

Claim Items & Documentation (Please the relevant section(s))
 索償項目及文件 (請在申請索償項目方格填上☑號)

| Claim Items 申請索償項目 | Claim documents checklist 索償文件清單 |
|---|--|
| Section 1: Personal Accident Benefits 第 1 節：人身意外保障 | |
| <input type="checkbox"/> Personal Accident 人身意外 <input type="checkbox"/> Adventurous Tourist Activities Extension 歷奇旅遊活動延伸保障 | <input checked="" type="checkbox"/> Full medical report 詳細醫療報告 <input checked="" type="checkbox"/> Death certificate and/or autopsy report (if applicable) 死亡證及 / 或驗屍報告 (如適用) <input checked="" type="checkbox"/> Police report (if applicable) 警方報告 (如適用) |
| Section 2: Emergency Medical & Related Expenses 第 2 節：緊急醫療及相關費用 | |
| <input type="checkbox"/> Medical Expenses Incurred Overseas 海外支出之醫療費用 <input type="checkbox"/> Follow-up Medical Expenses Incurred in Hong Kong 回港後覆診醫療費用 <input type="checkbox"/> Adventurous Tourist Activities Extension 歷奇旅遊活動延伸保障 | <input checked="" type="checkbox"/> Full medical report 詳細醫療報告 <input checked="" type="checkbox"/> Original medical receipt(s) 醫療費用收據正本 <input checked="" type="checkbox"/> Copy of letter of hospital admission and discharge summary (if applicable) 入院紙及出院紙副本 (如適用) |
| Section 3: Worldwide Emergency Assistance Service 第 3 節：全球緊急支援服務 | |
| Contact our "24-Hour Worldwide Emergency Assistance and Referral Services Hotline" at +852 3572 8222 請聯絡我們的「24 小時全球緊急支援及轉介服務」熱線：+852 3572 8222 | |
| Section 4: Personal Belongings 第 4 節：個人財物 | |
| <input type="checkbox"/> Loss of or Damage to Personal Baggage or Effects 遺失或損毀的個人行李或財物 | <input checked="" type="checkbox"/> Loss / damage report issued by police, airline, or other relevant authorities 警方、航空公司或相關機構發出的遺失 / 損毀報告 <input checked="" type="checkbox"/> Police report (must be made within 24 hours of the occurrence) 警方報告 (必須於事發後 24 小時內發出) <input checked="" type="checkbox"/> Original purchase receipt of the lost/damaged items 遺失 / 損毀物品的購買收據正本 <input checked="" type="checkbox"/> Repair quotation (if applicable) 維修報價 (如適用) <input checked="" type="checkbox"/> Photos to show the damage of lost / damaged items 遺失 / 損毀物品的相片 <input checked="" type="checkbox"/> The status report and / or result provided by airline / Public Transportation or any other parties (if applicable) 航空公司 / 公共交通工具機構所發出的賠償進度報告及 / 或結果 (如適用) |
| <input type="checkbox"/> Loss of Travel Documents 遺失旅遊證件 | <input checked="" type="checkbox"/> Police report (must be made within 24 hours upon discovery of loss) 警方報告 (必須於發現遺失後 24 小時內向警方報失) <input checked="" type="checkbox"/> Original receipt(s) for extra accommodation fee 額外住宿費用之收據正本 <input checked="" type="checkbox"/> Original receipt(s) for travelling expenses 交通費用之收據正本 <input checked="" type="checkbox"/> Original receipt(s) for replacement of lost travel documents and / or Travel Tickets 補發遺失之旅遊證件或旅行票之收據正本 |



| Section 5: Trip Cancellation, Interruption or Delay 第 5 節：旅程取消、阻礙或延誤 | |
|---|---|
| <input type="checkbox"/> Loss of Deposit or Cancellation Charges 損失按金或旅程取消費用 | <ul style="list-style-type: none"> ✓ All relevant supporting documents with reason(s) for the necessary cancellation or curtailment of the trip 註有必須取消或縮短旅程原因的有關文件 ✓ Original booking invoices 訂定旅程的發票正本 ✓ Original confirmation from the relevant authorities regarding the amount refundable for any prepaid costs or deposits made 有關機構對已預繳的費用或訂金所作退款金額數目確認書正本 ✓ Proof of diagnosis and treatment by Medical Practitioner 醫生診斷及治療的證明 |
| <input type="checkbox"/> Trip Re-arrangement 旅程更改 <input type="checkbox"/> Travel Delay Allowance 旅程延誤津貼 | <ul style="list-style-type: none"> ✓ Delay confirmation report from the airline / Public Transportation with the reason and duration of delay 航空公司 / 公共交通工具機構所發出的延誤原因及時數證明報告 ✓ Ticket for original Itinerary 原定行程的票據 ✓ Ticket for the alternative means of reaching the planned destination 為抵達預先計劃目的地而更改原本旅程表的票據 |
| <input type="checkbox"/> Extra Pet Accommodation Expenses 額外寵物住宿費用 | <ul style="list-style-type: none"> ✓ Delay confirmation report from the airline / Public Transportation with the reason and duration of delay 航空公司 / 公共交通工具機構所發出的延誤原因及時數證明報告 ✓ Ticket for original Itinerary 原定行程的票據 ✓ Ticket for the alternative means of reaching the planned destination 為抵達預先計劃目的地而更改原本行程表的票據 ✓ Official receipt of the daily accommodation cost payment to the pet hotel 由有關寵物酒店發出之正式收據 |
| Section 6: Personal Liability 第 6 節：個人責任 | |
| <input type="checkbox"/> Personal Liability 個人責任 | <ul style="list-style-type: none"> ✦ Please do not make any promise or pay for any claim against you nor admit liability thereof without our consent All writs, summons, letters or communications regarding any such claim (must be sent to us immediately unanswered). 受保人切勿未經本公司同意，對第三者作出任何法律責任承諾，或同意任何賠償；任何令狀、傳票、書信或通訊皆不須作出回覆，應立即郵寄到本公司作進一步處理。 ✓ Detailed description of the incident (e.g. date, time, location, circumstance and the extent of the damage / injury) 詳細列明事發經過（包括日期、時間、地點、經過及損壞 / 損傷程度） ✓ Demand correspondences of claim from third party 第三者索償文件 ✓ Photo(s) to show the accident scene, damaged item and / or extend of injury of third party 意外環境及第三者損毀物品及 / 或損傷的相片 ✓ Report or statement from police or relevant authorities (if any) 由警方或相關機構發出的報告或口供（如適用） |

Please fill in the relevant claim item column 請在相關的索償項目欄內填上資料：

| Personal Accident / Medical Expenses Incurred Overseas / Follow-up Medical Expenses Incurred in Hong Kong / Adventurous Tourist Activities Extension 人身意外 / 海外支出之醫療費用 / 回港後覆診醫療費用 / 歷奇旅遊活動延伸保障 | |
|--|---|
| Please <input checked="" type="checkbox"/> the applicable option(s) 請在索償項目空格內填上☑號 (可選多項) <input type="checkbox"/> Personal Accident 人身意外 <input type="checkbox"/> Medical Expenses Incurred Overseas 海外支出之醫療費用 <input type="checkbox"/> Follow-up Medical Expenses Incurred in Hong Kong 回港後覆診醫療費用 <input type="checkbox"/> Adventurous Tourist Activities Extension 歷奇旅遊活動延伸保障 | Date of sickness / accident (DD/MM/YYYY, hh:mm): 患病 / 意外日期及時間 (日 / 月 / 年 · 時 : 分) : |
| | Condition (please <input checked="" type="checkbox"/> the box) 狀況 (請於空格內填上☑號) <input type="checkbox"/> Sickness 患病 <input type="checkbox"/> Injury 受傷 <input type="checkbox"/> Death 死亡 |
| | Diagnosis of sickness / Nature of injury: 所患為何種疾病 / 受傷性質 : |
| Total amount claimed (please state the currency): 總索償金額 (請註明貨幣) : | Please describe how you got sick / injured and when does the symptom first appear: 請描述患病 / 受傷經過並提供何時首次出現病徵 : |
| Place of sickness / injury: 患病 / 受傷地點 : | |
| Name and address of Medical Practitioner: 診治的醫生姓名及地址 : | |
| If hospitalization is required, please state 如需留院治療 · 請提供 (DD/MM/YYYY 日/月/年):- | |
| Date of admission 入院日期 : | Date of discharge 出院日期 : |
| Is further follow-up treatment in Hong Kong required? 仍需要於香港覆診 ? <input type="checkbox"/> Yes 需要 <input type="checkbox"/> No 不需要 | Have you ever had such sickness / injury before? If yes, please state when (DD/MM/YYYY): 以前有否患過該種疾病 / 受過同樣傷患 ? 如有 · 請提供患過該種疾病 / 傷患的日期 (日 / 月 / 年) : |

| Loss of or Damage to Personal Baggage or Effects / Loss of Travel Documents 遺失或損毀的個人行李或財物 / 遺失旅遊證件 | | | | |
|--|--|---|---|---|
| Please <input checked="" type="checkbox"/> the applicable option(s) 請在索償項目空格內填上☑號 (可選多項) <input type="checkbox"/> Loss of or Damage to Personal Baggage or Effects 遺失或損毀的個人行李或財物 <input type="checkbox"/> Loss of Travel Documents 遺失旅遊證件 | | Date & time of loss / damage (DD/MM/YYYY, hh:mm): 財物遺失 / 損毀日期及時間 (日 / 月 / 年 · 時 : 分) : | | |
| | | Place of loss / damage: 財物遺失 / 損毀地點 : | | |
| Please describe how the loss / damage occurred: 請詳述財物遺失 / 損毀的經過 : | | | | |
| Date & time of loss reported (DD/MM/YYYY, hh:mm): 向警方報告遺失財物日期及時間 (日 / 月 / 年 · 時 : 分) : | | | | |
| Name of Police station: 報案警署名稱 : | | Reference no. of the loss reported to the police: 警方檔案編號 : | | |
| Please give details if you have lodged complaint against any carriers / airlines / hotels / other parties concerning the damage / loss: 如有就財物遺失 / 損毀一事向任何客運公司 / 航空公司 / 酒店 / 有關人士作出投訴 · 請提供詳情 : | | | | |
| Loss / damaged Items 遺失 / 損毀之物件 | Conditions after the loss / damage 該財物遺失 / 損毀時之狀況 | Date of Purchase (DD/MM/YYYY) 購買日期 (日 / 月 / 年) | Original Purchase Price (please state the currency) 購買價值 (請註明貨幣) | Repairing / Replacement Cost (please state the currency) 維修 / 重置費用 (請註明貨幣) |
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| Total amount claimed (please state the currency): 總索償額 (請註明貨幣) : | | | | |

| Trip Cancellation 取消旅程 | |
|--|---|
| Reason: 原因: | |
| Name & address of your travel agent: 旅行中介名稱及地址: | |
| The flight / vessel no. and / or tour reference no.: 航班編號及 / 或行程編號: | |
| Date of travel arrangement made (DD/MM/YYYY): 訂妥行程日期 (日 / 月 / 年): | Date of deposit paid (DD/MM/YYYY): 支付按金日期 (日 / 月 / 年): |

| Trip Rearrangement / Travel Delay Allowance 旅程更改 / 旅程延誤津貼 | | |
|--|---|-----------|
| Please <input checked="" type="checkbox"/> the applicable option(s) 請在索償項目空格內填上☑號 (可選多項) <input type="checkbox"/> Trip Re-arrangement 旅程更改 <input type="checkbox"/> Travel Delay Allowance 旅程延誤津貼 | Expenses / Fee (please state the currency): 有關支出 / 費用 (請註明貨幣): | |
| Reason: 原因: | | |
| | Scheduled 原定 | Actual 實際 |
| Date & time of departure (DD/MM/YYYY, hh:mm): 出發日期及時間 (日 / 月 / 年 · 時 : 分): | | |
| Date & time of arrival (DD/MM/YYYY, hh:mm): 到達日期及時間 (日 / 月 / 年 · 時 : 分): | | |

| Personal Liability 個人責任 |
|---|
| Date & time of incident (DD/MM/YYYY, hh:mm): 事故發生日期及時間 (日 / 月 / 年 · 時 : 分): |
| Place of incident: 事故發生地點: |
| Full description of incident: 請詳述事故的始末: |
| Name and address of the third-party claimant and other involved parties: 要求索償的第三者或有關人士的姓名及地址: |
| Extent of injury / damage caused with estimate on quantum if possible: 請提供第三者的損失 / 傷亡程度及在可能情況下提供第三者索償的約數: |
| Has formal claim been received from the third-party claimant? 閣下有否正式收到第三者之索償要求? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 *IMPORTANT - Please furnish us with all correspondence directly relating to the third-party claim and do not admit any liability to the third party. *重要事項 - 如收到第三者的索償信件, 請勿私下作出回覆。閣下必須將該等信件呈交本公司。 |

| Other Coverage(s) 其他保障 | |
|--|--|
| Please <input checked="" type="checkbox"/> the applicable option(s) 請在索償項目空格內填上☑號 (可選多項) <input type="checkbox"/> Extra Pet Accommodation Expenses 額外寵物住宿費用 <input type="checkbox"/> Other(s), please specify: 其他, 請註明: | Date & time of incident (DD/MM/YYYY, hh:mm): 事故發生日期及時間 (日 / 月 / 年 · 時 : 分): |
| | Place of incident: 事故發生地點: |
| Total amount claimed (please state the currency): 總索償金額 (請註明貨幣): | |
| Full description of incident: 請詳述事故的始末: | |

Authorisation and Declaration 授權及聲明

I/We hereby authorize any hospital, physician, police, person, party and/or authority that has any records or is holding any information of the insured person or me /us to disclose to Avo Insurance Company Limited ("the Company") or its authorized representative, any and all information with respect to the insured person's or my/our loss, disability, medical history, police statement made and the like for the purpose of assessing my/our claim request(s). A photocopy of this authorization shall have the same effect as the original.

I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief.

I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

I/We confirm having read and understand and agreed to all the Declarations, terms and conditions and the Company's Personal Information Collection Statement as accompanied with this form.

本人 / 我們謹此授權任何持有受保人或本人 / 我們之任何記錄或資料的醫院、醫生、警方、人士、有關人等、及 / 或有關當局、向我保險有限公司（「貴公司」）或其授權代表提供任何或所有有關受保人或本人 / 我們之損失、損傷、病歷、口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

本人 / 我們謹此聲明，上述所有問題的答案包括所有資料及細節均是準確無誤、真實及為事實之全部，並且是盡本人 / 我們所知及所信而作答的。

本人 / 我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此索償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人 / 我們明白此索償申請表之發出及填妥並不代表貴公司確認責任或保證賠償。

本人 / 我們確認已閱讀及明白並同意所有聲明、條款及細則及隨本表格附上有關貴公司的收集個人資料聲明。

Signature of Claimant / Insured Person:

索償人 / 受保人簽署：

Date (DD/MM/YYYY):

日期 (日 / 月 / 年)：

Name of Claimant / Insured Person:

索償人 / 受保人姓名：

Personal Information Collection Statement 收集個人資料聲明

It is the policy of Avo Insurance Co., Ltd. ("Avo Insurance") to safeguard and keep confidential the personal data of all our customers. Avo Insurance shall at all times observe and ensure our staff strictly adhere to all the requirements under the Personal Data (Privacy) Ordinance ("the Ordinance").

1. Personal Data collected and/or held by Avo Insurance
Personal data such as first name, last name, HKID Card, date of birth, email address, telephone number, policy number, medical and health records, and question or comment will be collected by us when you make enquires or submit any forms for products or services provided by Avo Insurance.
2. Importance of Personal Data Collection
From time to time, you will be requested to provide your personal data to Avo Insurance. Provision of personal data to Avo Insurance by you is voluntary. However, Avo Insurance may not be able to provide or continue to provide products and services to you if you fail to provide your personal data as requested by us.
3. Purposes of Personal Data Collection and Usage
Your personal data held by Avo Insurance may be used for the following purposes:-
 - a. Administration of insurance or reinsurance related business, which include underwriting, processing and evaluation of applications, identity and credit checking, suitability checking, policy servicing, claims processing, investigation, account/debt collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, maintaining quality services, sales and marketing;
 - b. Avo Insurance will collect, use and disclose my personal information (including claims history) for the purposes necessary to process my application, investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application);
 - c. Make disclosure to any applicable regulators, governmental bodies or industry recognized bodies as required by any law, rule, regulation, code of practice or guideline, binding on Avo Insurance or our affiliates including without limitation the laws and regulatory requirements of Hong Kong SAR.
4. Personal Data Confidentiality
The personal data you provide to Avo Insurance will be kept confidential, except that it may be shared with following parties:-
 - a. Avo Insurance will transfer personal information to the following persons who may collect and use this information only as reasonably necessary to carry out the purposes described above: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information
 - b. any subsidiary, holding company, associated company or affiliates of Avo Insurance for any of the purposes set out in section 3a and b
 - c. Any agent, contractor or third party service provider, including but not limited to providers of risk intelligence, loss adjusters, private investigators, letter shopping service providers and debt collectors who provides administrative, telecommunications, computer, internet, payment or other services to Avo Insurance for any of the purposes set out in section 3a
 - d. Any actual or proposed reinsurers of Avo Insurance for any of the purposes set out in section 3a
 - e. Any co-branding partners and our business partners for any of the purposes set out in section 3a and b and

- f. Any person to whom Avo Insurance is under an obligation to make disclosure under the requirement of any law or regulation binding on or applicable to Avo Insurance or any of our group companies.
5. Personal Data Access / Correction Request
- a. You have the right to check whether Avo Insurance holds personal data about you and of access to and correction of your personal data.
- b. Avo Insurance has the right to charge a reasonable fee for the processing of any personal data access request.
- c. Requests shall be made in writing to our Personal Data Protection Officer, Avo Insurance Company Limited, 5/F, 160 Des Voeux Road West, Sai Ying Pun, Hong Kong SAR.
6. We reserve the right to change this Statement.

維護和保密所有客戶的個人資料是安我保險有限公司（「本公司」）的政策。本公司會一直遵守和確保員工嚴格遵守《個人資料（私隱）條例》（「條例」）的所有規定。

1. 本公司所收集及 / 或持有的個人資料
在閣下查詢或提交由本公司提供的產品或服務的表格時，本公司將會收集個人資料如姓名、身份證、出生日期、電郵地址、電話號碼、保單號碼、醫療及健康紀錄、以及問題或意見。
2. 個人資料收集的重要性
本公司會不時地要求提供閣下的個人資料。向本公司提供閣下的個人資料是自願的。若閣下沒有按照本公司的要求提供該等資料，可能會令本公司無法向閣下提供或繼續提供保險產品及服務。
3. 個人資料收集和使用的目的
閣下的個人資料可能會用於以下目的:-
- a. 保險管理或再保險業務有關的用途，其中包括承保、處理和評估申請、身份和信用檢查、適用性檢查、保單服務、理賠處理、調查、賬戶 / 債務追收、訴訟、通訊、編制統計、數據分析和研究、內部 / 外界審計、保持優質的服務、銷售和營銷；
- b. 安我保險有限公司將收集、使用和披露我的個人資料（包括以往申索紀錄），以用作處理我的申請、調查和解決申索、以及偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的。
- c. 在對本公司或其附屬機構具有約束力的任何法律、法規、規例、實務守則或指引的要求下（包括但不限於香港法例及監管的要求），向任何適用的監管機構、政府機構或相關行業的認可機構進行披露。
4. 個人資料保密
本公司會對閣下的個人資料加以保密，但可能會與下列各方透露該等資料:-
- a. 安我保險有限公司將把個人資料轉移給以下人士，而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料：保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；
- b. 任何本公司的附屬公司、控股公司、聯營公司或聯屬公司作在第3a和b段中所列出的任何用途；
- c. 任何本公司的代理人、承包商或會向本公司提供行政、電訊、電腦、網際網路、付款或其他服務的第三方服務供應商（包括但不限於風險分析顧問、公證行、私人調查員、信函裝封服務機構及財務公司）作在第3a段中所列出的任何用途；
- d. 任何本公司的實際或建議再保險公司作在第3a段中所列出的任何用途；
- e. 任何品牌合作伙伴及本公司生意伙伴作在第3a和b段中所列出的任何用途；及
- f. 在對本公司或其任何集團公司具有約束力或適用性的任何法律或法規的要求下而使本公司有責任對其進行披露的任何人士。
5. 個人資料的查閱 / 改正要求
- a. 閣下有權查詢本公司是否持有關於閣下的個人資料及查閱這些資料及改正不準確的資料；
- b. 本公司有權就處理任何個人資料查閱要求收取合理的費用；
- c. 有關要求須以書面提交香港西營盤德輔道西160號5樓安我保險有限公司的個人資料保護主任。
6. 我們保留更改本聲明的權利。

(If any conflict or inconsistency between the English and Chinese versions, the English version shall prevail. 中文譯本內容如與英文本有歧異，一概以英文為準。)