閩信保險有限公司
MIN XIN INSURANCE COMPANY LIMITED
(A WHOLLY-OWNED SUBSIDIARY OF MIN XIN HOLDINGS LIMITED)

香港總行 Head Office：香港中環紅棉路8號東昌大廈17樓
17/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong
電話Tel: (852) 2826 3660 傳真Fax: (852) 3020 5063
電郵E-mail: cs@mxic.com.hk

澳門分行 Macau Branch：澳門南灣湖景大馬路810號中國工商銀行大廈6樓E座
Avenida Panorâmica do Lago Nam Van, no. 810, Edif. ICBC Tower, 6.˚andar E, Macau
電話Tel: (853) 2830 5686 傳真Fax: (853) 2830 5600
電郵E-mail: macaucs@mxic.com.hk

索償申請表請電郵至
claims@mxic.com.hk
或傳真: 3020 5063

閩信「暢悠遊」旅遊綜合保險索償申請表 (香港)
MIN XIN TRAVEL PACKAGE INSURANCE CLAIM FORM (Hong Kong)

請閣下於蒙受損失後三十天內填妥本表格連同一切有關文件(正本)交回本公司以便處理，否則可能影響閣下之索償處理。

Please complete this claim form and submit to us together with all required supporting documents (Original) within 30 days following the loss. Otherwise, it may affect the process of your claim.

1. 投保人資料 Insured Details

保單持有人姓名 Name of Policyholder	保單號碼 Policy No.
受保人 / 索償人姓名 Name of Insured Person / Claimant	聯絡電話 Contact No.
受保人 / 索償人身份證號碼 Insured Person / Claimant HKID No.	電郵地址 E-mail address
父母 / 合法監護人姓名 (適用於受保人未滿 18 歲) Name of Parent/Legal Guardian (applicable if Insured Person below age of 18)	聯絡電話 Contact No.
父母 / 合法監護人身份證號碼 Parent / Legal Guardian HKID No.	電郵地址 E-mail address
通訊地址 Correspondence Address	

2. 索償事由 Description of Claim

事發地點 Place of Loss / Accident	旅遊期 Travel Period： 由 From 至 To
事發日期及時間 Date and Time of Loss / Accident	索償總額 Total Amount Claimed
事件發生詳情(如空間不夠填寫，請另加紙張) Details of Occurrence (if space is inadequate, please write on a separate paper)	

3. 索償項目及索償文件 Claim Items and Documentations

請確保所需之文件連同本表格一併交回。本公司保留權利在需要時要求閣下提供額外有關索償之資料及文件。

Please ensure the required documents are submitted with this form. We reserve our right to request additional information/ documents when necessary.

請勾選下列適用之空格 Please check an appropriate box below.

<table>
<tr><td>申請賠償項目
Nature of Benefit Claimed</td><td>賠償文件清單及說明 (如空間不夠填寫，請另加紙張)
Claim Documents Checklist and details (If space provided is inadequate, please write on a separate paper)</td></tr>
<tr><td>☐ 醫療費用
Medical Expenses</td><td>1. 顯示醫療費用及診斷之醫療單據正本
Original medical bills/receipts showing the medical expenses and diagnosis
2. 請詳細說明意外受傷之過程，醫療診斷及所接受之治療
Please specify in details how the accident happened, medical diagnosis and treatment received
_____
_____
3. 轉介信及磁力共振 / X 光檢查 / 物理治療之醫療報告副本
Copy of referral letters and medical reports for MRI / X-ray / Physiotherapy treatment
4. 閣下是否需要在香港繼續治療 / 應診？
Do you need to attend follow up treatment / consultation in Hong Kong?
☐ 是 Yes ☐ 否 No</td></tr>
<tr><td>☐ 人身意外
Personal Accident</td><td>1. 死亡證副本 Copy of death certificate
2. 醫療報告 / 法醫官報告副本 Copy of medical report / coroner’s report
3. 警方報告副本，如有 Copy of police report, if any
4. 遺產管理書之正本 / 核實副本 Original / Certified true copy for the Letters of Administration</td></tr>
<tr><td>☐ 個人行李遺失/損毀
Loss / Damage of Personal Baggage</td><td>1. 遺失/損毀物品之購買收據正本 Original purchase receipts for the lost / damaged item(s)
2. 顯示損毀物品程度的相片 Photographs showing the extent of damage to the claim item(s)
3. 當地警方及其他有責任的機構如航空公司及酒店等發出之書面報告副本
Copy of written report issued by local police and other responsible parties such as airline company and hotel
4. 損毀物品之維修報價單 Copy of repair quotation for the damaged item(s)
有責任的機構如航空公司或酒店有否作出賠償 Did the responsible parties offer any compensation?
☐ 有 Yes ☐ 沒有 No 如有，請詳述 If yes, please specify:_____
<table>
<tr><td>損失/損毀之物件
Loss/Damaged Items</td><td>購買地方及日期
Date & place of purchase</td><td>原來購入價值
Original purchase value</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>☐ 個人現金或旅行證件損失 Loss of Personal Money or Travel Documents</td><td>1. 警方報告副本 / 口供紙 Copy of police report / statement
2. 額外住宿費用或交通費用收據 Original official receipts for extra accommodation fee or traveling expenses
3. 補發遺失之旅行證件收據正本 Original official receipt for replacement of lost travel documents
4. 兌換收據/ 提款記錄 Foreign currency exchange slip / withdrawal records</td></tr>
<tr><td>☐ 租車自負額保障
Rental Vehicle Excess</td><td>1. 租車綜合保單條款副本 Copy of comprehensive insurance policy for rental vehicle
2. 租車合約副本 Copy of vehicle rental agreement
3. 自負額收據及租車收據之正本 Original excess receipt and rental receipt
4. 損壞事故報告副本 Copy of incident report and damage report</td></tr>
</table>

索償項目及索償文件(續) Claim Items and Documentations (Continued)

申請賠償項目 Nature of Benefit Claimed	賠償文件清單及說明 (如空間不夠填寫，請另加紙張) Claim Documents Checklist and details (If space provided is inadequate, please write on a separate paper)
☐ 旅程 / 行李延誤 / 更改旅程 Travel / Baggage Delay / Trip Re-arrangement	1. 航空公司發出有關行程 / 行李延誤原因及時間之書面報告副本 Copy of written report issued by the airline specifying the reason and period of travel / baggage delay 原定出發 / 到達日期及時間 Original departure / arrival date and time: _____ 實際出發 / 到達日期及時間 Actual departure / arrival date and time: _____ 總延誤時間 Total delay duration: _____ 延誤原因 Reason of delay:_____ 2. 因行李延誤而緊急購買必需品之收據正本 Original receipts for emergency purchase of essential items due to baggage delay 3. 顯示所有航班的登機證及預定行程之副本 Copy of boarding passes showing all the incurred flights and the scheduled itinerary 4. 有關公共交通工具公司發出之書面報告副本以證明延誤原因及時間 Copy of written report from the related public common carrier with reason and duration for the delay 5. 因航班延誤而引致額外住宿費用之收據正本 Original receipts for the extra accommodation expenses due to travel delay 6. 重新計劃行程所須費用之收據正本 Original receipts for the re-routing costs
☐ 取消旅程 / 行程受阻 Trip Cancellation / Trip Interruption	1. 有關取消行程理由之文件，如醫療報告或死亡證副本 Documents in relation with trip cancellation, such as copy of medical report or death certificate 2. 關係證明文件副本（如出世紙、結婚證明書等） Copy of documents for the proof of relationship (e.g. birth certificate, marriage certificate etc.) 3. 航空公司 / 公共交通工具公司及旅遊公司發出之有否退還已付旅費的書面報告副本 Copy of written report issued by airlines / public common carriers and travel agent indicating whether there is any refund for the paid travel fare 4. 已付旅費及/或住宿及/或旅行團行程收據正本 Original official receipts for the paid travel fare and/or accommodation and/or travel tour
☐ 個人責任 Personal Liability	1. 事件發生之詳情 Details of incident _____ _____ 2. 警方報告或有關機構發出之事件報告副本 Copy of police report or incident report issued by relevant authority 3. 所有與事件有關之第三者索償文件副本（如法院傳票、法院文件、律師函件等） Copy of all documents from third party in related to this incident (such as Summons, Writ, all court documents, solicitors' correspondences etc.) (如未經本公司書面同意，受保人不可回覆第三者及作出任何法律責任或賠償的承諾。如需要法律意見，可致電 **24 小時閩信國際支援服務熱線**尋求轉介 Any reply, offer or promise of payment or admit of fault to any other parties, or any involvement of litigation must not be undertaken without the Company's written consent. If legal advice is required, call **24-hour MIN XIN Worldwide Assistance Service Hotline** for referral)

索償項目及索償文件(續) Claim Items and Documentations (Continued)

申請賠償項目 Nature of Benefit Claimed	賠償文件清單及說明 (如空間不夠填寫，請另加紙張) Claim Documents Checklist and details (If space provided is inadequate, please write on a separate paper)
☐ 海外旅遊期間因意外身故的信用咭保障 Credit Card Protection for the death due to accident abroad during the period of covered trip	1. 死亡證副本 Copy of death certificate 2. 醫療報告 / 法醫官報告副本 Copy of medical report / coroner's report 3. 警方報告副本，如有 Copy of police report, if any 4. 遺產管理書之正本 / 核實副本 Original / Certified true copy for the Letters of Administration 5. 已身故信用咭持有人之信用咭月結單 Copy of statements issued by the credit card issuing authority to the decease (credit card holder)
☐ 恩恤保障 Consolation Benefit	1. 死亡證副本 Copy of death certificate 2. 醫療報告 / 法醫官報告副本 Copy of medical report / coroner's report 3. 警方報告副本，如有 Copy of police report, if any 4. 遺產管理書之正本/核實副本 Original / Certified true copy for the Letters of Administration
☐ 住院保證 / 緊急醫療運送 / 遺體運返 / 親屬探望 / 子女護送 / 其它緊急援助服務 Hospital Admission / Medical Evacuation / Repatriation of Remains / Compassionate Visit / Child Escort / Other emergency assistance services	1. 致電 **24 小時閩信國際支援服務熱線 (852) 2862-0191**，並提供下列資料 • 受保人的保險單號碼、姓名、身份證號碼及聯絡電話 • 身處的地點(如醫院名稱、酒店) • 所需支援服務 Call **24-hour MIN XIN Worldwide Assistance Service Hotline at (852) 2862-0191** and provide the following information • Name, ID Card No., contact number and policy number of Insured Person • Location of the incident (e.g. name of hospital, hotel) • Nature of assistance service required 2. 可致電當地相關機構/部門，如警方、醫院、救護中心等 Call the relevant authority or department, e.g. police, hospital or medical emergency unit, etc. 3. 所有服務必須由指定的緊急支援服務供應商審核和安排 All the services must be approved and arranged by nominated Emergency Assistance Provider

閣下是否正就此次損失申領其他保險或賠償？如有，請闡述。

Have you making a claim from other insurance for this loss or accident? If yes, please specify.

☐ 否 No ☐ 是 Yes

保單號碼 Policy no.	保險公司名稱 Name of insurance company

4. 聲明及授權書 Declaration and Authorization

1. 本人/吾等謹此聲明，本人/吾等確信，以上所填報之資料及所列各項之事件乃屬完全真確並無對保險公司作任何資料之保留。
I/We declare that all information and particulars contained above are true and complete to the best of my knowledge and belief and they are made without reservation of any kind.
2. 本人/吾等明白並同意以下有關**閩信保險有限公司 (**「**本公司**」**)** 處理所收集及保存本人/吾等之個人資料的安排。
I/We understand and agree the following issues about the arrangement of my/our personal information collected or held by **Min Xin Insurance Company Limited ("Company").**
   (1) 由**本公司**收集或持有的客戶(包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人)個人資料，均可供**本公司**使用作以下**強制性用途**，以便為客戶提供服務（否則**本公司**將無法為未能提供所需資料的客戶提供服務）：
   The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the **Company** may be used by the **Company** for the following **obligatory purposes** necessary in providing services to the customers (otherwise the **Company** is unable to provide services to customers who fail to provide the required information):
      I. 辦理，調查（及協助他人調查）和決定保險申請、保險索償及提供持續的保險服務；
      to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
      II. 辦理付款要求；
      to process requests for payment;
      III. 處理任何對客戶的索償、訴訟及/司法程序;以及行使**本公司**的權利(詳情見適用保單條款所定)，包括但不限於代位權 ；
      to manage any claim, action and/or proceedings brought against the customers, and to exercise the **Company**'s rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
      IV. 編撰統計數字，或作會計及精算用途；
      to compile statistics or use for accounting and actuarial purposes;
      V. 符合對**本公司**具約束力的任何本地或外國法例、規則、守則或指引的披露規定及如需要時進行核對程序；
      to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the **Company** and conduct matching procedures where necessary;
      VI. 遵循香港法院及監管機構作出的合法要求或指令，包括但不限於保險業監理處、香港保險業聯會、核數師、政府組織和政府相關機構；
      to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
      VII. 債務追討；
      to collect debts;
      VIII. 便利**本公司**的認可服務供應商，就上述目的為**本公司**及／或客戶提供服務；及
      to facilitate the **Company**'s authorized service providers to provide services to the **Company** and/or the customers for the above purposes; and
      IX. 使**本公司**的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。
      to enable an actual or proposed assignee of the **Company** to evaluate the transaction intended to be the subject of the assignment.
   (2) **本公司**可就**強制性用途**，向以下於香港境內或境外的人士提供任何客戶個人資料：
   The **Company** may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:
      I. **本公司**，或任何進行保險或再保險相關業務的其他公司或中介人；
      companies within the **Company**, or any other company carrying on insurance or reinsurance related business, or an intermediary;
      II. 任何向**本公司**提供行政、電訊、電腦、付款或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商；
      any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the **Company** in connection with the operation of its business;
      III. 第三方服務供應商，包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員、及資料處理者；
      third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
      IV. 信貸諮詢機構、而在客戶欠賬時，任何債務追收代理或進行索償或調查服務的公司；
      credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
      V. 根據對**本公司**或其任何關連機構具約束力的任何法例，及就任何由政府、監管或其他機關所頒佈且**本公司**或其任何關連機構預期須遵守的任何規例、守則或指引而言，**本公司**有責任向其作出披露的任何人士；
      any person to whom the **Company** is under an obligation to make disclosure under the requirements of any law binding on the **Company** or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the **Company** or any of its associated companies are expected to comply;
      VI. 根據主管司法權區的法院的任何頒令的任何人士；及
      any person pursuant to any order of a court of competent jurisdiction; and
      VII. **本公司**的任何實際或建議承讓人或**本公司**對保單持有人的權利的受讓人。
      any actual or proposed assignee of the **Company** or transferee of the **Company**'s rights in respect of the policy owners.

聲明及授權書 (續) Declaration and Authorization (continued)

(3) 所有客戶均有權以書面向**本公司**之個人資料保護主任（地址如下）要求查閱、修正及/或更改由**本公司**所持有有關其本身的任何個人資料。
All customers have the right to access to, correct, or change any of their own personal information held by the **Company** by request in writing to the **Company**'s Personal Data Protection Officer at the address below.

個人資料保護主任	Personal Data Protection Officer
閩信保險有限公司	**Min Xin Insurance Company Limited**
香港中環紅棉路 8 號	17th Floor, Fairmont House
東昌大廈 17 樓	8 Cotton Tree Drive
	Central, Hong Kong

(4) 根據私隱條例，**本公司**有權收取合理費用，藉以處理任何資料的查閱要求。
In accordance with the Ordinance, the **Company** has the right to charge a reasonable fee for processing any data access request.

(5) 本通知的中英文版本如有任何歧異或不一致，概以英文版為準。
In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

3. 本人/吾等授權於任何曾替本人/吾等作診療之醫生、醫務人員、醫院或診所提供有關本人/吾等病歷之資料予貴**公司**或其代理人。
I/We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I/We have been observed or treated to give full particulars about my/our health to the **Company** or its agents.

4. 本人/吾等授權持有本人/吾等投保資料，索償紀錄或任何有關資料之一方，包括但不限於警方及政府機構，航空公司，旅遊公司，保險公司等任何有關人士或組織，可以將部份或全部有關本人是次或相關事件等資料提供貴**公司**或其代理人。
I/We hereby further authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies etc. who are in possession of my insurance proposal information, claim information or any related information to release part or all of the information about the subject or related incidents of injury, loss or damage to the **Company** or its agents.

5. 此授權書之影印本亦屬有效。
A photocopy of this authorization shall be considered as effective and valid as the original.

保單持有人 / 父母 / 合法監護人簽署 (適用於受保人未滿 18 歲) Signature of Policyholder / Parent / Legal Guardian (if Insured Person below age of 18)	受保人 / 索償人簽署 Signature of Insured Person / Claimant
日期 Date	日期 Date

如有任何查詢，請電理賠熱線：(852) 2826 3660　傳真熱線：(852) 3020 5063

For any inquiry, please call our Claims hotline: (852) 2826 3660　Fax hotline: (852) 3020 5063

請將此表格連同一切有關文件交回：

Please return this form together with supporting documents to:

閩信保險有限公司 (香港總行)

香港中環紅棉路 8 號東昌大廈 17 樓

理賠部

Min Xin Insurance Company Limited (Hong Kong Head Office)

17th Floor, Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong

Claims Department

電話 Tel: (852) 2826 3660　傳真 Fax: (852) 3020 5063　網址 Website: www.mxic.com.hk