The Hong Kong University of Science & Technology

Claim Procedure for
Group Travel Insurance for Staffs & Students

Important Note

This procedure is applied to the claims under the following policy:

Policy type: Group Travel Insurance
Policy number: TTT0001896ZC
Name of Policyholder (English): The Hong Kong University of Science and Technology
Name of Policyholder (Chinese): 香港科技大學
Policy period: 1 July 2018 to 30 June 2019 (both dates inclusive)

Handling Procedure

A. Complete and return the claim form to the following insurance company (by post)

   Zurich Insurance Company Limited
   Claims Department
   25-26/F, One Island East
   18 Westlands Road, Island East,
   Hong Kong.

   * Claim applications can be submitted to FO, which will be mailed to Zurich next working day

   If you are not able to report the claim to insurance company by post within 90 days from the
date of occurrence, please send an email with supporting documents (if any) to insurance
company for notification of the claim first. The email address is claims@hk.zurich.com

B. Required Documents

   Remark: Unless “Original” is stated, copies of the documents are acceptable. The list of required
documents below is not exhaustive and the insurance company may request further documents depending on
individual circumstances.

   I. General Documents:

   No matter what kind of claim that you are going to submit, you must provide Insurer with
   the following documents:
• Original Claim Form duly signed by the Claimant
• Travel Outside Hong Kong Application Form for certifying your trip that has been approved by the University if you are a STAFF MEMBER
• Please take the Claim Form to the Scholarships & Financial Aid Office and let the Office append the official chop on it for verification of your trip if you are an Exchange-out STUDENT
• Confirmation email from department regarding the student’s position, stationed location, the nature and period of the assigned trip if you are a Non-Exchange-out STUDENT
• Itinerary
• Air ticket
• Original boarding passes (for flights to and return)

II. Documents for Claim for Medical Expense Reimbursement:

• Original hospital / medical bill(s) / receipt(s)
• Medical report stating diagnosis and the date of injury / sickness commenced and certified by a qualified medical practitioner
• Medical certificate from a qualified medical practitioner certifying the number of days of hospitalization, if applicable
• Hospital discharge summary, if applicable

III. Documents for Claim for Loss of Baggage, Travel Documents and Personal Money or Belongings

• Original loss / damage / irregularity report issued by the relevant authority or organization (e.g. police, airline, hotel, etc)
• Photos showing the extent of damage to the property, if applicable
• Original purchase receipt(s) of the lost / damaged item(s)
• Repair quotation, if applicable
• Original receipts for additional hotel accommodation and travel expenses, if applicable
• Compensation breakdown from other parties (e.g. airlines), if applicable

IV. Documents for Claim for Travel Delay and Baggage Delay:

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

V. Documents for Journey Cancellation, Curtailment and Re-arrangement:

For Journey Cancellation and Curtailment:

• Original receipt(s) showing any pre-paid costs or deposits made OR additional travel and / or accommodation expenses incurred after the commencement of your journey
• Original documentation confirming:
  - trip cancellation
- non-refundable / refunded amount
- Medical certificate indicating diagnosis and reason that you are unfit for travel, if applicable
- Death certificate, if applicable (for cancellation due to the death of family member)
- Proof of relationship to you, if applicable (for cancellation due to the death of family member)

For Journey Re-arrangement:

- Original documentation / receipt(s) indicating the additional travel and / or accommodation expenses incurred after the commencement of your journey outside Hong Kong
- Documentation from common carrier or travel agent indicating the reason for travel re-arrangement

VI. Documents for Personal Accident (Fatal and Permanent Disability):

- Police report and witness statement, if applicable
- Documentary proof certifying the extent of permanent disability (for permanent disability claim)
- Death Certificate (for death claim)
- Autopsy / Post Mortem Report indicating the cause of death (for death claim)
- Grant of Probate / Letters of Administration (for death claim)

C. Upon receipt of your claim, insurance company will directly contact you either by post or by phone or by email within 10 working days (for requesting for additional documents or settling claim)

D. If you have any inquiries, you can contact Zurich Insurance Company Limited and the information is listed below:

Hotline: 2968 2072
Email: claims@hk.zurich.com

The purpose of this claim procedure is to give a general guideline for preparing the Group Travel claim. If there are any issues or queries related to the handling of insurance company, please contact the University’s insurance consultant, Jardine Lloyd Thompson Limited:

Contact Person: Ms Fion Tong – Claims Broking Division
Telephone No.: 2864 5591
Email: fion_tong@jltasia.com

OR

Contact Person: Mr Gary Chiu – Claims Broking Division
Telephone No.: 2864 5342
Email: Gary_chiu@jltasia.com
Travel insurance claim form
旅遊保險索償申請表

Please complete this claim form and submit it together with all required supporting documents to us within 90 days following the loss. Otherwise, it may affect the process of your claim. If you have faxed your form, please do not post it again to avoid duplication.

請於損失後九十天內填妥本表格連同一切有關文件交回本公司以便處理，否則可能影響賠償之償償處理。為免重覆，如已傳真表格，請勿重複郵寄。

1. Insured Details 投保人資料

Certificate no./Booking no. 銀單/證書號碼

Policy no. 保單號碼

Name of insured/claimant 保戶姓名

Mobile phone no. 手機電話號碼

Fax no. 傳真號碼

E-mail address 電郵地址

Address 地址

2. General Information 一般事項

Place of Loss/Accident 損失/意外地點

Period of Travel 旅遊期：From 至

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

Total Claimed Amount 索償總額

Details of occurrence 事件發生詳情

☐ If you need to return your submitted receipt(s), please check the box and we will return a certified true copy of your receipt(s) to you. 如閣下需退回收據，請勾選此格，我們將會退回由你提供的收據副本給閣下。

SMS messages for claim acknowledgement and payment status will be sent to your above mentioned mobile phone number. If you do not wish to receive the message, please check the box below:

☑ Opt out of receiving SMS text messages for claim acknowledgement and notification of payment status. 不參與以文字短訊方式通知確定收到索償申請，以及賠償通知。
## Claim Documentation 索償文件

Please ensure the documents required are submitted with this form. Additional documents relevant to the claim may be required upon request of Zurich Insurance Company Ltd. Please check the appropriate box below.

請確保所需之文件連同本表格一併交回。蘇黎世保險有限公司有可能要求提供額外有關索償之文件。請勾選下列適用之空格。

<table>
<thead>
<tr>
<th>Nature of Benefit Claimed 申請賠償項目</th>
<th>Claim Documents Checklist 賠償文件清單</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Expenses 醫療費用</td>
<td>1. Original medical bills showing the medical expenses and diagnosis 顯示醫療費用及診斷之醫療單據正本</td>
</tr>
<tr>
<td></td>
<td>2. Please specify in details 請詳細說明： How the accident happened, medical diagnosis and treatment received 意外受傷之過程、醫療診斷及所接受之治療</td>
</tr>
<tr>
<td></td>
<td>3. Copy of referral letters and medical reports for MRU/X-ray/Physiotherapy treatment 轉介信及既往病史/X光檢查/物理治療之醫療報告副本</td>
</tr>
<tr>
<td></td>
<td>4. Do you need to attend follow up treatment/consultation in Hong Kong? 需否在香港繼續治療/會診？ YES 是 NO 否</td>
</tr>
<tr>
<td>Personal Accident 人身意外</td>
<td>1. Copy of death certificate 死亡證明書副本</td>
</tr>
<tr>
<td></td>
<td>2. Copy of medical report/coronor's report 醫療報告/法醫報告副本</td>
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<tr>
<td></td>
<td>3. Copy of police report, if any 警方報告副本，如有</td>
</tr>
<tr>
<td></td>
<td>4. Original/Certified true copy for the Letters of Administration 報產管理處之正本/結實副本</td>
</tr>
<tr>
<td>Loss/Damage of Personal Baggage 個人行李損失/損毀</td>
<td>1. Original purchase receipts for the lost/damaged item(s) 遺失/損毀物品之購買收據正本</td>
</tr>
<tr>
<td></td>
<td>2. Photographs showing the extent of damage to the claim item(s) 顯示損壞程度之相片</td>
</tr>
<tr>
<td></td>
<td>3. Copy of written report issued by local police and other responsible parties such as the airline company and hotel 當地警方及其他有責任的機構如航空公司及酒店等發出之書面報告副本</td>
</tr>
<tr>
<td></td>
<td>4. Copy of repair quotation for the damaged item(s) 損毀物品之維修報價單</td>
</tr>
<tr>
<td>Loss of Personal Money, Travel Documents and/or Travel Tickets 個人現金損失、旅費單據及/或旅遊門票損失</td>
<td>1. Copy of police report 警方報告副本</td>
</tr>
<tr>
<td></td>
<td>2. Original official receipts for extra accommodation fee, traveling expenses and replacement of lost travel documents or travel tickets 額外住宿費用、交通費用及補發損失之旅行證件或旅遊門票之收據正本</td>
</tr>
<tr>
<td>Rental Vehicle Excess 租車自負額保障</td>
<td>1. Copy of rental vehicle's comprehensive insurance policy 租車綜合保單副本</td>
</tr>
<tr>
<td></td>
<td>2. Copy of vehicle rental agreement 租車合約副本</td>
</tr>
<tr>
<td></td>
<td>3. Original excess receipt and rental receipt 增壓費收據及租車收據正本</td>
</tr>
<tr>
<td></td>
<td>4. Copy of damage incident report 損壞事故報告副本</td>
</tr>
</tbody>
</table>
### Claim Documentation (continued)

<table>
<thead>
<tr>
<th>Nature of Benefit Claimed</th>
<th>Claim Documents Checklist</th>
</tr>
</thead>
</table>
| Travel/Baggage Delay (旅行/行李延誤) | 1. Copy of written report issued by the airline company specifying the reason and period of travel/baggage delay.  
詳細說明及延誤期間退票報告副本 |
|                           | Actual departure/arrival date and time 退票日期及時間 |
|                           | Total delay duration 總延誤時間 |
|                           | Reason of delay 延誤原因 |
|                           | 2. Original purchase receipts for the emergency items due to baggage delay。  
因行李延誤而購買緊急物品之收據副本 |
|                           | 3. Copy of boarding passes showing all the incurred flights and the scheduled itinerary.  
顯示所有航班的登機牌及原定行程之副本 |
|                           | 4. Copy of written report from the related public common carrier with reason and duration for the delay  
有關公共交通工具公司發出之書面報告副本以證明延誤原因及時間 |
|                           | 5. Original receipts for the extra accommodation expenses due to travel delay  
因航班延誤而引致額外住宿費用之收據副本 |
|                           | 6. Original receipts for the re-routing costs 重新計劃行程所需費用之收據副本 |
| Trip Cancellation, Trip Interruption, Cruise Cancellation & Interruption Protection, Excursion Tour Cancellation 取消行程、行程受阻、取消輪渡旅程及遊船保單、取消岸上觀光行程 | 1. Documents in relation with trip cancellation, such as copy of medical report or death certificate.  
有關取消行程理由之文件，如醫療報告或死亡證副本 |
|                           | 2. Copy of documents for the proof of relationship (e.g. birth certificate, marriage certificate etc).  
關係證明文件副本（如出生紙、結婚證明書等） |
|                           | 3. Copy of written report issued by airlines/public common carriers/cruise company and travel agent indicating whether there is any refund for the paid travel fare.  
航空公司/公共交通工具公司/郵輪公司及旅遊公司發出之有關退款已付旅費之書面報告副本 |
|                           | 4. Original official receipts for the paid travel fare and/or accommodation and/or travel tour and/or excursion tour.  
已付旅費及/或住宿及/或旅遊團及/或岸上觀光行程收據副本 |
| Personal Liability, Identity theft, 個人責任、身份被盜用 | 1. Details of incident 事件發生詳情 |
|                           | 2. Copy of police report or incident report issued by relevant authority.  
警報報告或有關機構發出之事件報告副本 |
|                           | 3. Original compensation invoice and payment receipt for the damaged item.  
補償損毀物品的發票和付款收據副本 |
|                           | 4. Copy of other related documents (e.g. summons, all court documents, solicitors' correspondences etc).  
其他相關之文件副本（如法院傳票、法院文件、律師通函等） |
| Unauthorized Use of Credit Card while Travelling Overseas 海外旅遊期間信用卡被盜用 | 1. Copy of notification to the credit card issuing authority in relation with the incident of unauthorized use of credit card.  
信用卡發卡機構有關信用卡被盜用的通報書副本 |
|                           | 2. Copy of statements and investigation outcome issued by the credit card issuing authority showing the incident of unauthorized use of credit card.  
信用卡發卡機構有關信用卡被盜用的調查報告副本 |
| Satellite Phone on Cruise Ship (Applicable for CruisePlus plan only) 衛星電話服務 (只適用於「安心輪渡」節慶假期計劃) | 1. Copy of medical report 醫療報告副本 |
|                           | 2. Copy of receipts issued by satellite phone service provider  
衛星電話服務供應商發出之收據副本 |
### Claim Documentation (continued)

<table>
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<th>Nature of Benefit Claimed</th>
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</thead>
</table>
| Damage of Evening Wear for Formal Dinner on Cruise Ship (Applicable for CruisePlus plan only)  
(只適用於「安心假期」郵輪假期計劃) | 1. Copy of official document from the cruise management indicating that the evening wear was damaged while using the laundry service (other than self-service laundry facility) with details of the permanent damage.  
由郵輪公司發出之正式文件證明有賠之晚上禮服損壞，並附洗衣服務（非自助洗衣房）損壞之詳情。
2. Proof (e.g. photograph) showing the evening wear was worn for the “Dinner with Captain” Night.  
顯示該禮服禮服曾於“與船長共進晚餐”時穿著之證明（如相片） |
| Hotel Cost due to Involuntary Journey Extension (Applicable for CruisePlus plan only)  
因非自願性差延導致之額外酒店費用 (只適用於「安心假期」郵輪假期計劃) | 1. Copy of written report from the related public common carrier with reason and duration for the delay.  
有關公共交通工具公司發出之書面報告副本以證明延誤原因及時間。
2. Original official receipt of the extra hotel cost payment including the daily accommodation cost, check-in and check-out date issued by the relevant hotel.  
由有關酒店發出之額外酒店費用正式收據正本並列明每日住宿費用、入住及退房日期。 |
| Pet Care Cover (Applicable for CruisePlus plan only)  
寵物照護服務保障 (只適用於「安心假期」郵輪假期計劃) | 1. Copy of written report from the related public common carrier with reason and duration for the delay.  
有關公共交通工具公司發出之書面報告副本以證明延誤原因及時間。
2. Original official receipt of the extra daily accommodation cost payment to the pet hotel including check-in and check-out date issued by the relevant pet hotel.  
由有關寵物酒店發出之額外每日住宿費用正式收據正本並列明每日住宿費用、入住及退房日期。 |
| Park and Fly Cover (Applicable for CruisePlus plan only)  
機場泊車及接 | 1. Copy of written report from the related public common carrier with reason and duration for the delay.  
有關公共交通工具公司發出之書面報告副本以證明延誤原因及時間。
2. Original official receipt of the parking fee to the car park in Hong Kong International Airport including daily parking rate, check-in and check-out date issued by the relevant car park company inside the Hong Kong International Airport.  
由香港國際機場內之有關泊車公司發出於香港國際機場內泊車費用之收據正本並列明每日泊車費用、泊車及退車日期。 |

Are you making any other insurance or compensation claim as a result of this incident? If yes, please specify.

○ NO 否  ○ YES 是

<table>
<thead>
<tr>
<th>Policy no. 郵保號碼</th>
<th>Name of insurance company 保險公司名稱</th>
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</thead>
<tbody>
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</tbody>
</table>

### 4. To Be Completed For Claim Under – Loss/Damage of Personal Baggage

如索償類別為：個人行李遺失/損毀，必須填妥此部份。

<table>
<thead>
<tr>
<th>Loss/Damaged Items 損失/損毀之物件</th>
<th>Date and place of purchase 購買地方及日期</th>
<th>Original purchase value 原來購入價值</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

If space provided is inadequate, please use separate sheet of paper for item list. 如欄位不夠填寫，請另紙填寫。
Payment Details 付款資料

Subject to policy liability, you are given an option for settlement by claims cheque or by direct credit.

在保單條款許可的情況下，閣下可勾選以支票或銀行轉帳方式收取賠償款項。

- By cheque 支票
- By direct credit/wire transfer (Limited to listed banks below and for claims less than HKD20,000)

銀行轉帳（只適用於以下列明之銀行及少於港幣兩萬元之賠償）

Please provide your banking details if you prefer payment by direct credit. However this is subject to the bank's arrangement. Furthermore, the supply of any information or documents under this section is not construed as an admission of liability under your policy. We hereby reserve all our rights for assessing your claim subject to terms and conditions of your policy.

如閣下選擇銀行轉帳，請提供相關銀行資料。此服務必須得到銀行安排下進行。本公司將此聲明，上述要求並不代表閣下之保單將承認被考慮，有關決定，本公司在收到全部證明文件後，將根據保單一切條款才作最後審批。敬請留意。

Account Holder’s Name (Must be the same as the Policyholder) 戶口持有人姓名（必須與保單持有人相同）

Bank Name 銀行名稱

- HSBC 滙豐銀行
- Bank of China (Hong Kong) 中國銀行（香港）
- Standard Chartered Bank 渣打銀行
- Hang Seng Bank 恒生銀行

Bank A/C No. 銀行帳戶號碼

Declaration and authorization 声明及授權

1. I/we declare that all information and particulars contained above are true and complete to the best of my knowledge and belief and they are made without reservation of any kind.

本人／吾等聲明，以上所填載之資料及所有附屬之文件全屬真實，並無對本公司作任何資料之保留。

2. I/we understand and agree the following issues about the arrangement of my/our personal information collected or held by Zurich Insurance Company Ltd.

- 本人／吾等明白並同意以下有關 Zurich Insurance Company Ltd.（「本公司」）處理所收集及保存本人／吾等之個人資料的安排。

(I) The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, policy assignees and claimants) collected or held by Zurich Insurance Company Ltd. ("Company") may be used by the Company for the following obligatory purposes necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information):

由 Zurich Insurance Company Ltd. ("本公司") 收集或持有的客戶（包括保單持有人、受保人、受益人、保費付款人、信託人、承保人等）之個人資料，將供本公司使用作以下強制性用途，以免本公司無法為客戶提供服務（否則本公司將無法為客戶提供服務）：

i. to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services; 進行、調查（及協助他人調查）和決定保險申請、保險索償及提供持續的保險服務；

ii. to process requests for payment, and for direct debit authorization; 進行付款要求及直接付款授權；

iii. to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right; 管理任何對客戶的索償、訴訟及／或司法程序；以及行使本公司的權利（詳見適用保單條款所定），包括但不限於委託權；

iv. to compile statistics or use for accounting and actuarial purposes; 進行統計數字，或作會計及精算用途；

v. to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group ("Zurich Insurance Group") and conduct matching procedures where necessary; 遵循現時適用之當地或外地條例、規例、守則或指引；及於必要時進行對應程序；

vi. to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments; 遵循香港法院及監管機構作出的合法要求或指令，包括但不限於保險業監管處、香港保險業聯會、核數師、政府機構及政府相關機構；

vii. to collect debts; 債務追討；

viii. to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; 促進本公司指定服務提供者為本公司及／或客戶提供服務；及

ix. to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment. 使本公司的實際或建議承讓人能夠評估擬進行之安排的性質。

(2) The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the obligatory purposes:

本公司可就強制性用途，向以下香港境內或境外的單位提供任何客戶個人資料：
Declaration and authorization (continued)

I. Companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
II. any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
III. any professional or any professional organization of any nature, having any contract or other relationship with any person serving on the Board of Directors of the Company;
IV. credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
V. any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
VI. any person pursuant to any order of a court of competent jurisdiction, and
VII. all actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group’s rights in respect of the policy owners;

All customers have the right to access to, correct, or change any of their own personal information held by the Company by request in writing to the Company’s Personal Data Privacy Officer at the address below.

For any inquiry, please call our Claims hotline: +852 2903 9439 Fax hotline: +852 2968 1660

5. A photocopy of this authorization shall be considered as effective and valid as the original.

Date

Signature of Claimant

For any inquiry, please call our Claims hotline: +852 2903 9439 Fax hotline: +852 2968 1660

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