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# Traveller Claim Form      旅游索赔表

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THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY, AND IT MUST BE COMPLETED AND RETURN TO THE COMPANY IMMEDIATELY, WHETHER OR NOT A CLAIM IS MADE / 提供这个表格不承担任何责任，这个表格一定要完整填写，并尽快交回到公司，无论索赔的结果如何。

## WHAT TO DO IN THE EVENT OF A CLAIM?

/在一个索赔事件中应做什么？

1. Attach original policy and all quotations obtained for replacement of or repair to the damaged or missing property. / 附上保单原件和所有获得的有关损坏修补或替换或丢失的财产的报价单；
2. Attach valuations and receipt for purchases whenever possible. / 无论可能与否，附上所购买的收据或估价单
3. Advise Police immediately in the event of loss by Burglary, Housebreaking, Theft, Suspected Malicious Damage, Travellers Baggage. / 由盗窃、偷窃、抢劫、可疑的蓄意破坏，旅行包的丢失所引起的损失，应马上报告警察。
4. Attach any letter of demand or other correspondence that you may receive from any Third Party / 附上任何需要的信件或您从第三者那里所收到的通讯信件。
5. Do not make any admission of liability for loss or damage caused by you to third parties / 由你对第三者所引起的损失或损坏不要供认任何责任。

**SECTIONS A & B must be completed in Full 第一和二部分必须填写完整**  
**OTHER SECTIONS TO BE COMPLETED where applicable 其它部分根据情况适当填写**

<b>SECTION A 第一部分</b>			
<b>POLICY NUMBER 保单号码</b>		<b>INSURED PERSON'S FULL NAME 受保人员全名</b>	
<b>HOME ADDRESS &amp; POSTCODE 家庭住址和邮政编码</b>			
<b>DATE OF BIRTH 出生日期</b> D / M / Y 日/月/年	<b>OCCUPATION 职业</b>	<b>SEX 性别</b> Male 男 Female 女	<b>TELEPHONE NUMBER 电话号码:</b> Home 家: Office 办公室:
<b>ARE THERE ANY OTHER POLICIES OF INSURANCE IN FORCE COVERING YOU IN RESPECT OF THIS EVENT?</b> 有任何其它的保险保单对有关这个事件进行承保吗? No 否                  Yes 是 If yes, please give details and amount recovered or recoverable 如果是, 请给出详情和已获得的或可获得的数额.			
<b>SECTION B - DETAILS OF LOSS, DAMAGE OR OCCURRENCE 第二部分 - 损失, 损坏或事件发生的详情</b>			
<b>EXACT PLACE WHERE INCIDENT, LOSS, ACCIDENT OR ILLNESS OCCURRED 所发生事情、损失、意外事故或发生疾病的准确地点:</b>			
Date 日期:		Time 时间:	
		am 上午/ pm 下午	
DESCRIPTION OF THE INCIDENT, LOSS, ACCIDENT OR ILLNESS 描述事件、损失、意外事故或疾病发生的详情:			
<b>NAME AND ADDRESS OF ANY ONE WITNESS 任何目击者的姓名和地址:</b>			
Name 姓名		Address 地址:	
<b>SECTION C - MEDICAL EXPENSES, PERSONAL ACCIDENT AND ADDITIONAL EXPENSES</b>			
第三部分 - 医疗花费, 个人意外的或额外的花费			
1. STATE NATURE OF INJURY/ILLNESS 阐述损伤或疾病的性质:			
2. HAVE YOU EVER SUFFERED THIS OR SIMILAR CONDITION OR A RECURRENCE OF A PREVIOUS INJURY OR ILLNESS? 以前您是否遭受过这样的或类似的或重复出现的损伤或疾病? No 否                  Yes 是                  If yes, give full details 如果是, 请给出详情			
3. STATE NATURE OF ADDITIONAL EXPENSES, IF APPLICABLE 如果可能, 请阐述额外费用的性质			
4. STATE AMOUNT CLAIMED ( attach account/medical certificate or other documents in support of your claim) 阐述索赔的总额 (附上帐单或医疗证明或有关您的索赔的其它支持性文档) US\$			
5. STATE AMOUNT RECOVERED OR RECOVERABLE FROM ANY OTHER SOURCE 阐明从其它任何地方所补偿的或可补偿的数额 US\$			
6. NAME AND ADDRESS OF YOUR USUAL ATTENDING PHYS 通常给您诊治的医生的姓名和地址 NAME 姓名    ADDRESS 地址			

<b>SECTION D - DEPOSITS &amp; CANCELLATION CHARGES/CURTAILMENT EXPENSES</b>				
第四部分 – 保证金和取消费用/缩减费用				
1. <b>WHEN AND WHERE WAS HOLIDAY BOOKED?</b> 您所订的假日是什么时间和什么地方?				
2. <b>INTENDED DEPARTURE DATE</b> 打算启程的日期				
3. <b>DATE OF TRIP CANCELLED</b> 旅行取消的日期				
4. <b>WHY WAS THE TRIP CANCELLED? (IF due to illness, attach medical certificate)</b> 为什么取消旅行? (如果是由于疾病, 附上医疗证明)				
5. <b>AMOUNT PAID BY YOU</b> 你已经支付的数额		US\$		
<b>AMOUNT RECOVERABLE FROM ALL SOURCES ( attach documents)</b>		US\$		
从其它有关门已经补偿的或可补偿的数额 (附上文档)				
6. <b>AMOUNT CLAIMED</b> 欲索赔数额		US\$		
<b>SECTION E - BAGGAGE, PERSONAL EFFECTS AND PERSONAL MONEY</b>				
第五部分 – 行李, 个人财物或个人金钱				
1. <b>WHICH COUNTRY'S POLICE WERE ADVISED? STATE POLICE STATION AND ATTACH COPY REPORT</b> 哪一个国家的警察被告知? 阐明警察局和附上报告的复印件				
2. <b>HAVE YOU LODGED A CLAIM OR COMPLAINT AGAINST ANY CARRIER/AIRLINE OR OTHER AUTHORITY FOR THE LOSS OR DAMAGE TO YOUR PROPERTY?</b> 对您的财产的损失或损坏, 你是否向任何递送者/航空公司或授权者提出过索赔或投诉?				
No/否		Yes/是		If yes, give full details and attach copies of correspondence/如果是, 给出全部详情, 并给出通讯的复件.
Airline/航空公司		.....		
Claim Number/索赔号		.....		
3. <b>PLEASE PROVIDE DETAILS OF AMOUNTS CLAIMED AND ATTACH RECEIPT(S)</b> (If insufficient space, please provide details in separate sheets) 请提供索赔的数额详情和附上收据:( 如果下面的空间不够填写请提供附加的纸张阐述详情)				
<b>Item/Description</b> 项目/ 描述	<b>When &amp; Where Purchased</b> 什么地方或时间 购买	<b>Original Purchase Price</b> 原来的 购买价格	<b>Price Depreciation for Wear &amp; Tear</b> 对磨损的 折旧价格	<b>Amount Claimed</b> 索赔的 数额
a)				
b)				
c)				
d)				
e)				
f)				
g)				
h)				

**SECTION F - BAGGAGE DELAY, TRAVEL DELAY AND AIRCRAFT HIJAC**

第六部分 - 行李延期, 旅行延期, 飞机被劫持

**1. ORIGINAL TIME, DATE AND PLACE OF DEPARTURE** 起初启程的日期、时间及地点

Time 时间:                      am 上午/ pm 下午      Date 日期:                      (D日 /M月 /Y年)  
 Place 地点:

**2. ORIGINAL FLIGHT NUMBER AND AIRLINE OF DEPARTURE** 起初的启程的航班号和航空公司

Flight Number 航班号:    Airline 航空公司:

**3. ACTUAL TIME, DATE AND PLACE OF DEPARTURE** 实际启程的日期、时间和地点

Time 时间:                      am 上午/ pm 下午      Date 日期:                      (D日 /M月 /Y年)  
 Place 地点:

**4. ACTUAL FLIGHT NUMBER AND AIRLINE OF DEPARTURE** 实际启程的航班号和航空公司

Flight Number 航班号:    Airline 航空公司:

**5. PLEASE ENCLOSE** 请附上:

- (1) letter from airlines on the cause and details to substantiate claim 来自航空公司的有关原因的信件和引起索赔的详情  
 (2) boarding pass 登机证  
 (3) reports pertaining to the aircraft hijack, where applicable 属于劫机事件的报告, 发生在什么地方

**SECTION G - PERSONAL LIABILITY** 第七部分 - 个人责任**1. NAME AND ADDRESS OF INJURED OR OWNER OF DAMAGED PROPERTY**

受损财产的物主或受伤的人的姓名和地址

Name 姓名    Address 地址

**2. IF THE INJURED PERSON OR OWNER OF DAMAGED PROPERTY IN YOUR EMPLOY, OR A RELATIVE TO YOU?**

受伤的人或受损财产的物主是否在你的雇佣中或是您的一个亲戚?

No 否    Yes 是    If yes, please give full details 如果是, 请给出详情

**3. HAS ANY CLAIM BEEN MADE UPON YOU?** 是否由您引起过任何的索赔?

No 否    Yes 是

If yes, state detail and attach with this form ALL COMMUNICATION received

如果是, 请阐述详情和附上所有您收到的通讯信件

I/We the Insured Person/s do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or willful misrepresentation and that the information shown on this form is true and I/We have not concealed any information relating to this claim.

我/我们受保人员严肃地和真诚地声明, 我/我们已经按照保单有关任何条款, 没有故意引起所述的损失或损坏的行为, 或者也没有发现不正当的欺诈或故意错误地描述和由此而获利的行为. 上述表格中所填写的信息是真实的, 我/我们没有隐藏有关索赔的任何信息.

I/We hereby authorise any hospital, physician and any other person/s who has attended or examined me/us, to furnish to the Company, or its authorised representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photostat copy of this authorization shall be considered as effective and valid as the original.

我/我们在此授权任何的医院, 医生和任何的其他人, 他们对我们所进行的诊治, 将有关疾病或损伤的既往史, 专科诊断, 处方或治疗, 以及所有医院的医疗文档记录资料提交给公司, 或者公司所授权的代表.

Date/日期: \_\_\_\_\_

Insured Person's Signature/受保人员签字: \_\_\_\_\_