QBE Hongkong & Shanghai Insurance Limited - Macau Branch
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昆士蘭聯保保險有限公司 – 澳門分公司
澳門馬統領街32號廠商會大廈8樓B、C座
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Travel Insurance Claim Form 旅遊保險索償申請表

A. NOTES 注意事項

1. All questions must be answered. If not applicable, write "n/a".
   所有問題必須作答。如不適用者，請填上「不適用」。
2. The issue of this claim form is not an admission of liability by the company.
   發出此索償申請表並不代表本司承認任何責任。
3. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
   若填報資料的位置不足，請填寫於附加紙上。
4. Please submit this claim form with copy of your ID card / passport. If this is a claim for your children, please also submit copies of their birth certificates.
   請將此索償申請表連同身份證／護照影印本一併呈交。如為子女申領賠償，請附上出生證明書副本。
5. If there is more than one claimant but not insured under family cover, please complete another claim form.
   若超過一位索償人，而又不是投保家庭計劃，請另填索償申請表。
6. Please attach and submit a copy of the Application Form together with this document.
   請隨本文件附上及提交投保申請表格副本。
7. All the original medical reports, doctors and/or medical receipts, hospital bills, additional accommodation and/ or travelling expenses receipts,repair and/or replacement invoices and all other original relative receipts for the expenses hereby claimed have to be submitted to the Company in substantiation of the claim.
   所有正本之醫療報告、醫生和/或醫療收據、醫院單據、額外住宿和/或旅遊開支收據、修理和/或更換物件發票和所有作索償用的其他正本之開支收據必須呈交本公司，作為索償的理據。

B. CLAIM DETAILS 索償資料

Application Serial No./Policy No. 投保申請編號：	❑ Multi-trip Policy 多程旅遊保障	❑ Single-trip Policy 單次旅遊保障	Claim No. 索償編號：(For office use only 供本公司填寫之用)
Full name of Policy Holder 保單持有人的全名：			
Correspondence Address 通訊地址：			
			Tel.No. 電話號碼：

C. DETAILS OF CLAIMANT (INSURED PERSON) 索償人(受保人)資料

Name in full 全名：		Sex 性別：
Age 年齡：	Occupation 職業：	Tel.No. 電話號碼：
Address 地址：		

Please complete the appropriate sections below 請填寫下列適當的部分：

D. PERSONAL ACCIDENT 個人意外

(a) Date, time and place of accident
意外發生的日期、時間和地點：

(b) Describe how the accident occurred, and the injuries sustained
描述意外怎樣發生及所遭受的損傷：

(c) Names and addresses of any witnesses to the accident
任何意外目擊者的姓名和地址：

(d) Name and address of the attending doctor
主診醫生的姓名和地址：

(e) Amount claimed
索償金額：

E. MEDICAL AND OTHER EXPENSES 醫療及其他費用

Note: If claim resulted from accidental bodily injury, please also complete Section D (a), (b) & (c) above
注意：倘因身體意外受傷而索償, 亦請填妥上文D部(a)、(b)及(c)部份

(a) Date and time of sickness occurring .
生病日期及時間：

(b) Diagnosis of sickness
疾病的診斷：

(c) Name and address of the attending doctor
主診醫生的姓名和地址：

(d) If hospltalized, name and address of the hospital
倘有住院，請列明醫院的名稱和地址：

(e) Full details and amount of all expenses claimed
全部索償開支的詳情和金額：

F. HOSPITAL BENEFIT 住院津貼

Note: Please state reason for hospitalization and name and address of hospital by completing the appropriate sections above
注意：請說明住院的原因，並在上文適當的部分中，填妥所住醫院名稱和地址。

(a) Period of hospitalization 住院期間：
From (date) 由（日期） (time) （時間）
To (date) 至（日期） (time) （時間）

(b) Amount claimed 索償金額：

G. BAGGAGE AND PERSONAL EFFECTS 行李及個人財物

Note: Please submit the police report/Property Irregularity Report evidencing the notification.
注意：請提交警察報告書/財物損失報告書，證明已向有關方面報失。

(a) Date, time and place of loss/damage
遺失/損壞日期、時間和地點：

(b) Descriptions of item(s) lost / damaged
描述遺失/損壞的物件內容：

(c) Describe how the loss/ damage occurred
描述如何遺失/損壞物件：

(d) Amount claimed
索償金額：

(e) Are there any other insurances covering the same property? ☐ Yes 是 ☐ No 否
物件有沒有其他保險保障？
If yes, please give full particulars
若答是，請述詳情：

(f) Did the loss / damage arise from delay or confiscation or detention by customs or other official? ☐ Yes 是 ☐ No 否
物件遺失 / 損壞是否因海關或其他官員延誤或充公或扣留所致？

(g) Date & time the loss was reported to the police
向警方報失的日期和時間：

(h) If loss/damage occurred whilst in the custody of airline or carrier, date & time the loss / damage was reported to them
倘物件在航空公司保管期間遺失/損壞，則向航空公司報告遺失/損壞的日期和時間：

H. DELAYED BAGGAGE 行李延誤

Note: Please submit the Property Irregularity Report evidencing the notification.
注意：請提交有關運輸公司發出的財物損失報告書，證明已向有關方面報失。

(a) Flight No./ Ocean carrier and name of vessel
航班編號/遠洋貨船公司和船舶名稱：

(b) Destination and date & time of arrival
目的地和預定抵達日期及時間：

(c) Date & time of the baggage available for collection
收取行李的實際日期和時間：

(d) Amount claimed
索償金額：

(e) Date & time the delay was reported to the airline/carrier
向航空公司/貨船公司報告行李延誤的日期和時間：

I. PERSONAL MONEY 個人金錢

Note: Please submit the police report evidencing the notification.
注意：請提交警察報告書，證明已向警方報失。

(a) Date, time & place of loss
遺失的日期、時間及地址：

(b) Describe how the loss occurred
描述如何遺失：

(c) Full particulars and amount of loss
遺失的詳情和金額：

(d) Amount claimed
索償金額：

(e) If travellers' cheques were lost, was the loss immediately reported to the local agent of issuing authority? ☐ Yes 是 ☐ No 否
倘遺失旅行支票，是否立即向簽發機構當地代理報告？

(f) Date & time the loss was reported to the police
向警方報失的日期和時間：

J. PERSONAL LIABILITY 個人責任

Note: Please forward to us all correspondence relating to the third party claim unanswered.
注意：有關第三者索償之文件，請不要回覆並儘早呈交予本公司。

(a) Date, time & place of incident
發生事故的日期、時間和地點：

(b) Full description of incident
請詳述事故的經過：

(c) Name and address of third party claimant
第三者索償人的姓名和地址：

(d) Extent of injuries / damage caused with estimate on quantum if possible
估計第三者索償人所遭受的損傷/財物損壞程度；若許可的話，請估計其索償金額：

(e) Please state your own view on liability
請說明你對該責任的意見：

(f) Has a formal claim been received from the third party claimant? ☐ Yes 是
是否曾收到第三者索償人作出正式的索償？ ☐ No 否

K. TRAVEL DELAY 旅程延誤

Note: Please submit the carrier's written confirmation as to the number of hours of delay and the reason for such delay.
注意：請提交運輸公司的書面確認書，列明延誤的時數和延誤的原因。

(a) Flight No. / Ocean carrier and name of vessel
航班編號/遠洋貨船公司和船舶名稱：

(b) Place, scheduled date & time of departure
離境地點、預定日期和時間：

(c) Actual date & time of departure
實際離境日期和時間：

(d) Reason for the delay
延誤原因：

(e) Amount claimed
索償金額：

L. LOSS OF DEPOSIT OR CANCELLATION & CURTAILMENT 損失訂金或取消和提早結束旅程

Note: Please submit the relevant deposits receipt and booking invoice.
注意：請提交有關訂金收據和預定發票。

(a) Name & address of the travel agent
旅行社的名稱和地址：

(b) Date on which the travel arrangement was made and the deposits paid
安排旅程和支付訂金的日期：

(c) Scheduled itinerary and duration of the booked journey
旅程的預定行程和時間：

(d) Reason for cancellation or curtailment of travel
取消或提早結束旅程的原因：

(e) When the event giving rise to such cancellation or curtailment occurred
何時發生導致取消或提早結束旅程的事情：
and when the travel agent was notified to cancel or curtail the travel arrangement
和何時通知旅行社取消或提早結束旅程：

(f) Where and when the curtailment took place
提早結束旅程的地點和時間：

(g) Amount claimed with full particulars
索償金額詳情：

M. DECLARATION AND AUTHORIZATION 聲明及授權書

1. I / We declare that the above information is in all respect true and complete to the best of my / our knowledge and belief;
本人/吾等聲明，就本人/吾等所深知及確信，上述資料均屬真確無訛。

2. It is agreed that upon request by QBE Hongkong & Shanghai Insurance Limited – Macau Branch, I / we shall make a statutory declaration to re-affirm the genuineness of all the information contained in this claim form; and
倘昆士蘭聯保保險有限公司 – 澳門分公司要求，本人/吾等將作出法定聲明，再次確定本索償表格所載的所有資料均屬真確，及

3. I/We authorize any hospital, physician, insurance company or organization that has any records or knowledge of me or my health to furnish to QBE Hongkong & Shanghai Insurance Limited – Macau Branch or its authorized representative any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. A photostat copy of this authorization shall be considered as effective and valid as the original.
本人/吾等現授權任何醫院、醫生、保險公司或機構提供有關本人所有疾病、受傷、病歷等資料，醫療或醫院紀錄予昆士蘭聯保保險有限公司-澳門分公司或其代理人。此授權書的影印本與正本同具效力。

Please ensure the following required documents will be submitted as well to speed up the claim processing.
請確保以下所需文件一併遞交以加快索償申請。

Documents attached 附上文件	Accident and Medical 意外及醫療		Travel Delay and Cancellation 旅程延誤及取消			Baggage and Money 行李及金錢		
Documents Required 所需文件	Personal Accident 個人意外	Medical & Hospital Benefit 醫療及住院津貼	Travel Delay 旅程延誤	Loss of Deposit or Cancellation 損失訂金及取消旅程	Curtailment of Journey 行程提早結束	Baggage & Personal Effects 行李及個人財物	Delayed Baggage 行李延誤	Personal Money 個人錢財
❑ Boarding passes, air tickets etc. confirming the departure and return dates 登機證，機票等證明出發及回程日期	✓	✓	✓	✓	✓	✓	✓	✓
❑ Medical Certificate / Medical Report 醫療證明/醫療報告	✓	✓						
❑ Death Certificate in case of death 死亡證(如適用)	✓							
❑ Original Hospital and Medical Bills showing the period of hospitalization and the receipts 住院及醫療單據正本		✓						
❑ Confirmation from the airline/carrier certifying the number of hour of delay & the reason of delay 航空公司/客運機構證明受延遲多少小時及有關原因			✓				✓	
❑ Original Receipt for the prepaid of transport cost and accommodation 預繳交通及住宿費用的單據正本				✓	✓			
❑ Confirmation from the hotel / travel agent / airline / carrier / certifying the amount of refund on the unused expenses 酒店/旅行社/航空公司/客運機構發出的退款報告				✓	✓			
❑ 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, if applicable 有關機構(例如：警局，航空公司或酒店)發出的遺失或損毀報告						✓		✓
❑ Photos showing the extent of damage to the damaged 受損毀物品的相片						✓		
❑ All original receipts and / or warranties 所有單據及/或保用證正本						✓		
❑ Exchange slip / withdrawal records 銀行兑換收據/提款記錄								✓

Remarks: In certain circumstances, more Information may be required to substantiate the claim.
備註：在一些情況下，我們可能需要您提供進一步資料以處理您的索償申請。

Date
日期：

Signature
簽署：

(Policy Holder)(保單持有人)

Date
日期：

Signature
簽署：

(Claimant)(索償人)

Personal Information Collection Statement 個人資料收集聲明

In relation to the personal data collected by QBE Hongkong & Shanghai Insurance Limited – Macau Branch ("QBE Macau"), I/we agree and acknowledge that:

(a) the personal data requested is necessary for QBE Macau to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed.

(b) the personal data collected in this form may be used by QBE Macau for the purposes stated in its Privacy Policy found at https://www.qbe.com/mo/en/privacy-policy. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes).

(c) QBE Macau may transfer the personal data to the following classes of persons (whether based in Macau or overseas) for the purposes identified in (b) above:
   i. third parties providing services related to the administration of my/our policy (including reinsurance);
   ii. financial institutions for the purpose of processing this application and obtaining policy payments;
   iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
   iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
   v. other parties referred to in QBE's Privacy Policy for the purposes stated therein.

(d) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:
   QBE Hongkong & Shanghai Insurance Limited – Macau Branch
   Address: Rua do Comandante Mata e Oliveira, No. 32, Edif. Associacao Industrial de Macau, 8 andar B & C, Macau
   Email: info.mac@qbe.com
   Telephone: +853 2832 3909

(e) That where I/we are providing personal data on behalf of another person to QBE Macau, I/we have obtained consent from the other person who have agreed that their personal data will be released to QBE Macau in accordance with paragraphs (a), (b) and (c) above.

(f) That in the event of differences between the English and Chinese, the English version shall prevail.

關於昆士蘭聯保保險有限公司 – 澳門分公司("澳門昆士蘭保險")收集之個人資料,本人 / 我等同意並承認:

(a) 索取之個人資料對於澳門昆士蘭保險處理本人 / 我等之保險或索償申請乃屬於必需。若未提供此類資料,可能導致無法處理此項申請或索償。

(b) 澳門昆士蘭保險可以將此表格所收集的個人資料用於其網頁 https://www.qbe.com/mo/zh-mo/privacy-policy。所載私隱政策當中表明之目的,其中包括承保和管理理本人 / 我等正在申請之保險(包括獲得再保險、承保續期、理賠、調查、付款、代位索償以及各種相關目的)。

(c) 澳門昆士蘭保險可為以上(b)項指明之目的,將個人資料轉移至以下(不論位於澳門或海外)之各類人士:
   i. 提供與本人 / 我等的保險(包括再保險)之管理有關的服務的第三方;
   ii. 金融機構 — 為處理此項申請並獲得保單付款之目的;
   iii. 當發生索償時,損失理算師、評估師、第三方管理人員、緊急服務提供者、法律服務提供者、零售商、醫療服務提供者和旅行社;
   iv. 昆士蘭保險集團不論位於任何國家或地區的另一成員(為以上(b)項所述各種目的而提供該個人資料);
   v. 昆士蘭保險私隱政策提及的其他人士—為著私隱政策所指的各種目的。

(d) 本人 / 我等可以透過以下電郵或郵遞方式查閱或要求更正自己的個人資料(在這兩種情況下均需支付一筆合理費用):
   昆士蘭聯保保險有限公司 – 澳門分公司
   地址:澳門馬統領街32號廠商會大廈8樓B及C座
   電郵:info.mac@qbe.com
   電話:+853 2832 3909

(e) 若本人 / 我等乃代表另一人士向澳門昆士蘭保險提供個人資料,本人 / 我等已徵得該人士同意根據以上 (a)、(b)、(c) 款將其個人資料披露予澳門昆士蘭保險。

(f) 若本文件之中、英文版之間意義有分歧,應以英文版本為準。