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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 Certificate No.:			
Correspondence Address:				
	Contact Tel.N	Io.(Daytime):		
Name of Claimant:		Occupation:		
Sex: M/F Date of Birth:D	0/M/	y		
Correspondence Address:	Cont	act Tel.No.(Daytime):		
TYPE OF CLAIM				
Please tick and complete the relevant Sections(s) overleaf:	Basic supporting docume	nts required		
Section 1 – Personal Accident	 Travelling Schedule Airticket(copy) Medical Report(original) 	 Boarding Pass(copy) Hong Kong Identity Card(copy) Other available documents 		
Section 2 – Medical Expenses	Travelling Schedule Airticket(Copy)	e • Boarding Pass(copy) • Hong Kong Identity Card(copy)		
	• Medical Report(original)	 Medical Receipts(original) Other available documents 		
Section 3 – Cancellation & Curtailment	Travelling Schedule Airticket(copy)	• Travel Deposit Payment Receipt (original/copy)		
	Boarding Pass(Copy)	• Carrier's/Airlines' • Other available documents		
□ Section 4 – Travel Delay & Missed Departure	Travelling Schedule Airticket(copy)	• Travel Deposit Payment Receipt(original/copy)		
	Boarding Pass(copy	y) • Carrier's/Airlines' • Other available confirmation (original)		
Section 5 – Baggage & Personal Money	Travelling Schedule Airticket(copy)	e • Travel Deposit Payment Receipt (original/copy)		
	Boarding Pass(copy	y) Carrier's/Airlines' confirmation(original)/Hotel's confirmation(original)		
	Police Report (copy	y) • Purchase/Replaceme • Other available nt receipt (original) documents		

Section 6 – Personal Liability	•	Travelling Schedule • airticket(copy)	Police Report (copy) •	Other available documents
Section 7 – Rental Vehicle Excess cover	•	Rental Vehicle • receipt (original)	Rental Vehicle Agreement/Contract(original)	
	•	Evidence of motor • accident (original)	Excess Payment • Receipt (original)	Police report (copy)
	•	Other available documents		
* To facilitate consideration of your claim,	please	ensure you have submitted t	he required basic supporting d	ocuments.
Section 1 – Personal Accident				
Amount Claimed:				
		of accident a.m	Place of accident	
2. Please describe how the accident happen				
3. Please state nature and extend of injury s				
4. Name and address of any witness to the	accide	nt		
5. Date of first treatment 		Date of last treatment	M/ Y	
6. Name & address of the attending medica	l prac	titioner		
Section 2 – Medical Expenses				
Amount Claimed:		-		
1. Date of sickness D/M/Y	Time	of sickness a.m	Place of sickness	
2. Diagnosis of sickness				
3. When does the sickness first become app	oarent			
4. Have you ever had such sickness before? If yes, please state when				
5. Name and address of medical practitioner who attended you immediately following the sickness				
6. If hospitalization is required, please state Date of admission D/ M/ Y	;	Date of I	Discharge D/ M/ Y	
7. Can you get compensation from other so	urces	for the sickness now you so	uffered? If "yes", please stat	te where and how

Section 3 – Cancellation	and (Curtailment		
. Name and address of your trave	el agent			
. The relevant flight no. and/or to	our refer	rence no.		
. Date of travel arrangements ma	da	Data of donasit naid		
D/ M/	Y	Date of deposit paid D/ M	/ <u>Y</u>	
. Scheduled date of departure		Time of departure		Place of departure
D/M/			Y	
. Actual date of departure	Y	Actual time of departure	a.m./p.m.	
. Reason for the cancellation or c				
Reason for the cancenation of c	curtamin	ciit		
ection 4 – Travel Delay	y and 1	Missed departure		
Section 4 – Travel Delay	y and 1	Missed departure		
ection 4 – Travel Delay mount Claimed: The relevant flight no. and/or to	y and l	Missed departure	- 	Place of departure
ection 4 – Travel Delay mount Claimed: The relevant flight no. and/or to Scheduled date of departure 	y and bour references	Missed departure	- 	
ection 4 – Travel Delay mount Claimed: The relevant flight no. and/or to Scheduled date of departure 	y and 1 our reference Y	Missed departure rence no. Time of departure Actual time of departure	a.m./p.m	Place of departure
ection 4 – Travel Delay mount Claimed: The relevant flight no. and/or to . Scheduled date of departure D/ M/ . Actual date of departure D/ M/	y and 1 our reference Y Y	Missed departure rence no. Time of departure Actual time of departure	a.m./p.m a.m./p.m	Place of departure
Section 4 – Travel Delay mount Claimed:	y and 1 our reference Y Y	Missed departure rence no. Time of departure Actual time of departure	a.m./p.m a.m./p.m	Place of departure
ection 4 – Travel Delay mount Claimed:	y and 1 our refere <u>Y</u> <u>y</u> parture	Missed departure rence no. Time of departure Actual time of departure	a.m./p.m a.m./p.m	Place of departure
Can the pre-paid amount be rec Can the pre-paid amount be rec Cection 4 – Travel Delay mount Claimed:	y and 1 our refere <u>Y</u> <u>y</u> parture	Missed departure rence no. Time of departure Actual time of departure	a.m./p.m a.m./p.m	Place of departure
Section 4 – Travel Delay amount Claimed:	y and 1 our refere <u>Y</u> <u>y</u> parture	Missed departure rence no. Time of departure Actual time of departure	a.m./p.m a.m./p.m	Place of departure
Section 4 – Travel Delay amount Claimed: . The relevant flight no. and/or to . Scheduled date of departure D/ M/ . Actual date of departure D/ M/ . Reason for the delay/missed departure Cection 5 – Baggage and amount Claimed:	y and 1 our refere <u>Y</u> <u>y</u> parture	Missed departure rence no. Time of departure Actual time of departure onal Money	a.m./p.m a.m./p.m	Place of departure

	Lost/Damaged Item(s)	Model No.	Date of Purchase	Conditions immediately before the loss/damage
	Please attach supplementary sheet if necessa	nry		
4.		Time of loss reported		ference no. of the loss reported to the police
-	D/ M/ Y		<u>a.m./p.m</u>	
5.	Please give details if you have lodged co	omplaint against any c	arrier/airlines/hotels	s/other parties concerning the damage/lost
6.	Please give details if you have got any o	ther insurance covering	ng the lost/damaged	item(s)

Amount Claimed:	*For Section 7, please complete questions 1& 2 only	
1. Date of incident <u>D/ M/ Y</u>	Time of incident	a.m./p.m
2. Full description of incident		
3. Name & Address of third party claimant a	and other involved parties	
4. Extent of injury/damage caused with estin	mate on quantum if possible	
5. Please state your own view on liability		
6. Has formal claimed been received from the		

* IMPORTANT – Please forward to us all correspondence directly relating to the third party claim and do not admit any liability to the third party

DECLARATION & AUTHORIZATION

I/We declare that the information is in all respect true and complete to best of my/our knowledge and belief;
 It is agreed that upon request by CGU International Insurance plc, I/We shall make a statutory declaration to re-affirm the genuineness of all the information contained in this claim form; and

3. I, the undersigned claimant, hereby authorize and party concerned to disclose to CGU International Insurance plc or its representative any and all information with respect to my medical history regarding illness or injuries and my claimed loss/damage under the above Section(s). A photostat copy of this authorization shall be as effective and valid as the original.

Signature of Certificate Holder Date Signature of Claimant Date