



中国太平
CHINA TAIPING

中國太平保險(澳門)股份有限公司
CHINA TAIPING INSURANCE (MACAU) CO., LTD.

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旅遊保險賠款索賠申請書
Happy Landing Insurance Claim Form

賠案編號：

經手人：

備註：

Name of Claimant : 索償人名稱	Name of Policyholder : 保單持有人名稱
Policy No : 保單編號	Contact Phone no. : 聯絡電話
Address : 地址	
Accident Date : 意外日期	Place of Incident : 意外地點
年 月 日 Year Month Date	

Please "tick" the appropriate type and write down your claim amount.

請用“✓”選擇所需索償之項目及寫下索償金額

Section(s) 索償項目	Claim Amount 索償金額	Section(s) 索償項目	Claim Amount 索償金額
<input type="checkbox"/> Personal Accident 人身意外	_____	<input type="checkbox"/> Personal Liability 個人責任	_____
<input type="checkbox"/> Medical and Other Expenses 醫藥費用	_____	<input type="checkbox"/> Travel Delay 行程延誤	_____
<input type="checkbox"/> Hospital Benefit 住院津貼	_____	<input type="checkbox"/> Loss of Deposit/ Cancellation 損失訂金或取消旅程	_____
<input type="checkbox"/> Baggage and Personal Effects 個人行李	_____	<input type="checkbox"/> Curtailment 縮短旅程	_____
<input type="checkbox"/> Delayed Baggage 行李延誤	_____	<input type="checkbox"/> Major Burns Cover 嚴重燒傷	_____
<input type="checkbox"/> Personal Money & Travel Document 個人錢財/旅遊證件	_____	<input type="checkbox"/> Loss of Home Contents 家居爆竊	_____

* Please describe in full how the accident happened: (This part must be completed by claimant)
請詳細描述事件發生的經過 (此項必須填寫)

Please fill in the following table if your luggage or personal effects had been damaged, lost or stolen.
如涉及損毀、遺失或被盜竊物品，請填寫以下表格

Claim Item(s) 索償項目	Purchase Date 購買日期	Original Cost 購買金額
1.		
2.		
3.		
4.		
5.		
6.		

(If space is insufficient, please attach separate page.) 如以上填寫空間不足，請另以紙張填寫)

Claim Documentation 索償文件

1. All original medical receipts and medical reports for medical claims. (Doctor visits incurred outside Macau or after return from aboard)
當地或/及回澳之藥費單收據及醫療報告正本
2. Hospital certificate for In-hospital claim
住院證明
3. Relevant loss report which is issued by Hotel, Airline or Police, etc.
有關酒店、航空公司或警方等之紀錄報告
4. All original purchase receipts/ invoices for baggage and emergency purchase claims
因行李延誤或遺失/ 損毀物件之購買收據/ 發票之正本

Additional documents relevant to the claim may be required and to be forwarded upon request of China Taiping Insurance (MACAU) Co.,Ltd.
如有所需，中國太平保險(澳門)股份有限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。

Any other insurance policy or party involved reimbursed the above accident?

Y e s / N o

有否任何其他保險或其他責任方對此宗意外作出賠償？

有 / 否

If Yes, please state and provide the claimed statement

如有，請詳細說明，並提交已索償之清單

Cheque Name

Relationship with Claimant

支票抬頭：

支票抬頭人與索償人之關係：

Declaration 聲明：

I hereby declare that the above information given is true and correct.

本人現聲明上述所填報的資料正確無訛。

Date 日期

Signature of Claimant 索償人簽署

注意：* 保期完結後三十天內需向保險公司提出書面索償

A claim should be notified later than 30 days after the expiration of this insurance

* 提交索償申請書時請一併提交索償人及保單持有人的身份證副本

Please attach ID copies of Claimant and Policyholder securely to this form.