



如果表格空間不足或沒有適用之欄位, 請以附件補充資料。 If the space is not enough or no applicable field available, please supplement information by attachment.

<b>保單持有人及受保人資料 POLICYHOLDER AND INSURED PERSON INFORMATION</b>		
保單號碼 Policy number <b>AEIAS000084</b>	保單持有人姓名 Name of Policyholder <b>Micheal Chan Ying Fan</b>	
受保人姓名 Name of Insured Person <b>Gordon Chan Lok Hin</b>	索償人姓名 (如不是受保人) Name of claimant (if not Insured Person)	與受保人關係 Relationship to Insured Person <b>Father and Son</b>
索償人身分證/護照號碼 Claimant HKID/Passport No. <b>Y867393(2)</b>	聯絡電話 Contact phone number <b>+65 9108 4469</b>	電郵地址 E-mail address <b>gordon0226hotmail.com@gmail.com</b>
通訊地址 Correspondence address <b>Blk 579 Hougang Ave 4 #05-634 Singapore 530579</b>		
<b>索償類別及金額 TYPES OF CLAIMS AND AMOUNT</b>		
意外死亡 / 永久傷殘 / 燒傷 醫療費用 / 海外住院津貼 個人行李 / 個人金錢 / 證件遺失 ✓ Accidental Death / Permanent Disablement / Burns Medical Expenses / Overseas Hospital Cash Personal Baggage / Personal Money / Document Loss  旅程延誤 / 行程更改 / 行李延誤 取消 / 縮短旅程 個人責任 Travel Delay / Re-Route / Baggage Delay Trip Cancellation / Trip Curtailment Personal Liability  其他 Others 索償金額 Claim Amount:		
<b>意外詳情 DETAILS OF ACCIDENT</b>		
意外發生日期及地點 Date and place of accident	傷勢及受傷部位 Nature of injury and affected part of body	
意外發生的詳情 Circumstances of accident		
證人姓名 Name of witness(es)	證人聯絡電話 Contact phone number of witness(es)	
<b>疾病詳情 DETAILS OF SICKNESS</b>		
首次出現病徵日期 Date of symptom first appeared DD MM YYYY <b>05 03 2021</b> 日 月 年	首次求診日期 Date of first consultation DD MM YYYY <b>05 03 2021</b> 日 月 年	病症 Diagnosis <b>hyperventilation muscle spasms</b>
醫生姓名、地址及電話 Name, address & contact phone number of doctor	醫院名稱及地址 Name and address of hospital <b>Tan Tock Seng Hospital No.11 Jalan Tan Tock Seng, Singapore 308433</b>	
<b>遺失或損壞行李/金錢/證件詳情 DETAILS OF LOSS OF OR DAMAGE TO BAGGAGE/MONEY/DOCUMENT</b>		
遺失或損壞的日期及地點 Date and place of loss or damage	是否向有關機構(如警方、公共交通工具營運商等)報告此損失或損壞事件? Was the loss reported to relevant authorities (e.g. Police, Common Carrier Operator, etc.)  有 Yes 沒有 No	
遺失或損壞的詳情 Circumstances of loss or damage		

遺失或損壞的物品 Lost or damaged Items	購買日期 Date of purchase DD MM YYYY 日 月 年	購買價錢 Purchase cost	維修價錢 Repair cost
行李/行程延誤或更改詳情 DETAILS OF BAGGAGE/TRAVEL DELAY OR RE-ROUTE			
原定啟程/抵達時間 Original departure/arrival time		實際啟程/抵達時間 Actual departure/arrival time	
延誤的原因 Reason for delay		有否購買緊急必需品 Any emergency purchase of essential replacement items of clothing and toiletries? 是 Yes 否 No	
原定的行程 Original itinerary		更改後的行程 Re-routed itinerary	

取消或縮短旅程詳情 DETAILS OF TRIP CANCELLATION OR CURTAILMENT	
取消/縮短行程的原因 Reason for Trip Cancellation or Curtailment	
原定的行程 Original itinerary	縮短後的行程 Curtailed itinerary
個人責任事故詳情 DETAILS OF PERSONAL LIABILITY INCIDENT	
事故日期及地點 Date and place of incident	
事故的詳情 Circumstances of incident	
第三者索償人姓名及聯絡資料 Name and contact details of third party claimant	證人姓名及聯絡資料 Name and contact details of witness(es)

重要備註 Important Note: -  
倘收到第三者就有關事件提出的索償要求、官司或法律訴訟，應即時通知 Starr International Insurance (Asia) Ltd. (“SIIA”)處理。在未獲得 SIIA 書面同意之前，不可向第 三者索償人承認責任、提出和解或作出賠償。

Any claim, demand, lawsuit or legal proceedings relating to the incident which the Insured Person becomes aware of or received from third party claimant should be forwarded to Starr International Insurance (Asia) Ltd. (“SIIA”) unanswered immediately. No admission of liability, offer to settle or payment of claim with third party claimant is permitted without written consent of SIIA.

其他保險或賠償 OTHER INSURANCE OR COMPENSATION			
索償項目是否受保於其他保險合約 Do you have other insurance policies covering this loss or expenses incurred? 否 No 是 Yes (請詳述如下 Please specify below)			
保險公司之名稱 Name of Insurer	保單號碼 Policy number	保障項目 Benefit	保額 Sum insured
索償項目是否獲得公共運輸機構或酒店提供賠償或安排 Did you receive any compensation or offer from common carrier operator or hotel for this claim? 否 No 是 Yes (請詳述 Please specify)			

賠償所需文件 DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT	
<ul style="list-style-type: none"><li>• 旅遊證明, 例如機票、登機証、航空公司或旅行社簽發的收據 Travel proof, such as air-ticket, boarding pass, travel agent or airline’s official receipt • 簽證副本(適用於海外留學生保險、工作假期保險及工作簽證保險) Visa copy (Applicable to Overseas Student Insurance, Working Holiday Insurance or Overseas Employment Extension)</li><li>• 由有關機構(如警方、公共運輸機構、活動組織等)發出的事故報告 Incident report issued by relevant authorities (e.g. police, common carrier operator, activity organizer, etc.) • 醫院/醫療費用收據正本 Original hospital/medical receipt</li><li>• 醫療/檢測報告正本 Original medical/examination report</li><li>• 死亡證/驗屍報告之副本 Copy of death certificate/post mortem report for death cases</li><li>• 遺失/損壞物品購買收據正本或 維修報價 Original purchase receipt of the lost/damaged items or repair quotation</li><li>• 額外支付或被沒收的住宿/交通費用收據正本 Original receipts for additional or forfeited hotel accommodation and travel expenses</li><li>• 緊急購買必需品的收據正 Original receipt(s) for emergency purchase of essential items</li><li>• 顯示行程取消及不能退還費用的收據正本 Original documentation indicating trip cancellation and non-refundable/refunded amount</li><li>• 第三者索償要求/法庭傳票 Demand letter/writ of summons from third party claimant</li></ul> <p>我們保留要求索償人提供其他證明文件的權利 We reserve the right to ask for any other documents to substantiate the claim</p>	
聲明及授權 DECLARATION AND AUTHORIZATION	

<p>• 本索償表簽署人謹此聲明，就我/我們所知所信，本索償表上所填報之資料均屬實無訛。我/我們同意任何蓄意欺詐或隱瞞將會導致保單失效。我/我們並同意 Starr International Insurance (Asia) Ltd (“SIIA”) 或其授權代理可保留，使用或透露 SIIA 所收集或保留之任何有關我/我們的個人資料給予 SIIA 有關人士/機構或任何被選定的機構，用作處理此索償申請及資料核對等用途，及因此等用途與我/我們聯絡。我/我們明白倘若未能提供索償表所需的資料，SIIA 將可能無法處理有關索償。我/我們同時有權向 SIIA 查閱及申請改正個人資料。有關的申請可致函 SIIA 的營運部經理，地址為香港灣仔港灣道 18 號中環廣場 19 樓 1901 室。</p> <p>• 我/我們現授權 SIIA 或其代理人向醫生、醫院、診所、保險公司、政府機構或有關組織，提取我/我們與這意外或索償事件有關之病歷記錄。即使我/我們身故或喪失能力，此授權書仍然存在有法律效力，而我/我們之繼承人也會受此約束，其副本與正本同屬有效。</p> <p>• The undersigned hereby declares that to the best of my/our knowledge and belief, the above statement and particulars are fully and truly made. I/We agree that if any fraudulent means or devices are used in connection with obtaining any benefit under the Policy, the Policy shall be void against me/us. I/We agree that any of my/our personal information collected or held by Starr International Insurance (Asia) Ltd. (“SIIA”) or its authorized representatives is provided and be held, used and disclosed by SIIA to individuals/organization associated with SIIA or any selected third party for the purpose of processing the claims herein, providing data matching and to communicate with me/us for such purposes. The undersigned understand that SIIA may not be able to process the claims herein if I/we fail to provide any information requested in this Claim Form. The undersigned further understand that I/we have the right to obtain access and to request correction of my personal information held by SIIA. Such request can be made to SIIA's Operations Services Manager at Suite 1901, 19/F Central Plaza, 18 Harbour Road, Wanchai, Hong Kong.</p> <p>• I/We hereby irrevocably authorize SIIA or its authorize representative to obtain my/our medical records from my/our treating physicians, hospitals, clinics, insurance companies, government agencies or other relevant organizations in relation to the accident or claim. This authorization is valid even I/we am/are deceased. My/our next of kin is also bound by this authorization. The original or copy of this authorization has the same effects.</p>		
受保人/索償人簽署 Signature of Insured Person/claimant	保單持有人簽署(請蓋公司印, 適用於團體保單) Signature of Policyholder (with company chop, applicable to group policy)	日期 Date (DD/MM/YYYY)  <b>30/03/2021</b>

醫療報告 (需由主診醫生填寫) MEDICAL REPORT (TO BE COMPLETED BY ATTENDING PHYSICIANS)		
病人姓名 Name of patient	診斷 Diagnosis	
首次求診日期 Date of first consultation DD MM YYYY 日 月 年	受傷或首次出現病徵日期 Date of occurrence of injury or first symptom DD MM YYYY 日 月 年	
據你所知，病人以往曾否出現同樣或類似的病況？如是，請提供日期及詳情。To the best of your knowledge, has the patient ever had the same or similar condition(s) or symptom(s)? If yes, please state the dates and conditions/symptom.		
是次情況是否由其他潛在疾病導致？如是，請提供詳情。Was the condition caused by any underlying disease? If yes, please specify.		
是次情況會否引致永久傷殘？如是，請提供詳情。Will the current condition(s) or symptom(s) result in any permanent disability? If yes, please advise detail.		
如是次情況與燒傷有關，請評估燒傷程度及身體面積之百分比。If the current condition or symptom relates to burn injury, please advise (a) degree of burnt and (b) estimated % of burnt body surface.		
診斷是否由下列情況導致或有關連 Is the diagnosis due to or associated with any of the following? (a) 先天性異常 Congenital anomalies 是 Yes 不是 No (b) 視力矯正 Refractive error or correction of eyesight 是 Yes 不是 No (c) 遺傳性疾病 Heredity condition 是 Yes 不是 No (d) 美容或整形手術 Cosmetic or plastic surgery 是 Yes 不是 No (e) 懷孕或分娩 Pregnancy or childbirth 是 Yes 不是 No (f) 例行醫療檢查 Routine medical check-up 是 Yes 不是 No (g) 酒精或藥物影響 Drugs or alcohol 是 Yes 不是 No (h) 精神或心理病 Mental or nervous disorders 是 Yes 不是 No		
手術日期及詳情，如適用。Date and details of operation, if applicable		
出院概況 (包括診治、檢查程序、結果、併發症及覆診計劃) Discharge summary (including investigation procedures, result, diagnosis, treatments, complications and follow-up plan)		
醫院名稱 Name of hospital	入院日期 Date of admission DD MM YYYY 日 月 年	出院日期 Date of discharge DD MM YYYY 日 月 年
醫院/診所地址 Address of hospital/clinic		
醫院/診所電話 Phone number of hospital/clinic	醫療報告 日期 Date of medical report DD MM YYYY 日 月 年	
主診醫生姓名 Name of attending physician/specialist	主診醫生簽名及蓋章 Signature and Stamp of attending physician/specialist	日期 Date DD MM YYYY



**Starr International Insurance (Asia) Limited**

香港灣仔港灣道 18 號中環廣場 19 樓 1901 室 Suite 1901, 19/F, Central Plaza, 18 Harbour Road, Wanchai, Hong Kong  
電話 General Line: (852) 3765 5566 傳真 Fax : (852) 3765 5501 電郵 E-Mail: asiaa&hclaims@starrcompanies.com

## Claim documentation for Travel Insurance Claim 旅遊保險索償所需文件

Please submit the completed claim form together with the below required documents for relevant section(s) to our company. Our Company may request for more information or additional documents for claim assessment.

請提交已填妥之索償申請表及就有關索償項目提交以下所需文件。本公司有可能要求提交額外資料以處理申請之索償。

**For All Claim Sections 所有索償類別需提交的文件**

- Boarding passes, air tickets and Travel Itinerary 登機證, 機票及行程表
- Copy of HKID card 香港身份證副本
- Copy of Student Visa and Student Card (Applicable to Overseas Student Insurance)  
學生簽證及學生證副本(適用於海外留學生保險)
- Copy of Working Visa (Applicable to Working Holiday Insurance)  
工作簽證副本(適用於工作假期保險)

Please submit the below documents for Relevant Claim Section(s) 請就有關索償類別提交以下文件:

Nature of Claim 索償項目	Documents Required 所需文件
Accidental Death and Disablement 意外死亡及永久傷殘	<ul style="list-style-type: none"> <li>• Medical Certificate / Medical Report with diagnosis 已註明診斷結果之醫療證明或醫療報告</li> <li>• All relevant documentation confirming the cause of death (i.e. Death Certificate, autopsy / post mortem report) 有關註明死亡原因之文件, 如死亡證, 解剖或驗屍報告</li> <li>• Medical report with the extent of permanent disability suffered 列明永久傷殘程度的醫療報告</li> </ul>
Medical Expenses / Overseas Hospital Cash 醫療費用/海外住院現金津貼	<ul style="list-style-type: none"> <li>• Medical Certificate/Medical Report with diagnosis 已註明診斷結果之醫療證明或醫療報告</li> <li>• Hospital Discharge Summary 出院摘要</li> <li>• Original medical receipts from a Physician or Doctor with diagnosis 醫生所發出之醫療單據正本及註明診斷結果</li> <li>• Original hospital bill or report certifying the period of hospitalization 已列出住院時段之住院及醫療單據正本</li> </ul>

Personal Baggage/ Personal Money/ Document Loss 個人行李/個人錢財/ 證件遺失	<ul style="list-style-type: none"> <li>• Original loss or damage report issued by police, airline, hotel or relevant authorities 警局, 航空公司, 酒店或有關機構發出的遺失或損毀報告正本</li> <li>• Original purchase or payment receipt of the damaged or lost items 損毀或遺失物品之購買或付款單據正本</li> <li>• Photos showing the extent of damaged items 顯示受損毀物品之相片</li> <li>• Original repair quotation and receipts of damaged items 受損毀物品之維修報價及單據正本</li> <li>• Original replacement receipts for the lost travel documents 補領旅遊證件之收據正本</li> <li>• Original payment receipt of the additional travel and hotel accommodation expenses (if applicable) 額外交通及住宿收據正本(如適用)</li> </ul>
Travel Delay or Re-Route 旅程延誤或更改行程	<ul style="list-style-type: none"> <li>• Documentation indicating the reason(s) for and the number of hours of delay (e.g. confirmation from airline/common carrier). 有關航空公司或客運機構發出延誤時間及原因的證明</li> <li>• Original documentation/receipt(s) indicating the additional travel fare of Common Carrier incurred; Or, for additional or forfeited accommodation expenses incurred outside Hong Kong 因更改行程所支付的額外公共交通費用; 或, 額外支付或無法取回之已支付的海外住宿費用之證明文件或收據正本</li> </ul>

Baggage Delay 行李延誤	<ul style="list-style-type: none"> <li>• Documentation indicating the reason(s) for and the number of hours of delay (e.g. confirmation from airline/common carrier). 有關航空公司或客運機構發出延誤時間及原因的證明</li> <li>• Original Receipt(s) for emergency purchase of essential replacement items of clothing and toiletries 購買必需的替換衣物及梳洗用品之正本收據</li> </ul>
Trip Cancellation/ Trip Curtailment 取消旅程／提早結束旅程	<ul style="list-style-type: none"> <li>• Original receipt(s) showing any pre-paid costs or deposits made OR additional travel and/or accommodation expenses incurred after the commencement of the insured Journey 出發前已預繳或投保人開始行程後額外支付交通及住宿費用的收據正本 • Original documentation issued by travel agent, hotel or common carrier confirming the Non-refundable / refunded amount 酒店, 旅行社, 航空公司或客運機構所發出的退款證明文件正本</li> <li>• Medical certificate indicating diagnosis and reason that the insured person/immediate family member/travel companion/co-partner is unfit for travel or return to Hong Kong necessitated, if applicable. 已列出診斷結果及受保人/直系親屬/旅遊夥伴/密切商業夥伴不適合外遊或必須提早結束旅程之原因的醫療證明</li> <li>• Copy of Death certificate, if applicable. 死亡證副本(如適用)</li> <li>• Proof of relationship to the Insured e.g. birth certificate, marriage certificate (if applicable) 與受保人關係證明文件副本, 如出世紙、結婚證明書等 (如適用)</li> </ul>
Personal Liability 個人責任	<ul style="list-style-type: none"> <li>• Any claim, correspondence, summons or relevant documents in relation to the incident, please forward to us with UNANSWERED 所有事件中收到的索償、法庭傳票、告票或有關文件, 請直接交由本公司處理, 切勿自行回覆</li> <li>• Police report or Incident report issued by the relevant authority 警方或有關機構發出之事件報告</li> </ul>

Rental Vehicle Excess 租車自負額	<ul style="list-style-type: none"><li>• Original Police report 警方報告正本</li><li>• Copy of the Motor Insurance Policy for the damaged rental vehicle 租用損毀車輛的保單副本</li><li>• Copy of Rental Agreement for the Rental Vehicle 租車協議書正本 •</li></ul> Original Payment Receipt for the Rental Vehicle's Policy Excess 租車自負額收據正本
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