

# Marsh Study Abroad Protection Claim Form

Please submit your claim to  
**Marsh (Hong Kong) Limited**  
26<sup>th</sup> Floor, Central Plaza  
18 Harbour Road, Wanchai, Hong Kong  
Tel: 852 2301 7680 Fax: 852 2539 5368

*Claim notification must be submitted within 30 days* 索償申請必須在 30 天內通知或提交

**Name of Policyholder**

保單持有人姓名

\_\_\_\_\_

**Certificate No**

保險證明書號碼

\_\_\_\_\_

**Policyholder's Email Address**

保單持有人電郵地址

\_\_\_\_\_

**HK Contact Phone No**

香港聯絡電話

\_\_\_\_\_

**HK Correspondence Address**

香港聯絡地址

\_\_\_\_\_

**Student Name**

學生姓名

\_\_\_\_\_

**Student's Phone No**

學生聯絡電話

\_\_\_\_\_

**Student's Email Address**

學生電郵地址

\_\_\_\_\_

**Date of Loss /**

**Accident**

損失/意外日期

\_\_\_\_\_

**Place of Loss**

意外發生地點

\_\_\_\_\_

**Details of Occurrence**

事件發生詳情

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Claimed Amount**

索償總額

\_\_\_\_\_

**Currency**

貨幣

\_\_\_\_\_

*Please ✓ and complete the relevant section, provide documents as requested.*

請於下列適當部份加上 ✓ 號，填寫有關部分並提供有關文件

<u>Claim Items</u> 索償項目		<u>Claim Items</u> 索償項目	
<input type="checkbox"/>	<b>Accidental Death or Permanent Disability of Insured Student</b> 受保學生意外死亡或永久傷殘	<input type="checkbox"/>	<b>Care Visit</b> 親屬慰問探望
<input type="checkbox"/>	<b>Study Interruption</b> 學業中斷保償金	<input type="checkbox"/>	<b>Education Fund</b> 教育基金
<input type="checkbox"/>	<b>Loss of Travel Document</b> 證件遺失	<input type="checkbox"/>	<b>Baggage Delay</b> 行李延誤
<input type="checkbox"/>	<b>Loss of Cash</b> 現金遺失	<input type="checkbox"/>	<b>Personal Baggage</b> 行李保障
<input type="checkbox"/>	<b>Travel Delay</b> 旅程延誤	<input type="checkbox"/>	<b>Personal Liability</b> 個人責任

**Please complete the follows for the Loss of Personal Baggage**

如遺失行李請填寫以下部分

<b>Loss / Damaged Items</b> 遺失 / 損毀之物件	<b>Date &amp; Place of purchase</b> 購買地方及日期	<b>Original purchase value</b> 購入價值
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Marsh Study Abroad Protection Claim Form – P.2

Please provide the following information from Relevant Parties (e.g. Police / Local Authorities)  
請提供由當地警方或有關機構 / 部門發出的

Incident report no.:

遇事報告編號：

Name of Relevant Parties / Local Authorities / Police Station:

有關機構 / 部門 / 警署的名稱：

Address :

地址：

**All Payments will be credited to the Insured Student's / Policyholder's designated Bank Account by auto-pay in Hong Kong (Pay in HKD)**

所有賠償將會直接存入受保學生 / 保單持有人指定之香港銀行賬戶 (以港幣入賬)

**Payee's Name in the Bank**

收款人銀行賬戶姓名

(Please use **BLOCK LETTER**) 請用英文正格填寫

**Name of Bank**

銀行名稱

**Bank Account No**

銀行賬戶號碼

### 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 governmental or private organization / institution, insurance company or individual that has any information, record or knowledge of my health and medical history or any treatment, advice, accident or loss details that has been or may hereafter be consulted, to disclose to Federal Insurance Company or its authorized representatives such information.. 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出任何資料之保留。本人授權任何知悉或擁有本人之健康狀況及病歷或任何治療或諮詢記錄、意外或索償事件之細節及曾為或將為本人之診治之醫生、醫院、診所、部門，保險公司或任何政府或私人機構、組織或人士，向聯邦保險公司或其代理人透露有關資料，不得撤回。此授權之複印件與原件同屬有效。

Signature of insured student / policyholder

受保學生或保單持有人簽署

Application Date

申請日期

Name of insured student / policyholder

受保學生或保單持有人姓名

**Additional documents relevant to the claim may be required to be forwarded upon request of Federal Insurance Company**

因理賠所需，聯邦保險公司可能要求提供額外有關文件