



Travel Insurance Claim Form

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY, AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY.

PERSONAL DETAILS

Name of Certificate _____ Certificate No.: _____

Correspondence Address: _____

Contact Tel.No.(Daytime): _____

Name of Claimant: _____ Occupation: _____

Sex: M/F Date of Birth: _____ D/ _____ M/ _____ y

Correspondence Address: _____ Contact Tel.No.(Daytime): _____

TYPE OF CLAIM

| Please tick and complete the relevant Sections(s) overleaf: | Basic supporting documents required |
|--|---|
| <input type="checkbox"/> Section 1 – Personal Accident | <ul style="list-style-type: none"> <li style="width: 33%;">● Travelling Schedule Airticket(copy) <li style="width: 33%;">● Boarding Pass(copy) <li style="width: 33%;">● Hong Kong Identity Card(copy) <li style="width: 33%;">● Medical Report(original) <li style="width: 33%;">● Other available documents |
| <input type="checkbox"/> Section 2 – Medical Expenses | <ul style="list-style-type: none"> <li style="width: 33%;">● Travelling Schedule Airticket(Copy) <li style="width: 33%;">● Boarding Pass(copy) <li style="width: 33%;">● Hong Kong Identity Card(copy) <li style="width: 33%;">● Medical Report(original) <li style="width: 33%;">● Medical Receipts(original) <li style="width: 33%;">● Other available documents |
| <input type="checkbox"/> Section 3 – Cancellation & Curtailment | <ul style="list-style-type: none"> <li style="width: 33%;">● Travelling Schedule Airticket(copy) <li style="width: 33%;">● Travel Deposit Payment Receipt (original/copy) <li style="width: 33%;">● Boarding Pass(Copy) <li style="width: 33%;">● Carrier's/Airlines' confirmation(original) <li style="width: 33%;">● Other available documents |
| <input type="checkbox"/> Section 4 – Travel Delay & Missed Departure | <ul style="list-style-type: none"> <li style="width: 33%;">● Travelling Schedule Airticket(copy) <li style="width: 33%;">● Travel Deposit Payment Receipt(original/copy) <li style="width: 33%;">● Boarding Pass(copy) <li style="width: 33%;">● Carrier's/Airlines' confirmation (original) <li style="width: 33%;">● Other available documents |
| <input type="checkbox"/> Section 5 – Baggage & Personal Money | <ul style="list-style-type: none"> <li style="width: 33%;">● Travelling Schedule Airticket(copy) <li style="width: 33%;">● Travel Deposit Payment Receipt (original/copy) <li style="width: 33%;">● Boarding Pass(copy) <li style="width: 33%;">● Carrier's/Airlines' confirmation(original)/Hotel's confirmation(original) <li style="width: 33%;">● Police Report (copy) <li style="width: 33%;">● Purchase/Replacement receipt (original) <li style="width: 33%;">● Other available documents |

8. Name and address of your attending medical practitioner in Hong Kong _____

Section 3 – Cancellation and Curtailment

Amount Claimed: _____

1. Name and address of your travel agent _____

2. The relevant flight no. and/or tour reference no. _____

3. Date of travel arrangements made Date of deposit paid
 D/ M/ Y D/ M/ Y

4. Scheduled date of departure Time of departure Place of departure
 D/ M/ Y D/ M/ Y

5. Actual date of departure Actual time of departure
 D/ M/ Y _____ a.m./p.m.

6. Reason for the cancellation or curtailment _____

7. Can the pre-paid amount be recovered from other sources? If “Yes”, please state where and how.

Section 4 – Travel Delay and Missed departure

Amount Claimed: _____

1. The relevant flight no. and/or tour reference no. _____

2. Scheduled date of departure Time of departure Place of departure
 D/ M/ Y _____ a.m./p.m.

3. Actual date of departure Actual time of departure
 D/ M/ Y _____ a.m./p.m.

4. Reason for the delay/missed departure _____

Section 5 – Baggage and Personal Money

Amount Claimed: _____

1. Date of loss/damage Time of loss/damage Place of loss/damage
 D/ M/ Y _____ a.m./p.m.

2. Please describe how the loss/damage occurred _____

