Travel Insurance Claim Form 旅遊保險索償申請表

insurance@prestigegroup.com.hk | Enquiry: +852 3759 6888

This form must be completed truthfully and accurately and no information or materials have been withheld and that AIG will rely and act on the Information accordingly. Otherwise, we reserve the rights to deny liability or recover amounts paid, whether wholly or partially. If there is not enough space on this form or the applicable field is not available, please supplement with attachment providing information. To avoid delay in processing your claim, please ensure that the form is completed with sufficient information and attached with supporting documents. You may fast-track your claims by emailing it to claims.hk@aig.com and sending your original receipts to the address stated below.

請準確及誠實地填寫此申請表。本公司將據閣下所提供之資料處理申請。如遞交資料有任何不實或隱瞞，本公司保留權利拒絕相關申請及追討已支付的賠償。如果表格空間不足或沒有適用之欄位，請以附件補充資料。為免索償因資料或文件不足而被延誤，請確保所需文件及資料已悉數提供。閣下可把 填妥之申請表以電郵發送至insurance@prestigegroup.com.hk並把正本收據郵寄至以下地址以加速申請過程。

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Room E, 35/F, Tower B, Billion Centre,1 Wang Kwong Road, Kowloon Bay, Hong Kong
Email address: insurance@prestigegroup.com.hk
www.pi-wealth.com

天譽國際財富管理有限公司
香港九龍灣宏光道1號億京中心B座35樓E室
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Section 1(A)- Personal Information (Required) 第一部份(甲) 受保人及一般資料 (必須填寫)

General Documents Required 基本所需文件

- Insurance certificate or premium receipt 保險憑證或保費收據
- Departure proof, such as air-ticket, cruise ticket or boarding pass, etc. (applicable to annual policy only)
  離港或始發地證明，如機票，船票，登機證等（僅適用於全年旅遊保險單）

Policy/certificate no. 保單號碼	Name of Policyholder (English) 保單持有人姓名(英文)	Name of Policyholder (Chinese) 保單持有人姓名(中文)
Name of Insured (English) 受保人姓名(英文)	Name of Insured (Chinese) 受保人姓名(中文)	Insured's HKID No/Passport No 受保人香港身份証/護照號碼
Name of Parent/Legal Guardian (English) 父母/合法監護人姓名(英文) Only applicable if the Insured is below the age of 18只適用於受保人未滿18歲的情況	Name of Parent/Legal Guardian (Chinese) 父母/合法監護人姓名(中文) Only applicable if the Insured is below the age of 18只適用於受保人未滿18歲的情況	Parent/Legal Guardian's HKID No/Passport No. 父母/合法監護人香港身份証/護照號碼
Mobile Phone No. 手提電話號碼 Claim acknowledgement will be sent to this mobile phone number via SMS upon receipt of claim form. 本公司將會在收到此索償申請後發送確認短訊至此手提電話號碼	E-mail Address 電郵地址	Travel Guard Case Reference Number (if applicable) Travel Guard 檔案編號 (如適用)
Mailing Address 通訊地址		

Policy Category 保單類別 ☐ Single Trip Policy 單次旅遊保險單 ☐ Annual Policy 全年旅遊保險單	Country of Visit 旅遊地點	Journey Period 旅遊日期 DD 日 MM 月 YYYY 年 TO 至 DD 日 MM 月 YYYY 年
Do you have any other insurance policies covering this loss or expenses incurred? 是項索償是否受保於其他保險合約？ ☐ Yes 是 ☐ No 否	If yes, please provide the details below 如是，請提供以下資料 Name of Insurer 保險公司之名稱 _____ Policy No.保單編號 _____ Policy Type 保單類別 _____ Sum Insured 保額 _____	

☐ Please "✓" this box for return of Certified True Copy ("CTC") of your original medical receipts after claim is finalized. Original medical receipts will not be returned regardless you tick the box or not.
如欲在完成此索償個案後索回醫生的發票和收據正式影印副本，請在空格內填上「✓」號。不論閣下是否填上此空格，正本文件也將不獲發還。

Are you a citizen of the United States? 閣下是否美國公民？ ☐ Yes 是 ☐ No 否	If yes, please provide the details below 如是，請提供社會保障編號

Section 1(B)- Type of Claims (Required) 第一部份(乙) 索償項目(請選擇) (必須填寫)

☐ Medical Expenses/Hospital Income/Loss of Income 醫療費用/住院現金/緊急入息援助	Complete Section 2(A) with relevant documents required under the section 填寫第二部分 (甲) 並提交相關所需文件
☐ Loss of Baggage, Travel Documents and Personal Money 行李、旅遊證件及金錢損失	Complete Section 2(B) with relevant documents required under the section 填寫第二部分 (乙) 並提交相關所需文件
☐ Travel Delay and Baggage Delay 旅程及行李延誤	Complete Section 2(C) with relevant documents required under the section 填寫第二部分 (丙) 並提交相關所需文件
☐ Journey Cancellation/Curtailment/Re-arrangement 行程取消/提早結束旅程/行程更改	Complete Section 2(D) with relevant documents required under the section 填寫第二部分 (丁) 並提交相關所需文件
☐ Personal Accident (Fatal and Permanent Disability) 個人意外 (死亡及永久傷殘)	Complete Section 2(E) with relevant documents required under the section 填寫第二部分 (戊) 並提交相關所需文件
☐ Personal Liability 個人責任	Complete Section 2(F) with relevant documents required under the section 填寫第二部分 (己) 並提交相關所需文件
☐ Others, please specify: 其他，請詳述: _____	Add supplementary paper with supporting documents 另行加紙填寫並提交相關文件

Section 1(C)- Claims Payment Mode (Required) (Please tick) 第一部份(丙) 賠償支付方式 (請選擇) (必須填寫)

The request for payment mode is not an admission of our liability. If the claim is eligible, the payment shall be payable to the relevant Insured only based on the following details provided.
本公司特此聲明此項要求並不代表本公司承認賠償責任。如果索償成功，所有賠償均只可支付予此索償之相關受保人如下提供的信息。

Notice:
1Purpose for collection: (i) Solely to enable Prestige Insurance to effect settlement payment for eligible claim(s). (ii) Prestige Insurance shall only make payment according to the details provided in this section. 2We will facilitate payment by HKD cheque delivered to the Policy Holder's/eligible Claimant's mailing address if we cannot proceed with the selected payment method.3. Prestige Insurance reserves the right to determine the claim payment method at its absolute discretion.

注意事項:
1. 收集目的：(i) 僅使天譽保險能夠對符合條件的索償進行賠償付款。 (ii) 天譽保險將只會根據以下提供的資料進行付款。
2.如無法使用以下所選擇的支付方式，天譽保險會以港幣支票作為賠償方式並郵寄往受保人/ 符合條件的索償者的通訊地址。
3.天譽保險保留自行決定其索償款項的付款方法的權利。

Please choose one. 請選擇其一

☐ Faster Payment System (FPS) 快速支付系統 (「轉數快」) — **Only applicable for claims payment amount under HKD5,000. **只適用於不超過港幣5,000 元的索償支付金額之個案。

或 or

☐ Direct credit to Hong Kong Bank Account (HKD account only) 支付到銀行帳戶 （只限港幣戶口）

或 or

☐ Hong Kong Dollar Cheque 港幣支票 — ** Deliver to the Policy Holder/eligible Claimant's mailing address. ** 郵寄往受保人/ 符合條件的索償者的通訊地址。

If you choose Faster Payment System (FPS) for your claim(s), please complete the following: 如選擇使用 快速支付系統 (「轉數快」) 為你的賠償支付方式，請填以下資料：

Notice:
1. Please ensure the proxy (phone number/e-mail address/FPS ID) you've provided is already registered with Faster Payment System, otherwise the payment cannot proceed.
2. Claims Payment can only be addressed to Policy Holder /eligible Claimant. Please ensure the registered proxy with bank account holder's name is the same as the name of Policy Holder/ eligible Claimant(s), otherwise the payment cannot proceed.
3. Please provide **One (1)** of the proxy (phone number /e-mail address/FPS ID) in below field.
4. Please provide **e-mail address** for sending Claim statement, otherwise the payment cannot proceed.

注意事項:
1. 請確保以下提供的識別代號（電話號碼/電郵/快速支付系統識別碼）已在快速支付系統中註冊，否則無法進行付款。
2. 賠償付款僅支付給保單持有人/ 符合條件的索償者。請確保註冊快速支付系統的銀行帳戶持有人姓名與保單持有人/ 符合條件的索償者姓名相同，否則無法進行付款。
3. 請於下面只提供 **一個** 快速支付系統識別代號（電話號碼 /或 電子郵件地址 /或 快速支付系統識別碼）。
4.請提供 **電子郵件地址** 以發送賠償明細表，否則無法進行付款。

(FPS) Telephone no. (轉數快) 電話號碼 +852	或 or	(FPS) E-mail address (轉數快) 電郵地址	或 or	FPS ID 快速支付系統識別碼

E-mail address 電郵地址 — Claim statement will be sent to this e-mail address upon payment 賠償明細表將發送到此電郵地址

或 or

If you choose Direct credit to Hong Kong Bank Account for your claim(s), please complete the following: 如選擇使用 支付到銀行帳戶為你的賠償支付方式，請填以下資料：

Notice:
1.Please provide a **copy of bank passbook or ATM card**, otherwise the payment cannot proceed.
2.Claims Payment shall only be addressed to Policy Holder/ eligible Claimant. Please ensure the bank account holder's name is the same as the name of Policy Holder/ eligible Claimant(s), otherwise the payment cannot proceed.
3. Please provide **e-mail address** for sending Claim statement, otherwise the payment cannot proceed.

注意事項:
1. 請提供 **銀行存摺 或 提款卡副本**，否則無法進行付款。
2. 賠償付款僅支付給保單持有人 / 符合條件的索償者。請確保銀行帳戶持有人姓名與保單持有人/ 符合條件的索償者姓名相同，否則無法進行付款。
3. 請提供 **電子郵件地址** 以發送賠償明細表，否則無法進行付款。

Account Holder's Name 戶口持有人姓名	Bank Name 銀行名稱

Bank Code 銀行號碼 ___ ___ ___ Branch Code 分行號碼 ___ ___ ___ Account Number 戶口號碼 ___ ___ ___ ___ ___ ___ ___ ___ ___

E-mail address 電郵地址 — Claim statement will be sent to this e-mail address upon payment 賠償明細表將發送到此電郵地址

Section 2(A)– Medical Expenses/ Hospital Income/Loss of Income 第二部份(甲) 醫療費用 /住院現金/緊急入息援助

Documents required under SECTION 2(A):

Medical Expense

- Original hospital/medical bill(s)/receipt(s)/medical report stating diagnosis and the date of the injury/sickness commenced certified by a qualified medical practitioner
- Letter of referral from general practitioner for the medical treatment conducted by specialists, physiotherapists, etc.

Hospital Income/Loss of Income

- Medical certificate from a qualified medical practitioner certifying the number of days of hospitalization.
- Hospital discharge summary
- Letter from employer/company stating that the insured is under employment during sick leave period

第二部份（甲）所需文件:

醫療費用

- 由註冊醫生發出的醫療報告/收據正本，並註明診斷結果及受傷或疾病發生日期
- 如果有接受特別或專科治療，例如物理治療，請提供註冊醫生發出的轉介信

住院現金/緊急入息援助

- 由註冊醫生發出的醫療證書證明住院日數
- 出院總結
- 如屬緊急入息援助索償，請提供由公司/僱主發出之信件，證明受保人在受傷或疾病的病假期間仍然受僱及薪酬金額的賠償明細 (如適用)

Date of the injury/sickness 發生意外或疾病的日期 DD 日 MM 月 YYYY 年	Date of first consultation with doctor/hospital 第一次求診日期 DD 日 MM 月 YYYY 年	Nature of injury/Diagnosis of sickness 傷勢/病況的診斷結果

In the case of injury, where and how did the accident occur? In the case of sickness, what were the symptom(s) and when did the symptom(s) first appear?
如屬受傷個案，請詳述意外發生地點及經過。如屬疾病個案，請說明病徵及首次出現病徵的時間。

Was the injury due to any other person's fault? 如屬受傷個案，請說明是否因為任何第三者的過錯。 ☐ Yes 是 ☐ No 否	If yes, please provide the details of the third party, including the name, address and contact number. 如是，請提供有關第三者的姓名、通訊地址及電話
Claim Amount for Overseas Medical Expenses (Please indicate the currency) 海外醫療費用的索償金額 (請註明貨幣)	Claim Amount for Follow Up Medical Expenses in Hong Kong 覆診醫療費用的索償金額
Do you need to receive further medical treatment? 你是否需要繼續接受治療？	If yes, how long will the further medical treatment last? 如是，該療程還需多長時間？

Section 2(B)– Loss of Baggage, Travel Documents and Personal Money 第二部份 (乙) 行李、旅遊證件及金錢損失

Documents required under SECTION 2(B):

- Loss/damage reports issued by the relevant authorities or organizations (e.g. police, airline,hotel, etc.)
- Photos showing the extent of damage to the property, if applicable
- Original Purchase receipt of the lost/damaged items
- Repair quotation, if applicable
- Original receipts for additional hotel accommodation and travel expenses, if applicable
- Compensation breakdown from other insurers/parties (e.g. airlines), if applicable

第二部份（乙）所需文件:

- 有關機構 (如酒店/航空公司/警方) 發出的損失/損壞報告
- 顯示物品損壞程度的相片 (如適用)
- 損失/損壞物品購買收據正本
- 維修報價 (如適用)
- 額外支付的住宿/交通費用收據正本 (如適用)
- 其他保險公司或有關團體 (如航空公司) 的賠償明細 (如適用)

Date and time of loss/damage 損失/損壞日期 DD 日 MM 月 YYYY 年	Location of loss/damage 損失/損壞地點
Full description of how the loss/damage occurred 詳細描述事件發生的經過	

Was the loss reported to the police **within 24 hours**? 有否在**24小時**內向警方報告此損失？ ☐ Yes 是 ☐ No 否	Was the damage reported to reliable party, e.g. common carrier **within 3 days**? 有否在**3天**內有關責任方(如航空公司)報告此損壞事件？ ☐ Yes 是 ☐ No 否	Did the common carrier / hotel offer compensation in any form (including repair, replacement) 有關公共交通機構/酒店有否提供任何形式的賠償 (包括維修或更換) ☐ Yes, please sepcify 有,請詳述 _____ ☐ No 沒有
Name and contact information of the reported police station/common carrier/hotel 警局/公共交通機構/酒店的名稱、通訊地址及電話		
Apart from the above mentioned, was the loss due to any other person's fault? If yes, please provide contact information of the third party. 除以上所提及之機構， 損失是否由其他人仕的過錯導致? 如是，請提供對方的名稱、電郵、通訊地址及電話		

Details of the lost/damaged items 損失/損壞物品資料 (If the space is not enough, please supplement information by attachment 如果表格空間不足，請以附件補充資料)

Item(s) lost/damaged 損失/損壞物品	Date of Purchase 購買日期	Purchase Value 購買價錢	Repair Quotation 維修報價	Photo 照片	Receipt 購買收據
				☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
				☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
				☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
				☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
				☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否

Section 2(C) - Travel Delay and Baggage Delay 第二部份 (丙) 旅程及行李延誤

Documents required under SECTION 2(C):

- Documentation indicating the reason(s) for and number of hours of delay (e.g. confirmation from common carrier)
- Original receipt(s) for emergency purchase of essential items, if applicable

第二部份（丙）所需文件:

- 公共運輸機構發出顯示延誤原因及時數的證明
- 緊急購買必需品的收據正本 (如適用)

☐ Travel Delay 旅程延誤 ☐ Baggage Delay 行李延誤	Reason for Delay 延誤原因	Location 地點

	Date 日期	Departure time 出發時間	Arrival time 抵達時間	Flight No. 航班編號
Original arrival/departure time 原定時間	DD 日 MM 月 YYYY 年			
Actual arrival/departure time 延誤後實際時間	DD 日 MM 月 YYYY 年			

Did you make any emergency purchases of essential items? 有沒有購買緊急必需品? ☐ Yes 是 ☐ No 否

Section 2(D) -Journey Cancellation, Curtailment and Re-arrangement
第二部份（丁） 行程取消/提早結束旅程/行程更改

Documents required under SECTION 2(D):

Journey Cancellation and Curtailment

- Copy of original itinerary
- Documentation confirming trip cancellation
- Documentation confirming non-refundable/refunded amount
- 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
- Medical certificate indicating diagnosis and reason that the insured is unfit for travel, if applicable.
- Death certificate, if applicable
- Proof of relationship to the insured, if applicable

Journey Re-Arrangement

- Original documentation/receipts indicating the additional travel and/or accommodation expenses incurred after the commencement of the insured journey
- Documentation from common carrier or travel agent indicating the reason for travel re-arrangement
- Documentation confirming non-refundable/refunded amount

第二部份（丁）所需文件：

行程取消/提早結束旅程

- 原有行程副本
- 缺席出發/行程取消證明
- 退款金額/不能退款證明
- 顯示已付費用/按金或於受保行程開始後支付的額外住宿費用的收據正本
- 醫生證明受保人不適合旅程的診斷及原因 (如適用)
- 死亡證明 (如適用)
- 與受保人的關係證明 (如適用)

行程更改

- 於受保行程開始後的額外交通及/或住宿費用文件/收據正本
- 酒店、航空公司證明文件以便確認: 由公共運輸機構/旅行社發出的文件顯示行程更改的原因
- 退款金額/不能退款證明

☐ Journey Cancellation 行程取消 ☐ Journey Curtailment 提早結束旅程 ☐ Journey Re-arrangement 行程更改	Reason for journey cancellation, curtailment or re-arrangement 行程取消/提早結束旅程/行程更改的原因								
	Date 日期								
Period of original journey 原定行程	**FROM** **由**	DD 日	MM 月	YYYY 年	**TO** **至**	DD 日	MM 月	YYYY 年	
Period of curtailed/re-arranged Journey 縮短/更改後之行程	**FROM** **由**	DD 日	MM 月	YYYY 年	**TO** **至**	DD 日	MM 月	YYYY 年	

If the journey curtailment/journey cancellation was due to death, serious injury or sickness of the insured/immediate family member/close business partner/ traveling companion, please state clearly the following. 如行程取消或提早結束旅程原因是因為受保人本人或受保人的直系親屬或親密的生意伙伴或旅遊夥伴死亡、嚴重受傷或患病，請提供以下資料

Full name of sick/injured/deceased person 死亡、受傷或患者姓名	Relationship to the Insured 與受保人關係	Diagnosis 診斷
Claim Amount (Please indicate the currency) 索償金額 (請註明貨幣)	Amount compensated by airline, hotel and travel agent 航空公司、酒店及旅行社的退款金額	

Section 2(E) -Personal Accident (Fatal and Permanent Disability) 第二部份 (戊) 個人意外 (死亡及永久傷殘)

Documents required under SECTION 2(E):

- Relevant incident report and police report
- Death Certificate if applicable
- Proof of claimant's relationship to the Insured, if applicable
- Medical report regarding the extent of permanent disability suffered

第二部份（戊）所需文件：

- 有關意外的警方報告、事件報告
- 死亡證明（如適用）
- 索償申請人與受保人的關係證明（如適用）
- 顯示永久傷殘程度的醫療報告

Date of Accident 意外發生的日期 DD 日 MM 月 YYYY 年	Place of accident 意外地點	
Full description of how the accident occurred, and the injuries sustained 詳述意外發生的經過及所遭受的損傷		
Name of Claimant (both English and Chinese) in fatal case 索償申請人中/英文姓名 (僅適用於死亡個案)	Claimant's relationship to the Insured 索償申請人與受保人的關係	Claimants' HKID No/Passport No. 索償申請人身份証/護照號碼
Cause of death, if applicable 死亡原因(如適用)		
Permanent disability (degree and extent), if applicable 永久傷殘的程度 (如適用)		

Section 2(F) -Personal Liability 第二部份 (己) 個人責任

Full description of the incident (including how, when and where it happened, and the extent of the damage/loss)
詳細描述意外發生的時間、地點及經過，以及損失程度

Full name and telephone no. of the third party claimant 第三者索償人姓名及電話號碼	Full name and telephone no. of witness(es) if any 證人姓名及電話號碼 (如適用)

Remarks :

- Any lawsuit, demand, claim or proceeding of any type relating to the incident of which the claimant becomes aware of, and received from the third party claimant, should be immediately forwarded to us without acknowledgement.
- No liability should be admitted and no settlement or promise of payment should be reached or made to the third party without our prior approval.

備註 :

- 如收到任何第三者對有關事件的索償要求、法庭傳票、通告及書面命令，或涉及任何法律訴訟，切勿自行處理，應立即通知及提交本公司處理
- 未得到本公司事先同意前，不要向第三者承認任何責任或達成和解或付款承諾

Section 3 -Declaration and Authorization 第三部份 聲明及授權

A.The undersigned Insured(s) / Claimant(s) HEREBY DECLARE that to the best of the Insured(s') / Claimant(s') knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind.

B. In relation to the personal data collected in this claim form, the Insured(s)/Claimant(s) agree and acknowledge that:

(a) (unless specifically indicated otherwise in this form) the personal data requested in this form (or otherwise provided during the course of the claim process) is necessary for Prestige International Wealth Managemnet Limited("Prestige Insurance") to process the insurance claim and any such data not provided may mean the claim cannot be processed.

(b) the personal data collected in this form may be used by Prestige Insurance for purposes which include 1) assessing, investigation, adjusting and making a decision on this claim; 2) otherwise for the purpose of administering the insured(s') insurance policy (including pursuing recovery from reinsurers) and 3) for other purposes stated elsewhere in this form.

(c) Prestige Insurance may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) above:

i) third parties providing services related to the administration of the Insured's policy (including reinsurers);
ii) financial institutions for the purpose of processing this application and obtaining policy payments;
iii) loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
iv) another member of the AIG group (for all of the purposes stated in (b)) in any country; or
v) other parties referred to in Prestige Insurance's Data Privacy Policy for the purposes stated therein.

(d) The Insured(s)/Claimant(s) may gain access to, or request correction of their personal data (in both cases, subject to a reasonable fee)at any time, by writing to Prestige International Wealth Managemnet Limited at Room E, 35/F, Tower B, Billion Centre,1 Wang Kwong Road, Kowloon Bay, Hong Kong or insurance@prestigegroup.com.hk. The same addresses may be used to contact us with any comments on our service. The full version of Prestige Insurance's Data Privacy Policy can be found at www.pi-wealth.com.

C. The Insured(s) / Claimant(s) hereby irrevocably authorize:

(a) any organization, institution, or individual that has any information, record or knowledge of the Insured(s') health and medical history or any treatment or advice rendered thereto to disclose to Prestige Insurance such information, record and knowledge;

(b) Prestige Insurance or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate the Insured(s') health status in relation to the Claims therein and any matter arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome(AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites;

(c) the police that has any of the Insured(s') information to provide AIG HK with the information including but not limited to the police reports, witness statements, investigation and/or prosecution results;

(d) airline(s) that has/have any of the Insured (s') information to provide Prestige Insurance with the information including but not limited to flight details, booking details, irregularities reports and all information related to the Insured (s') bookings; and

(e) any organization institution or individual that has any information, record or knowledge of the Insured(s') travel record to disclose to Prestige Insurance such information, record and knowledge.

This authorization shall bind the Insured(s') / Claimant(s') successors and assigns and remain valid notwithstanding the Insured(s') / Claimant(s') death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.

D. 於本索償申請表簽署之受保人/索償申請人謹此聲明盡其所知所信，上述所申報的一切資料均屬正確無誤，並無任何保留。

E. 就有關從此索償申請表所收集的個人資料，受保人/索償申請人同意及確認：

(a) 除非於本表格上另有訂明 ，本表格所要求提供的個人資料(或於處理索償時所要求提供的個人資料)是供天譽國際財富管理有限公司("天譽保險") 處理保險索償申請的所需資料，若未能提供任何所需資料索償申請則可能不被處理 ；

(b) 天譽保險可按列於其私隱政策的用途使用此表格所收集之個人資料，其用途包括:1)評核、調查、調整及就此索償申請作出決定; 2)管理受保人的保單(包括向再保險公司索取賠償) 及3)任何於本表格其它位置列明的目的 ；

(c) 天譽保險亦可向以下類別的人士 (不論在香港或海外)轉交該些個人資料，作上述 (b) 項所列明之用途:

(i) 提供有關本人/吾等保單管理服務的第三者 (包括再保險公司) ；
(ii) 財務機構，作處理此申請及收取保費 ；
(iii) 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜 ；
(iv) 其它在任何國家之天譽保險之成員公司，作上述 (b) 項所有列明之用途 ；或
(v) 其它於天譽保險私隱政策所列明的人士，作於私隱政策列明之用途。

(d) 受保人/索償申請人可隨時致函到天譽國際財富管理有限公司(地址:香港九龍灣宏光道1號億京中心B座35樓E室或電郵:insurance@prestigegroup.com.hk) 查閱、或要求修改其個人資料 (天譽保險可就查閱及修改要求收取合理費用) 。如對天譽保險提供的服務有任何意見，可按上述地址聯絡天譽保險。天譽保險私隱政策的全文載於www.pi-wealth.com 。

F. 受保人/索償申請人茲授權:

(a) 任何知悉或擁有受保人之健康狀況及病歷或任何治療或諮詢記錄或資料及曾為或將為受保人診治之機構、組織或人士，向天譽保險透露有關資料及記錄;

(b) 天譽保險或任何其認可之驗身醫生或化驗所，替受保人進行所需之醫療評估及測試，並對受保人之健康狀況進行審核及評估，作為處理本索償申請及其後與之有關的賠償事宜。此等化驗包括，但並不限於膽固醇及有關之血脂肪、糖尿病、肝或腎功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代產物之含量等化驗;

(c) 警方向天譽保險提供有關受保人之任何資料包括但不限於警察報告、証人口供、調查及/或檢控結果;

(d) 航空公司向天譽保險提供有關受保人之任何資料包括但不限於航班資料、訂位資料、違規報告及所有有關受保人之訂位資料;及

(e) 任何知悉或擁有受保人之出入境資料紀錄之機構、組織或人士向天譽保險透露有關資料及紀錄。

此授權書不得撤回。在法律許可下，即使受保人/索償申請人死亡或喪失能力，此授權書仍然存有法律效力，而受保人/索償申請人之繼承人及轉讓人亦會受此授權書約束。此授權書之副本與正本均屬有效。

Name of Insured / Claimant (if applicable) 受保人/索償申請人(如適用)姓名	Signature of Insured / Claimant (if applicable) (If the Insured is below the age of 18, the Insured's Parent/Legal Guardian should sign on his/her behalf) 受保人/索償申請人(如適用)簽署 (如受保人未滿18歲，則由其父母或合法監護人簽署)
Insured /Claimant's ID Card No./Passport No. 受保人/索償申請人身份證/護照號碼	Date 日期 DD 日 MM 月 YYYY 年
Name of Parent/Legal Guardian (If Insured is below the age of 18) 父母/合法監護人姓名 (如受保人未滿18歲)	Signature of Parent/Legal Guardian (If Insured is below the age of 18) 父母/合法監護人簽署 (如受保人未滿18歲)
Parent/Legal Guardian's ID Card No./Passport No. 父母/合法監護人身份證/護照號碼	Date 日期 DD 日 MM 月 YYYY 年

Producer's Information (if applicable) 保單經紀資料 (如適用)

Name of agent/broker 經紀姓名	Code 編號	Mobile Phone No. 手提電話號碼 Claim acknowledgement will be sent to this mobile phone number via SMS upon receipt of claim form. 本公司將會在收到此索償申請後發送確認短訊至此手提電話號碼	Email address 電郵地址

04/2020