中銀集團保險有限公司
BANK OF CHINA GROUP INSURANCE COMPANY LIMITED

總公司：香港德輔道中 71 號永安集團大廈八樓 客戶服務熱線：3187 5100 傳真：3906 9921
HEAD OFFICE: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong. Customer Service Hotline: 3187 5100 Fax: 3906 9921

索償表格須於事故發生後30天內提交
Claim Form must be submitted not later than 30 days from the occurrence of the incident

學宜無憂留學保險索償表格
GOSTUDY STUDENT INSURANCE CLAIM FORM

本公司專用 Office Use
賠案編號
Claim No. _____

保單持有人資料
Policyholder Details

保單持有人名稱 保單編號
Name of Policyholder_____ Policy No. _____
身份證號碼 性別 出生日期 日 月 年 職業 聯絡電話
Identity Card No. _____ Sex ____ Date of Birth _____ DD _____ MM _____ YY Occupation _____ Contact Tel No. _____
通訊地址 電郵
Correspondence Address _____ Email _____

索償人 / 受保學生資料
Particulars of Claimant / Insured Student

受保學生姓名 與保單持有人關係 *手提聯絡電話
Name of Insured Student _____ Relationship with the Policyholder_____ *Contact Mobile No._____
身份證號碼 性別 出生日期 日 月 年 *電郵
Identity Card No. _____ Sex _____ Date of Birth _____ DD_____ MM _____YY *Email _____
留學國家 / 地址
Studying Country / Address_____

*本公司將會以電話短訊或電郵發送索償表格確認函予索償人。如表格內多於一名索償人，確認函只會發送予其中一名索償人。
Our Company will send the Claim Acknowledgement to the claimant by SMS or Email. If there are multiple claimants, acknowledgement will be sent to one of them only.

索償資料
Particulars of Claim

(1) 事故發生的日期及時間 Date and time of incident	日 DD 月 MM 年 YY 時間 Time: 上午 ☐ am 下午 ☐ pm
(2) 事故發生的地點 Place of incident	
(3) a. 事故的詳情 Description of incident b. 您是否已向警方報案? Have you reported the incident to police? 如“是”，列明報案的警署及報案編號 If “Yes”, state the name of Police Station and the police report no.	a. _____ _____ b. 否 ☐ No 是 ☐ Yes _____
(4) a. 就是次事故 被保人是否可從其他保險單索償? Is the Insured Person entitled to claim under any other insurance policies in respect of this incident? b. 如“是”，列明保險公司的名稱，保單編號及索償保障項目 If “Yes”, state the name of insurance company(ies), respective policies numbers and details of benefits.	否 ☐ No 是 ☐ Yes b. _____
(5) a. 被保人以往是否曾蒙受類似性質的損失? Has the Insured Person ever sustained losses of similar nature? b. 如“是”，列明詳情及何時發生 If “Yes”, state details and date(s) of incident(s).	否 ☐ No 是 ☐ Yes b. _____
(6) a. 您以往是否曾就其他保險單索償? Have you ever made any claim under other insurance policy(ies)? b. 如“是”，列明詳情 If “Yes”, state details.	否 ☐ No 是 ☐ Yes b. _____

<u>賠款發放方式 Claim Payment Method：</u>

請在適當的方格內填上“✓” Please tick the appropriate box:

☐ 本人同意以支票方式發放賠款。 I agree that the claim payment be made by cheque.

☐ 本人同意以自動轉帳方式發放賠款(只適用於HK$500,000或以下的賠款)，並提供以下資料。 I agree that the claim payment be made by auto-pay (only applicable for claim amount equivalent to or less than HK$500,000) and provide the following information:

銀行名稱 戶口號碼
Name of Bank _____ Bank Account No. _____

戶口持有人名稱(必須與保單持有人名稱相符)
Name of Account Holder (Must be same as Policyholder)_____

索償項目及文件 Claim items and documentation

請在申請索償項目方格內填上“✓” ，並連同下列所需之文件及此表格一併交回本公司。本公司可能要求提供額外相關索償文件。

Please tick the relevant section(s), together with the following required documents and this form to our company. Our company may request for additional documents.

申請索償項目Claim items	索償文件Claim documents
任何索償 **Any Claim**	受保學生和保單持有人之身份證明文件、受保學生與保單持有人之關係證明（如保單持有人代受保學生申領索償）、由香港以外之教育機構發出的正式入學證明 Insured Student's and Policyholder's identity proof, relationship proof between the Insured Student and Policyholder (if the Policyholder submit the claim on behalf of the Insured Student), School Admission official document issued by the Education Institution outside Hong Kong
☐ **醫療及有關費用 (只適用於優越計劃)** **Medical and Relevant Expenses (Applicable for Premier Plan only)**	列明傷患名稱的醫院帳單及醫療費用收據正本、治療轉介信、醫療報告/檢驗報告(如有) Original hospital invoice(s) and medical expenses receipt(s) with diagnosis stated, treatment referral letter, medical report/laboratory report (if any)
☐ **人身意外/教育基金/學業中斷** **Personal Accident / Education Fund / Study Interruption**	醫療報告、意外報告、當地警方報告、死亡證等 如索償教育基金，請額外提供受保學生與其父母/監護人的關係證明。 如索償學業中斷，請額外提供由教育機構發出的文件證明受保學生缺課日期及不能退回之已繳付學費；乘搭公共交通工具回港之證明及收據 Medical report, accident report, police report in the locality, death certificate, etc. For the claim of Education Fund, in additional to the above required documents, pls also submit the relationship proof between the Insured Student and his/her Parents / Legal Guardian. For the claim of Study Interruption, in additional to the above required documents, pls also submit the official proof from the Education Institution of the Insured Student's period of absence & the amount of irrecoverable forfeited tuition fee, official proof & receipt for taking the Public Conveyance to return to Hong Kong
☐ **行李延誤** **Baggage Delay**	購買必需品的單據正本、由航空公司或公共交通機構發出並列明行李延誤原因及期間之證明信 Original purchase invoices of essential items, written confirmation from the airlines or public conveyances stating the reason and duration of baggage delay
☐ **旅程延誤** **Travel Delay**	登機證、機票或交通票據副本、由航空公司或公共交通機構發出並列明延誤原因及期間之證明信、在香港以外/升學國家以外所衍生的額外公共交通及住宿費用收據 旅程延誤現金津貼，可透過本公司網站申請索償。詳情請參閱：https://www5.bocgins.com Copy of boarding pass, air ticket or travel ticket, written confirmation from the airlines or public conveyances stating the reason and duration of delay, receipt for the additional public transportation & accommodation cost incurred outside Hong Kong / Country of Study. Travel delay cash allowance claim could be submitted through our Company website. For details, please visit : https://www5.bocgins.com
☐ **租車自負額** **Rental Vehicle Excess**	包含詳細條款及細則之租賃協議、租車費用收據正本、租車自負額收據正本、意外報告、當地警方報告 Copy of rental agreement with detailed terms and conditions, original payment receipt for the rental vehicle charges, original rental vehicle excess receipt, accident report, police report in the locality
☐ **推遲/取消升學旅程** **Postponing/Cancellation of Study Trip**	與索償相關之的證明文件如：死亡證、醫生證明信、香港政府發出的證明文件、警方報告、航空公司或公共交通機構的證明文件、列明因推遲/取消升學而不獲退回之交通費用/住宿費用/已繳付學費的證明文件等 Documents that related to this Section of Claim eg : death certificate, doctor's certificate, proof issued by government of HKSAR, police report, proof from airlines or public conveyances, documentary proof of non refundable travelling cost / accommodation cost / pre paid tuition fee due to Postponing/Cancellation of Study Trip etc
☐ **父母休假津貼** **Parent's Annual Leave Allowance**	醫療報告、意外報告、當地警方報告、住院時間證明、受保學生父母/監護人之僱主發出確認其休假的證明、交通票據及/或香港以外的住宿證明等 Medical report, accident report, police report, proof of hospitalization period, confirmation from the employer of the Insured Student's parents / legal guardian confirming their leave, proof of travel ticket and/or accommodation outside Hong Kong
☐ **家居財物損失/個人財物** **Loss of Home Contents / Personal Effects**	當地/香港警方報告、受損/遺失財物清單及有關財物的購買單據、航空公司或公共交通機構的行李事件報告正本、損壞物品相片及列明損壞原因之維修報價單或不能維修之證明信 行李箱損毀，可透過本公司網站申請索償。詳情請參閱：https://www5.bocgins.com Police report in the locality or HKSAR police report, list of the damaged/lost property with the relevant purchase receipt, property irregularity report from the airlines / public conveyance, photos of damaged property and repair quotation stating cause of damage or repairer's written confirmation of irreparable property. Suitcase damaged claim could be submitted through our Company website. For details, please visit : https://www5.bocgins.com
☐ **證件遺失** **Travel Document**	當地警方報告、補領旅遊證件的收據正本、因需補領旅遊證件而在香港以外衍生的額外交通/住宿費用收據正本(如有) Police report in the locality, travel document original replacement receipt, original receipt of the additional travel / accommodation cost incurred outside Hong Kong to obtain the lost travel document
☐ **臨時居所** **Temporary Accommodation**	有關機構（包括當地警局）發出的文件，證明受保學生之升學期間在香港以外的居所不能居住連續超過24小時 Report from the relevant authority (including police report in the locality) to confirm the Insured Student's home is rendered uninhabitable for consecutive 24 hours in the country of study
☐ **個人責任** **Personal Liability**	當地警方報告或警方口供記錄(如有) 、第三者索償文件等 Police report in the locality or statement to police(if any), demand correspondence of claim from third party etc

1. 醫療及有關費用 (只適用於優越計劃) Medical and Relevant Expenses (Applicable for Premier Plan only)

斷症 / 受傷性質及程度 Diagnosis / Nature and extent of injury	所接受之治療 Treatment received	索償金額 (列明貨幣單位) Claimable amount (state currency)

2. 人身意外 Personal Accident /教育基金 Education Fund / 學業中斷 Study Interruption

受益人 姓名 Name of Beneficiary_____ 與保戶關係 Relationship with the Insured Person _____ 聯絡電話 Contact Tel No._____

身份證號碼 Identity Card No. _____ 性別 Sex _____ 出生日期 Date of Birth _____ 日 DD_____ 月 MM _____ 年 YY 職業 Occupation _____

通訊地址 Correspondence Address _____ 電郵 E-mail _____

3. 家居財物損失 Loss of Home Contents / 個人財物 Personal Effects

物品的詳細資料 (包括品牌、型號及產品編號) Full description of items (including brand name, model and serial no.)	購買日期 Date of Purchase	購買時之價值 Purchase Price	索償金額 Claimable amount

4. 行李延誤 Baggage Delay

延誤原因 Reason for Delay _____ 延誤小時 Hours Delayed _____

必需品的詳細資料 Full description of essential items	索償金額 Claimable amount	必需品的詳細資料 Full description of essential items	索償金額 Claimable amount

5. 旅遊證件 Travel Document

損失項目 Lost items: _____ 索償金額 Claimable amount : _____

6. 個人責任 Personal Liability

索償人姓名 Name of Claimant	年齡 Age	性別 Sex	職業 Occupation	聯絡電話 Contact Tel. No.

通訊地址 Correspondence Address _____

受傷的性質及程度 Nature and extent of injury	財物的資料及受損程度 Description of property and extent of damage	索償金額 Claimable amount

您是否已向第三者承認責任? 否 是 如“是”，說明詳情
Have you in any way admitted liability to the claimant? □ No □ Yes If “Yes”, state details _____

7. 租車自負額 Rental Vehicle Excess 索償金額 Claimable amount : _____

8. 旅程延誤 Travel Delay

	班機編號 Flight No.	出發日期 Departure Date	出發時間 Departure Time	出發地點 Departure Place	目的地 Destination
原定班次 Original schedule					
延誤班次 Delayed schedule					

延誤原因 Reason for Delay _____ 延誤小時 Hours Delayed _____

9. 推遲/取消升學旅程 Postponing / Cancellation of Study Trip

取消或縮短行程原因 Cause of cancellation or curtailment of trip _____ 索償金額 Claimable amount _____

10. 父母休假津貼 Parent Annual Leave Allowance / 臨時居所 Temporary Accommodation

事故原因 Cause of incident _____ 索償金額 Claimable amount _____

休假/不能入住的時間 Period of Annual leave / Uninhabitable Period _____

聲明及授權
Declaration and Authorization

本人聲明上述資料完整及正確無訛，並無隱瞞任何重要資料。

本人明白本人提供的資料，為中銀集團保險有限公司(“貴公司”)提供保險業務所需，並可能使用於下列目的:

(i) 處理及審批本人的保險申請或本人將來提交的保險申請；
(ii) 執行本人保單的行政工作及提供與本人保單相關的服務；
(iii) 分析或調查、處理及支付本人保單有關的索償、以及偵測和防止欺詐行為(無論是否與此申請而發出的保單有關)；
(iv) 發出繳交保費通知及向本人收取保費及欠款；
(v) 任何與保險有關的產品或服務的任何更改、變更、取消或續期；
(vi) 就以上用途聯絡本人；
(vii) 貴公司行使任何代位權；
(viii) 其它與上述用途有直接關係的附帶用途；及
(ix) 遵循適用法律，條例及業內守則及指引。

貴公司亦可因應上述用途將本人的個人資料移轉予下列各方 (不論在香港特別行政區境內或境外)：

(a) 就上述用途，向 貴公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
(b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
(c) 追討欠款的收數公司或索償代理；
(d) 保險資料服務公司及信貸資料服務公司；
(e) 再保公司及再保經紀；
(f) 本人的保險經紀（若有）；
(g) 貴公司的法律及專業業務顧問；
(h) 貴公司的關連公司(以《公司條例》內的定義為準)；
(i) 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；
(j) 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的；
(k) 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
(l) 任何負責處理保險相關投訴及/或爭議之行業或監管機構；
(m) 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）及
(n) 法例要求或許可的政府機關。

本人在此授權 貴公司可向「聯會」從保險業內收集的資料中查閱及/或核對本人任何資料。

此外，經本人同意，貴公司可能會以其它方式使用及披露本人的個人資料。

本人有權查閱及要求更正由 貴公司持有有關本人的個人資料。如有需要，可向 貴公司法律與合規部提出 (電話：2867 0888，傳真：3906 9939)。

I declare that the above information is complete and true to the best of my knowledge and belief and I have not withheld any material information connected with this claim.

I understand that the information I provide to Bank of China Group Insurance Company Limited ("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of:

(i) processing and evaluating my insurance application and any future insurance application I may make;
(ii) administering my insurance policy and providing services in relation to my insurance policy;
(iii) analysis or investigating, processing and paying claims made under my insurance policy and detect and prevent fraud (whether or not relating to the policy issued in respect of this application)
(iv) invoicing and collecting premiums and outstanding amounts from me;
(v) any alterations, variations, cancellation or renewal of any insurance related product or service;
(vi) contacting me for any of the above purposes;
(vii) exercising any right of subrogation;
(viii) other ancillary purposes which are directly related to the above purposes; and
(ix) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose my personal data for the above purposes to the following classes of transferees (whether within or outside the Hong Kong Special Administrative Region):

(a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
(b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
(c) in the event of default, debt collectors and recovery agents;
(d) insurance reference bureaus or credit reference bureaus;
(e) reinsurers and reinsurance brokers;
(f) my insurance broker (if I have one);
(g) the Company’s legal and professional advisors;
(h) the Company’s related companies (as that term is defined in the Companies Ordinance);
(i) any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
(j) any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
(k) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
(l) any industry or regulatory bodies responsible for handling insurance related complaints and/or disputes;
(m) 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 and
(n) government agencies and authorities as required or permitted by law.

The Company is hereby authorized to obtain access to and/or to verify any of my data with the information collected by the Federation from the insurance industry.

Moreover, the Company may also use and disclose my personal data otherwise with my consent.

I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Requests for such access can be made to the Company’s Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

索償人/保單持有人 簽署（如索償人未滿 18 歲）	保戶簽署 (如屬公司請蓋章)
Signature of Claimant / Policyholder (if Claimant is under 18 years old)	Signature of Insured (with company chop if applicable)
日期	日期
Date:	Date: