



# 旅遊保險索償表

## Travel Insurance Claim Form

**STARR**  
INSURANCE COMPANIES

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.

保單持有人及受保人資料 POLICYHOLDER AND INSURED PERSON INFORMATION			
保單號碼 Policy number	保單持有人姓名 Name of Policyholder		
受保人姓名 Name of Insured Person	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	
索償人身分證號碼 Claimant HKID number	聯絡電話 Contact phone number	電郵地址 E-mail address	
通訊地址 Correspondence address			
索償類別及金額 TYPES OF CLAIMS AND AMOUNT			
<input type="checkbox"/> 意外死亡 / 永久傷殘 / 燒傷 Accidental Death / Permanent Disablement / Burns	<input type="checkbox"/> 醫療費用 / 海外住院津貼 Medical Expenses / Overseas Hospital Cash	<input type="checkbox"/> 個人行李 / 個人錢財 / 證件遺失 Personal Baggage / Personal Money / Document Loss	
<input type="checkbox"/> 旅程延誤 / 行程更改 / 行李延誤 Travel Delay / Re-Route / Baggage Delay	<input type="checkbox"/> 取消 / 提早結束旅程 Trip Cancellation / Trip Curtailment	<input type="checkbox"/> 個人責任 Personal Liability	
<input type="checkbox"/> 其他 Others _____		索償金額 Claim Amount: _____	
意外詳情 DETAILS OF ACCIDENT			
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)	
疾病詳情 DETAILS OF SICKNESS			
首次出現病徵日期 Date of symptom first appeared DD MM YYYY 日 月 年		首次求診日期 Date of first consultation DD MM YYYY 日 月 年	
醫生姓名、地址及電話 Name, address & contact phone number of doctor		病症 Diagnosis	
醫院名稱及地址 Name and address of hospital			
遺失或損壞行李/錢財/證件詳情 DETAILS OF LOSS OF OR DAMAGE TO BAGGAGE/MONEY/DOCUMENT			
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.) <input type="checkbox"/> 有 Yes <input type="checkbox"/> 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? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
原定的行程 Original itinerary		更改後的行程 Re-routed itinerary	



醫療報告 (需由主診醫生填寫) <b>MEDICAL REPORT (TO BE COMPLETED BY ATTENDING PHYSICIANS)</b>		
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	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 不是 No
(b) 視力矯正 Refractive error or correction of eyesight	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 不是 No
(c) 遺傳性疾病 Heredity condition	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 不是 No
(d) 美容或整形手術 Cosmetic or plastic surgery	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 不是 No
(e) 懷孕或分娩 Pregnancy or childbirth	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 不是 No
(f) 例行醫療檢查 Routine medical check-up	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 不是 No
(g) 酒精或藥物影響 Drugs or alcohol	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 不是 No
(h) 精神或心理病 Mental or nervous disorders	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 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 medial 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 日 月 年

# STARR

INSURANCE COMPANIES

**Starr International Insurance (Asia) Limited**

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# 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	
<ul style="list-style-type: none"> <li>Boarding passes, air tickets and Travel Itinerary 登機證，機票及行程表</li> <li>Copy of HKID card 香港身份證副本</li> <li>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)</li> <li>Copy of Working Holiday Visa (Applicable to Working Holiday Insurance) 工作假期簽證副本(適用於工作假期保險)</li> </ul>	
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 出院撮要</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>

<p>Baggage Delay 行李延誤</p>	<ul style="list-style-type: none"> <li>Documentation indicating the number of hours of baggage delay (e.g. confirmation from airline/common carrier). 有關航空公司或客運機構發出行李延誤時間的證明</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>
<p>Trip Cancellation/ Trip Curtailment 取消旅程 / 提早結束旅程</p>	<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</li> <li>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>
<p>Personal Liability 個人責任</p>	<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>
<p>Rental Vehicle Excess 租車自負額</p>	<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> <li>Original Payment Receipt for the Rental Vehicle's Policy Excess 租車自負額收據正本</li> </ul>