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
macaucs@mxic.com.hk
或傳真: 2830 5600

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

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 Macau I.D. 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 Macau I.D. 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)	

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 and 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. 閣下是否需要在澳門繼續治療 / 應診？
Do you need to attend follow up treatment / consultation in Macau?
☐ 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 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**閩信保險有限公司**（「**本公司**」）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 **Min Xin Insurance Company Limited (“Company”)** or its agents.
3. 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.

5. 收集個人資料聲明 Personal Data Collection Statement

1. 閣下提供的資料，為**本公司**提供保險業務所需，並可能使用於下列目的：
   The information you provide to the **Company** is collected to carry on insurance business and may be used for the purpose of
   - 任何與保險或財務有關的產品或服務或該等產品或服務的任何更改、變更、取消或續期
     Any insurance or financial related product or service or any alternations, variations, cancellation or renewal of them;
   - 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;
   - 任何索償或索償分析及可能轉移予現存或不時成立的任何有關的公司或任何其他從事與保險或再保險業務 有關的公司或與保險業務有關的中介人或索償或調查或其他服務提供者或任何保險公司的協會或聯會。
     Any claim or analysis of it. and may be transferred to any related business partners, companies carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.
2. 所有客戶均有權以書面向**本公司**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**.

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：(853) 2830 5686 傳真熱線：(853) 2830 5600

For any inquiry, please call our Claims hotline: (853) 2830 5686 Fax hotline: (853) 2830 5600

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 (澳門分行)

澳門南灣湖景大馬路 810 號中國工商銀行大廈 6 樓 E 座

理賠部

Min Xin Insurance Company Ltd (Macau Branch)

Avenida Panorâmica do Lago Nam Van, no. 810, Edif. ICBC Tower, 6.°andar E, Macau

Claims Department

電話 Tel: (853) 2830 5686 傳真 Fax: (853) 2830 5600 網址 Website: www.mxic.com.hk