



**ace insurance**

Please submit your claim to:  
Marsh (Hong Kong) Limited  
Suite 1001 -1004, 10<sup>th</sup> Floor, 625 King's Road  
North Point, Hong Kong.  
Tel: 852 2301 7680  
Fax: 852 2539 5368

## Marsh Study Abroad Protection Claim Form

Name of Policyholder  
保單持有人姓名: \_\_\_\_\_

Certificate No.  
保單號碼: **SAP** \_\_\_\_\_

Name of Claimant  
索償人姓名: \_\_\_\_\_

Insured Student's HKID No. 學生香港身份證號碼: \_\_\_\_\_

Claimant's Address 索償人地址: \_\_\_\_\_

Claimant's Phone No. 索償人聯絡電話: \_\_\_\_\_

Claimant's Email address 索償人電郵地址: \_\_\_\_\_

- Type of Claims: [ ] Medical Expenses 醫療費用 [ ] Compassionate Visit 親屬慰問探望 [ ] Study Interruption 學業中斷保償金  
索償類別 [ ] Education Fund 教育基金 [ ] Personal Property 行李保障 [ ] Loss of Travel Document 證件遺失  
[ ] Loss of Cash 現金遺失 [ ] Travel Delay 旅程延誤 [ ] Baggage Delay 行李延誤  
[ ] Personal Liability 個人責任 [ ] Accidental Death/Permanent Disability 意外死亡及永久傷殘

Place of Loss / Accident:  
損失/意外地點:

\_\_\_\_\_

Date and Time of Loss / Accident:  
損失/意外日期及時間:

\_\_\_\_\_

Details of Occurrence:  
事件發生詳情:

\_\_\_\_\_

Police Report No.:  
報案編號:

Police Station Address:  
警方地址:

\_\_\_\_\_

Total Claimed Amount:  
索償總額:

\_\_\_\_\_

**To be completed for Claim of Medical Expenses (Other than the Outpatient Sickness Claim)**

如索償醫療費用，必須填妥此部份。(疾病門診醫療索償除外)

- A) For Accident : Describe Cause of Accident and Nature of Injury:  
意外事故: 詳述意外原因及受傷情況:

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- B) For Sickness: Describe Diagnosis of Sickness and Treatment Received:  
患病事故: 詳述患疾病之名稱及所接授之治療:

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- C) Did the Sickness Pre-Exist the Trip:  
所患疾病是否出發前已存在:

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**To be completed for Claim for Personal Property**

如索償行李，必須填妥此部份。

Loss / Damaged Items 損失／損毀之物件	Date and place of purchase 購買地方及日期	Original purchase value 購入價值
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**To be completed for Claim for All Other Sections**

如索償其他各項，必須填妥此部份。

- A) For Compassionate Visit 親屬探望  
Please also complete the Medical Expenses Section 請同時填妥索償醫療費用部份  
Relationship between the Claimant and Insured Student 索償人與受保學生的關係

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- B) For Study Interruption 學業中斷  
Please also complete the Medical Expenses Section 請同時填妥索償醫療費用部份

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- C) For Personal Liability - Details of Causing Third Party Property Damage or Bodily Injury  
個人責任 - 引致第三者財物損失或身體受傷之詳情

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- D) Other Claims 其他索償

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**Claim documentation**

索償文件

\*\*You may download the claim form from our website [www.aceinsurance.com.hk](http://www.aceinsurance.com.hk) or Marsh (Hong Kong) Ltd website [www.marsh.com.hk](http://www.marsh.com.hk) \*\*閣下可從本公司之網址[www.aceinsurance.com.hk](http://www.aceinsurance.com.hk)或達信風險管理及保險服務(香港)有限公司之網址[www.marsh.com.hk](http://www.marsh.com.hk)下載索償表格

In order to process your claim promptly, please submit the following documents :- 請附上下列文件

**Basic documents 所需文件**

- 1. Overseas Studying Institution’s confirmation of Insured Student identity 由海外就讀機構提供之學生證明

**Document for respective claim benefit 個別索償保障之所需文件**

- A) Medical Expenses 醫療費用
  - 1. all original medical receipts and medical reports (with diagnosis) for medical expenses claims 所有醫療收據和報告(需列明病症)之正本
  - 2. Drugs prescription notes 主診醫生之處方藥物購買單
- B) Compassionate Visit 親屬慰問探望
  - 1. Medical report 醫療報告
  - 2. Original receipt for the economy round trip ticket and hotel charges 來回經濟客位機票及酒店之正本收據

C) Study interruption 學業中斷保償金

1. Original receipt of the forfeited Tuition or the cost of the re-attending Tuition with proof of non-refundability by the Overseas Studying Institution 重讀學費或喪失學費之正本收據並由海外就讀機構證明已交的學費不能退回

D) Accidental Death and Permanent Disability 意外死亡及永久傷殘

1. Death certificate 死亡證
2. Autopsy report 驗屍報告 / Coroner's report 驗屍官之報告

E) Education Fund 教育基金

1. Death certificate 死亡證
2. Autopsy report 驗屍報告 / Coroner's report 驗屍官之報告

F) Personal Property 行李保障

1. Original purchase receipts/invoices for baggage 因行李遺失／損毀物件之購買收據／發票之正本
2. Relevant loss report from hotel management, airline company or police, etc 有關酒店、航空公司或警方等之紀錄報告
3. All original boarding pass and travel tickets 所有登機證和旅遊票據之正本

G) Loss of Travel Document 證件遺失

1. Original replacement invoice for the passport, ID card or visa 補領護照、身分證或簽證之正本發票
2. Police report 警方報告
3. All original boarding pass and travel tickets 所有登機證和旅遊票據之正本

H) Loss of Cash 現金遺失

1. Police report 警方報告

I) Travel Delay 旅程延誤

1. Written confirmation from the Public Conveyance Carrier stating the reason and hours of delay 公共運輸機構發出之信件證明航班延誤之原因和時間
2. All original boarding pass and travel tickets 所有登機證和旅遊票據之正本

J) Baggage Delay 行李延誤

1. Written confirmation from the Public Conveyance Carrier stating the hours of delay 公共運輸機構發出之信件證明閣下行李延誤之時間
2. Original invoices for emergency purchase of essential clothing and toiletries 購買緊急應用物品之正本收據
3. All original boarding pass and travel tickets 所有登機證和旅遊票據之正本

Additional documents relevant to the claim may be required to be forwarded upon request of ACE Insurance Ltd.

如有所需，安達保險公司將要求索償人提供額外之有關文件以供處理索償事宜用途。

Date 日期:

Signature of Claimant / Policyholder 索償人 / 保單持有人簽署:

**Note  
註明**

Any persons from whom the Company has collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. A request for such access may be made to the Personal Data Privacy Officer of ACE Insurance Ltd at 25/F Shui On Centre, No. 6-8 Harbour Road, Wanchai, Hong Kong.

就提供上述資料的任何人有權查閱及要求更改由安達保險所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求，可向本公司之個人資料私隱主任提出，地址為香港灣仔港灣道 6-8 號瑞安中心 25 樓。

**Declaration and authorization  
聲明及授權書**

I declare that to the best of my knowledge and belief the above statement and particulars contained are in all respects true and complete and are made without reservation of any kind. I hereby authorize any physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated to give full particulars about my health to ACE Insurance Limited. A photocopy of this authorization shall be considered as effective and valid as the original.

本人謹此聲明本人確信以上所填報之資料及所列各項之事件乃屬完全真確並無對保險公司作任何資料之保留。本人茲授權於任何曾替本人作診療之醫生、醫務人員、醫院或診所提供有關本人病歷之資料予安達保險，此授權書之影印本亦屬有效。

I/We further hereby declare and agree that the personal information collected or held by ACE Insurance Ltd, whether contained in this accident report form or otherwise obtained, may be used by ACE Insurance Ltd or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis.

本人／吾等再在此聲明及同意由安達保險所收集或持有的個人資料，不論包含在這意外報告表或以其他方式獲取，均可供本公司使用或向在香港境內或境外之任何人或機構披露作以下用途：(1)評核此項申請，(2)提供保險及客戶服務，(3)處理保險的索償或有關之分析。