Travel Insurance Claim Form (A) 旅遊意外索償申請表 (A)

Please send the completed claim form to claims.hk@bolttechinsurance.com
請將填妥的理賠表格發送至 claims.hk@bolttechinsurance.com

It is important that a complete answer be given to every applicable question. If insufficient space is provided for your answers, please continue on a separate sheet.
請詳細填報表格上每一個適用的項目。如空位不足，請自備補充頁填寫。

Certificate / Policy number 保單號碼	Name of Agent 保險代理人

Certificate Holder's / Insured's Information 證書持有人 / 保户資料

Full name
姓名 _____

Correspondence address#
通訊地址 # _____

_____

Tel no.# | E-mail address#
電話 # _____ | 電郵地址 # _____

Insured Person's Information 受保人   Same As Above 同上 ☐

Full name | Occupation
姓名 _____ | 職業 _____

Correspondence address#
通訊地址 # _____

_____

Tel no.# | E-mail address#
電話 # _____ | 電郵地址 # _____

For the use of this claim only 只限於此索償之用

Medical Expenses 醫療費用

Date, time and place of incident 意外或病症發生之日期、時間及地點

_____

For injury case, please state how the incident occurred. For sickness case, please state the symptom(s) and when the symptom(s) first appeared
如屬受傷個案，請詳述意外發生經過 / 如屬疾病個案，請說明病徵及首次出現病徵的時間

_____

_____

_____

Amount claimed 索償金額 _____

Are you still receiving medical treatment? | Yes/No*
閣下是否仍在接受治療？ | 是 / 否 *

Remarks: Please attach the relevant medical report and original medical expenses receipts to certify the expenses.
備註：請附交有關之醫療報告及收條正本以證明索償金額。

*Please delete whichever is inapplicable 請刪去不適用者

Travel Delay 旅程延誤

	Date / Time 日期 / 時間	From 由	To 至	Flight no. 航班號碼
Original schedule 原本行程				
Delay schedule 延誤行程				

Reason for delay 延誤原因		Hours delayed 延誤時數	

* Remarks: Please attach the relevant supporting documents to certify the hours delayed and reason for delay (e.g. copy of boarding pass and/or air ticket, confirmation from Airlines / Travel Agents, etc.)
備註：請附交有關文件以證明延誤時間及原因，例如登機證及 / 或機票影印本，航空公司或旅行社證明信等

Luggage Case Damage / Delayed Baggage 行李箱損毀 / 行李延誤

Date, time and place of incident 意外發生之日期、時間及地點 _____

State how the incident occurred 意外發生之詳細經過

_____

_____

_____

Amount claimed 索償金額

_____

Please state the property damaged 請詳列損壞之財物資料：

Describe the property damaged and the extent of the damage 描述損壞之財物及損壞程度	Date of purchase 購買日期	Purchase price 購買時之價值	Amount of claim 索償金額

Have you lodged a claim or complaint against any carrier / airline or other authority for the damage to your property? 閣下有否就財物之損壞而向航空公司或其他有關機構索償或投訴？	Yes/No* 有 / 沒有 *

If YES, please give details and attach copies of correspondence.
如是，請列詳情及附上書函副本。

Name of Airline/relevant authority 航空公司 / 有關機構名稱_____

Claim Number 索償號碼 _____

Remarks: Please attach the original supporting documents to certify the expenses / losses and incident and items of claim (e.g. Airlines Irregularity Report, Receipts of the items claimed, etc.)
備註：請附交有關證明事件經過，損失 / 開支，及索償項目之文件，如航空公司事故報告及財物收據等之正本文件

*Please delete whichever is inapplicable 請刪去不適用者

Bolttech Insurance (Hong Kong) Company Limited 保特保險（香港）有限公司 | 9/F, 308 Central Des Voeux, No. 308 Des Voeux Road Central, Sheung Wan, Hong Kong
香港上環德輔道中 308 號 9 樓 | **T** (852) 2603 9435 | **W** bolttechinsurance.hk

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Other Insurance or Compensation 其他保險或賠償

Is/Are any other insurance policy (ies) covering the expenses involved?
上述項目是否受保於其他保險合約？

Yes/No*
是 / 否 *

If YES, please provide the following information 如是，請提供以下資料：
Name of Insurance Company 保險公司名稱

_____

Class of insurance 保險種類 _____Policy no. 保單號碼 _____

Amount claimed 索償金額 _____Currency 貨幣 _____

*Please delete whichever is inapplicable 請刪去不適用者

Claim Payment Method 賠償款項方式

Subject to the terms and conditions of your policy, the Claimant may select to receive the claim payable amount by way of direct credit or cheque. If you do not provide payment preference as below, a cheque will be issued for any claim payment.

在保單條款許可情況下，閣下可選擇以銀行轉賬或支票方式收取賠償款項。如閣下沒有提供以下銀行轉帳資料作收取賠償款項方式，而索償案件申請被核准後，將視作選擇以支票收取賠償款項。

Option (1) 選擇（一）

☐ By direct credit 銀行轉賬 − for HKD account only 只限港幣戶口
Please provide the Insured Person's bank account details. A copy of bank book or bank statement showing the name and bank account number of the Insured Person MUST be provided. 請提供受保人的銀行資料，並必須提供顯示受保人的姓名及銀行賬戶口號碼的銀行存摺或月結單副本。

Important Notes for direct credit 銀行轉賬重要事項

    a.   The claim payment shall be credited to the bank account in the name of Insured Person in accordance with the terms and condition of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.
        有關之賠款將按其保單條款，存入該受保人名下之銀行賬戶。請確保賬戶號碼及賬戶持有人名稱正確，以免引致不必要之延誤。

    b.   If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and / or account holder name, we shall not be liable to make any further payment and any other extra banking handling charges regardless of whether the claim payment can be recovered.
        如閣下提供之銀行賬戶號碼及 / 或戶口持有人名稱不正確，而導致本公司將相關賠款存至第三者戶口，無論有關賠款能否取回，本公司無任何責任再支付該賠款及其引致之相關銀行手續費用。

Bank Account Information 銀行賬戶資料

銀行名稱 Bank name	銀行編號 Bank code	銀行分行編號 Branch code	銀行賬戶口號碼 Bank A/C no.
賬戶持有人姓名（英文及大楷寫） Name of Account Holder (In English & Block Letter)			

Option（2）選擇（二）

☐ Hong Kong Dollar Cheque 港幣支票

Terms and Conditions 條款及細則：

i.   This option is NOT applicable to approved claims amount over HK$3,000 此選項不適用於獲批核的賠償金額高於港幣三千元。

ii.   Any approved claim will be rounded up to the nearest whole number. 獲批核的賠償金額會被調整至整數。

iii.   Collection is only available at 7-Eleven stores located in MTR station. In the event that the claim payment via 7-Eleven is not successful, the claims benefit will be paid by cheque. 收取款項只適用於地鐵沿線之 7-Eleven。如未能於 7-Eleven 收取款項，賠償金將以支票形式支付。

iv.   bolttech Insurance shall not be liable for any of the Claimant's loss if a wrong/invalid mobile phone number has been provided or the Claimant has lost his mobile phone or the Claimant forward the QR code to any third party. 保特保險不會就索償人提供不正確流動電話號碼、遺失流動電話或轉發此 QR 碼與第三方而蒙受之損失承擔任何法律責任。

Declaration 聲明

I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 2603 9435.

本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線2603 9435索取收集個人資料聲明副本。

_____
Certificate holder's / Insured's signature
(& Company chop, if applicable)
證書持有人 / 保户簽名
（及公司蓋章，如適用）

_____
HKID Card no./B.R. no.
香港身份證號碼 / 商業登記號碼

_____
Date
日期

_____
Claimant's signature
索償人簽名

_____
H.K.I.D. Card no.
香港身份證號碼

_____
Date
日期

Notes 注意：

1.   Submission of this form does not constitute admission of any liability by bolttech Insurance. 呈上此表格並不代表保特保險承認相關責任。

2.   Completed claim form together with supporting documents should be forwarded to bolttech Insurance within the time stipulated in the insurance policy. 請將已填妥之表格及有關證明文件，在保單指定日期內呈上保特保險。

3.   Claims will not be processed unless declaration is signed by the claimant. 保特保險只接受已簽署之索償申請表。

4.   If you are claiming for reimbursement of medical or other expenses, full details and documentary evidence must be provided. 若要申索醫療或其他費用的賠償，閣下必須提供詳細資料及證明文件。

Personal Information Collection Statement ("PICS")
收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited's (the "Company") PICS. You can also request a copy of the PICS by calling the Company's Customer Service Hotline at 2603 9435.

請掃描以下二維碼查看保特保險（香港）有限公司（「本公司」）的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 2603 9435 索取收集個人資料聲明副本。

English   中文

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