description of Injury / Diagnosis 受傷情況 / 病情	
Treatment Received 已接受的治療	Claim Amount (HK\$) 索償金額 (港元)

3.2	<input type="checkbox"/> Cancellation 取消旅程 <input type="checkbox"/> Rental Vehicle Excess 租車自負額	<input type="checkbox"/> Curtailment 縮短旅程 <input type="checkbox"/> Emergency Purchase 緊急購物	<input type="checkbox"/> Personal Liability 個人責任
Study Tour Insurance 遊學保險：			
<input type="checkbox"/> Missed Event 缺席活動	<input type="checkbox"/> Missed School 缺席課程	<input type="checkbox"/> Resumption of Study 重返課程	

Description of Claim Item(s) 索償項目	Claim Amount (HK\$) 索償金額 (港元)
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3.3 **Travel Delay/ Re-routing 旅程延誤/ 更改行程**

* Delete if appropriate

Type of Common Carrier and the Number

公共交通工具的種類及編號

Original Departure Date & Time 原定出發日期和時間	*AM / PM *上午/下午	Hours of Delay 延誤時數
_____	_____	_____
Y年/M月/D日	hr時/min分	
Actual Departure Date & Time 實際出發日期和時間	*AM / PM *上午/下午	Cause of Delay 延誤原因
_____	_____	_____
Y年/M月/D日	hr時/min分	
Additional Transportation /Accommodation Expenses due to Re-routing 因更改行程而引致的額外交通/住宿費用		Claim Amount (HK\$) 索償金額 (港元)
_____		_____

3.4 **Baggage, Traveling Documents and Cash**

行李、旅行證件及現金

Description of Damaged/Lost Item(s) 損毀/遺失物品	Year of Purchase and Price 購買年份及金額	Claim Amount (HK\$) 索償金額 (港元)
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total Claim Amount (HK\$) 總索償金額 (港元)

(4) AUTHORISATION AND DECLARATION 授權及聲明

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

I/We declare to the best of my/our knowledge and belief that the information given is true in every respect. I/We 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醫院、醫生、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、損傷、病歷、口供或任何相關資料，並授權任何持有索償人或本人(等)任何記錄或資料的醫院、醫生、人仕、有關人等、及/或有關當局，向 Allied World Assurance Company, Ltd 世聯保險有限公司或其授權代表，提供 任何或所有有關索償人或本人(等)之損失、損傷、病歷、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(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) 受保人 (保單持有人) 簽署	_____	Date 日期	_____
	With company chop (if any) 附公司印鑑 (如適用)		
Signature of the Claimant 索償人簽署	_____	Date 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 group 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。

Please submit the following documents together with the form for more efficient processing of your claim.
為更有效率地處理您的申請，請連同以下文件提交索償表格

(A) Tickets confirming departure and return dates, e.g. boarding pass(es) 出發及回程日期的證明文件，例如飛機、車、船的乘搭證或票據副本							
(B) Documents Required 所需文件	Types of Benefits 保障類別						
	Personal Accident / Medical Expenses/ Hospital Cash/ Trauma Counselling/ Mugging 個人意外/醫療費用/住院現金/創傷輔導保障/街頭行劫	Cancellation/ Curtailment (Including Study Tour) 取消行程/縮短行程(包括遊學保險)	Travel Delay/ Re-routing Expenses 行程延誤/更改行程費用	Baggage, Travelling Documents and Cash 行李, 旅行證件及現金	Emergence Purchase 緊急購物	Rental Vehicle Excess 租車自負額	Personal Liability (do not admit liability) 個人責任(不要承認責任)
Medical Certificate/ Medical Report/ Death Certificate (if applicable) 醫療證明/ 醫療報告/ 死亡證(如適用)	✓	✓					
Original medical/ hospital bills and receipts 醫療/ 住院發票及收據正本	✓						
Scheduled and revised itinerary, voucher, booking invoice and receipt 原定及更改後的行程表、入住證、訂購/訂房發票、旅遊安排單據等		✓	✓				
Refund confirmation for hotel, tour or travel arrangement; Relative relationship proof (if applicable) 酒店、旅行團或旅遊安排的退款證明；親屬關係證明(如適用)		✓					
Confirmation from airline/ common carrier on number of hours delayed & reasons 航空公司/ 公共交通機構發出延誤時數及原因的證明			✓		✓		
Original receipts for purchase of necessity 購買必需品的單據正本					✓		
Loss or damage report from relevant authorities e.g. police, airline or hotel, and photo of the claimed item (if applicable) 有關機構發出的遺失或損毀報告(如警方、航空公司或酒店)、及損毀物品的相片(如適用)				✓		✓	✓
Original purchase receipt and repair quotation/ exchange slip/ withdrawal records 購物單據及維修報價/ 銀行兌換收據/ 提款記錄				✓			
Rental Vehicle Contract 出租車合約						✓	