



滙業保險股份有限公司

Companhia de Seguros Delta Asia, S.A.

澳門荷蘭園正街 79 號

No.79, Avenida Conselheiro Ferreira de Almeida, Macau.

電話: 2833 7036 傳真: 2833 7037 電郵: dai@macau.ctm.net

Tel: 2833 7036 Fax: 2833 7037 E-mail: dai@macau.ctm.net

旅行保險索償申請表 Travel Insurance Claim Form

- 認真詳細回答下列每一個問題至關重要。若本表預留空格不夠回答，請另附紙。
It is important that a complete answer be given to every question. If space provided is insufficient, please continue on a separate sheet.
- 您必須同時提供可證明已購買本公司旅行保險單原件。
You must enclose your original certificate of insurance as proof of purchase.
- 請附上所有可支持本表格各項內容的文件，一并交回上述地址。
Please attach all supporting documentation securely to this form and return to the address shown above.

保單持有人 The Policyholder

- | | |
|---|--|
| 1. 保單持有人姓名
Policyholder (name): _____ | 2. 聯絡電話
Tel. No.: _____ |
| 3. 身份証 / 護照號碼
ID / Passport No.: _____ | 4. 年齡
Age: _____ |
| 5. 詳細地址
Address: _____ | |
| 6. 保險單號碼
Certificate Number: _____ | 7. 保險代理公司名稱 / 代理人姓名
Agent: _____ |
| 8. 索償申請人姓名 (若非保單持有人本人)
Claimant (if different from the above): _____ | |
| 9. 身份証 / 護照號碼
ID / Passport No.: _____ | 10. 年齡
Age: _____ |
| 11. 旅行社或旅行代理名稱與詳細地址
Name and address of Tour Operator / Travel Agent: _____ | |
| 12. 旅行社出票日期
Date of booking: _____ | 13. 旅行目的地國家
Country of destination: _____ |
| 14. 行程開始日期 / 日數
Trip started / Days: _____ / _____ | 15. 行程目的
Purpose of Trip: _____ |
| 16. 在過去十二個月內，您曾否向任何保險公司申請旅遊保險索償？
Have you ever made any claim for Travel Insurance from any insurance company for the past 12 months? 有 / 沒有
YES / NO | |
| 如果有，請詳細說明
If YES, please give details: _____ | |

醫療費用支出 / 個人意外事故 Medical Expenses / Personal Accident

- | | |
|--|---|
| 1. 您有沒有在外出旅行渡假前看過醫生 / 服用過醫生處方的藥物？
Did you consult a doctor or have medicine prescribed prior to commencement of your holiday / journey? 有 / 沒有
YES / NO | |
| 如果有，請詳細說明
If YES, please give details: _____ | |
| 2. 平時常給您看病的醫生姓名和詳細地址
Name and address of your usual doctor: _____ | |
| 3. 您是否也同時索賠其他保險？
Are you claiming under any other insurance? 有 / 沒有
YES / NO | 如果是，請詳細說明
If YES, please give details: _____ |
| 4. a) 請詳盡說明疾病或意外事故發生的經過 (如果有涉及被保險人死亡或殘廢，必須提供死亡證明或醫生證明)
Please give details of illness / accident as appropriate. (In cases of death or disablement, the Death Certificate / Medical Certificate must be attached):

b) 如果事件屬意外事故，人身傷害是怎樣發生的？
If accident, how did injuries occur? _____
c) 事故發生 / 發病日期
Date of occurrence / onset of illness: _____ | |
| 地點
Place: _____ | |

5. 請列明各項有關支出 (同時附上收據原件)
Please list below expenses incurred (original receipts must be enclosed)

支出款項日期 Date of Accident	支出內容 Description of Expense	數額 (幣種註明) Amount Claimed (Currency)	是否結清 Account Settled? 請填寫付款人姓名 (If YES, by whom?)

6. a) 入院日期 Date of admission to hospital : _____ b) 時間 Time : _____
c) 出院日期 Date of discharge from hospital : _____ d) 時間 Time : _____
7. 您有沒有聯絡過滙業旅客支援熱線 有 / 沒有
Did you contact the Emergency Assistance Company? YES / NO

取消 / 縮短 / 延誤旅程 Cancellation / Curtailment / Travel Delay

1. 取消 / 縮短行程之日期
Date of cancellation / curtailment : _____
2. 取消 / 縮短行程之原因
Reason for cancellation / curtailment : _____
(如因健康原因必須提交醫生證明) (If medical reason, you MUST enclose a medical certificate)
3. 請列出索償款項 (必須附上旅行取消的憑証)
Please list below amounts being claimed for (A cancellation invoice MUST be enclosed)

要求賠償之損失數額 Charges Incurred	獲得償還之數額 Refunds Obtained	獲得償還之索償數額 Amount claimed after refund

4. 行期延誤 (必須提供航空公司或輪船公司出具的註明延誤時間、原因的確認書)
Travel Delay : confirmation from the airline / shipping line regarding the period of delay and reason for delay MUST be enclosed) :
a) 預訂旅行出發日期及時間
Departure time and date according to itinerary : _____
b) 實際出發日期及時間
Actual time and date of department : _____
5. 延誤原因
Reason for delay : _____
6. 您是否依照預訂行程辦理登機 / 登記手續 有 / 沒有
Did you check-in in accordance with your itinerary? YES / NO
若否, 請詳細說明
If NO, please provide details : _____

個人行李 / 財物 / 文件損失 Personal Luggage / Money / Documents

1. 遺失 / 損壞日期
Date of loss / damage : _____
2. 地點
Place : _____
3. 相關搬運者姓名
Name of Carrier involved : _____
4. 細述遺失 / 損壞經過
State full details of manner in which loss / damage occurred : _____

5. a) 您曾何人報知該事件?
Who did you report the incident to? _____
- b) 何時報知?
When? _____ 請附確認書 / 證明書
Confirmation of this MUST be enclosed
6. 您是否索償其他保險?
Are you claiming under any other insurance? 有 / 沒有
YES / NO
若是, 請詳細說明
If NO, please provide details: _____
7. 行李延誤 從 時間 日期 到 時間 日期
Luggage Delay: From: (time) (date) To: (time) (date)
8. 請列明您索償的所有遺失 / 被竊 / 被損壞的物項和因行李延誤遲到所購承的應急物項
Please list below all items lost / stolen / damaged for which you are claiming and also any items purchased due to your luggage being delayed

物品名稱 Description of Articles	購自何處 (名稱, 地址) Obtained from (Name & Address)	購買日期 Date Acquired	原價 Original Purchase Price	扣除折舊後的索償數額 Amount claimed after deduction for age, use, wear and tear ect.

(請附收據, 修理報價單和使用外幣購物證明等單據)
(Receipts, estimates for repair and proof of foreign currency purchase etc must be enclosed)

個人責任事故 Personal Liability

1. 發生傷害 / 損失情況
Nature of injury / damage caused: _____
2. 發生日期, 時間和地點
Date, time and place of occurrence: _____
3. 詳細說明有關環境和事件經過
Please describe fully the circumstances involved: _____
4. 有關第三者姓名及地址
Names and addresses of third party involved: _____
5. 各証人姓名及地址
Names and addresses of any witnesses: _____
6. 是否有向警方報告 有 / 沒有
Were details taken by or reported to the Police? YES / NO
若有 a) 警署名稱 b) 提供警方報告之副本
If YES, Please give name of station: _____ Attach copy of their report

您所收到的任何有關上述賠案的往來信件不得答覆, 并應即時轉遞至本公司代為處理。
Any communication you receive about the alleged claim should not be answered but sent to us immediately.

聲明 Declaration

本人特此聲明上述提供的資料盡我所知, 為真實, 公平和正確的。
I hereby declare that to the best of my knowledge the above given information is truthful, fair and correct.

簽名 日期
Signature _____ Date _____

如上述所提供之空間不足, 可利用以下及後頁之空位。 If space provided is insufficient, please use space underneath and back page.