

Marsh Study Abroad Protection Claim Form

Please submit your claim to
Marsh (Hong Kong) Limited
Suite 1001 – 1004, 10th Floor,
625 King's Road North Point, 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

Name of Claimant

索償人姓名

HK Correspondence Address

香港聯絡地址

Claimant's Email Address

索償人電郵地址

HK Contact Phone No

香港聯絡電話

Student's Email Address

學生電郵地址

Student's Phone No

學生聯絡電話

Date & Time of Loss /

Accident 損失/意外日期及時間

Place of Loss / Accident

損失 / 意外地點

Total Claimed Amount /

Currency 索償總額 / 貨幣

Police Report No

報案編號

Police Station Address

警署地址

Details of Occurrence

事件發生詳情

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

請於下列適當部份 ✓ 及填寫並提供有關文件，請刪去 * 不適用的

Claim Items 索償項目	Please provide relevant document 請提供有關文件
<input type="checkbox"/> Inpatient Expenses 住院費用 (expect Outpatient Sickness Claim 疾病門診醫療索償除外)	<input type="checkbox"/> All original medical receipts & medical reports (with diagnosis) 所有正本醫療收據及報告(須列明病症) <input type="checkbox"/> Drugs prescription notes for medical expenses claim 主診醫生處方之藥物購買單
<input type="checkbox"/> Hospital Income 住院現金 due to Influenza A (H1N1) 因甲型 H1N1 流感	<input type="checkbox"/> Original receipt of the forfeited Travel &/or Accommodation Expenses 已繳交及不能退回的交通或住宿費用之正本收據
<input type="checkbox"/> Trip Interruption 旅途受阻 due to Influenza A (H1N1) 因甲型 H1N1 流感	<input type="checkbox"/> Proof of Compulsory Quarantine or Closure of Airport by relevant Authorities / Government / Airport 由有關政府 / 部門 / 機場發出 須強制性隔離或機場封閉之證明文件
<input type="checkbox"/> Compassionate Visit 親屬慰問探望 Relationship between the Claimant & Insured Student 索償人與學生關係 * Father 父親 / Mother 母親 / Guardian 監護人	<input type="checkbox"/> Original receipt for Hotel charges 酒店住宿費用之正本收據 <input type="checkbox"/> Original receipt for the economy round trip ticket 來回經濟客位 機票之正本收據
<input type="checkbox"/> Study Interruption 學業中斷保償金	<input type="checkbox"/> Original receipt of the forfeited Tuition or Proof of the cost of the re-attending & non-refundable Tuition, by the Overseas Studying Institution 由海外就讀機構簽發重讀學費證明，已交及不能退回的 或損失的學費正本收據 <input type="checkbox"/> Qualified Medical Practitioner certifying the Insured is unable to continue his / her education 由註冊西醫簽發受保學生不能繼續學 業之證明

Marsh Study Abroad Protection Claim Form – P.2

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

請於下列適當部份 ✓ 及填寫並提供有關文件，請刪去 * 不適用的

<i>Claim Items</i> 索償項目	<i>Please provide relevant document</i> 請提供有關文件
<input type="checkbox"/> Loss of Travel Document 證件遺失	<input type="checkbox"/> The Relevant Loss Report from Hotel Management, Airline Company or Police ...etc. 由有關酒店，航空公司或警方等發出之損毀 / 遺失記錄報告
<input type="checkbox"/> Loss of Cash 現金遺失	<input type="checkbox"/> Original replacement Invoice for the Passport, ID Card or Visa 補領護照，身份証或簽證之正本發票 <input type="checkbox"/> Police Report 警方報告
<input type="checkbox"/> Travel Delay 旅程延誤	<input type="checkbox"/> Written Confirmation from the Public Conveyance Carrier stating the reason & hours of delay 公共運輸機構發出航班延誤原因和時間之證明文件
<input type="checkbox"/> Baggage Delay 行李延誤	<input type="checkbox"/> Original invoices for emergency purchase of essential clothing and toiletries for Baggage Delay Claims 因行李延誤購買緊急應用物品之正本收據 <input type="checkbox"/> All original Boarding Pass & Travel Tickets 所有登機證和旅遊票據之正本 <input type="checkbox"/> Original Receipts / Invoices for Baggage 因行李遺失/損毀物件之購買收據/發票之正本
<input type="checkbox"/> Education Fund 教育基金 Relationship between the Claimant & Insured Student 索償人與學生關係 * Father 父親 / Mother 母親 / Guardian 監護人	<input type="checkbox"/> Death Certificate, Autopsy Report / Coroner's Report & Police Report 死亡証，驗屍報告/驗屍官之報告及警方報告 <input type="checkbox"/> For Permanent Disability of Insured Student - Medical Report of Permanent Total Disability & Police Report 有關意外引致受保學生永久傷殘的醫療報告及警方報告
<input type="checkbox"/> Accidental Death or Permanent Disability of Insured Student 受保學生意外死亡或永久傷殘	Please also complete the Medical Expenses Section 請同時填妥醫療費用索償部份

Medical Expenses 醫療費用 (*Please complete the follows* 請填妥以下部份)

<input type="checkbox"/> For Accident 意外事故 Please describe Cause & Nature of Injury 請詳述意外原因及受傷情況	
<input type="checkbox"/> For Sickness 患病 Please describe Diagnosis & Treatment Received 請詳述病症名稱及曾接受之治療	
Did the Sickness Pre-Exist the Trip 所患疾病是否出發前已存在 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
<input type="checkbox"/> Please provide all original medical receipts / medical reports (with diagnosis) 請提供所有正本醫療收據或報告(須列明病症)	

Personal Liability 個人責任 (*Please complete the follows and delete * as appropriate* 請填妥以下部份及刪去 * 不適用的)

* Third Party Property Damage 第三者財物損失 / Third Party Bodily Injury 第三者身體受傷	
<input type="checkbox"/> Please provide the incident report from relevant parties (e.g. Police / Local Authorities) 請提供由當地警方或有關部門發出的遇事報告	
Details of Incident 事件詳情	

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Personal Property 行李保障 *Please provide relevant document* 請提供有關文件

- | |
|--|
| <input type="checkbox"/> Original loss/damage report issued by the relevant Authorities or Organizations (e.g. Police, Airline & Hotel)
由有關機構或組織(如：酒店，航空公司或警方等)發出的損毀 / 遺失記錄報告 |
| <input type="checkbox"/> Purchase receipt, repair quotation, replacement invoice ...etc. where applicable
購買的單據，維修報價單，重置的發票...等文件 |

Please complete the follows 請填寫以下部分

Loss / Damaged Items
遺失 / 損毀之物件

Date & Place of purchase
購買地方及日期

Original purchase value
購入價值

_____	_____	_____
_____	_____	_____
_____	_____	_____

All Payments will be credited to the Claimant's / Policyholder's designated Bank Account by auto-pay in Hong Kong
所有醫療費用賠償將會直接存入索償人 / 保單持有人指定之香港銀行賬戶

Payee's Name in the Bank

收款人銀行賬戶姓名

_____ (Please use **BLOCK LETTER**) 請用英文正楷填寫

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 physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated to give full particulars about my health to Federal Insurance Company. 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聯邦保險公司，此授權書之影印本亦屬有效。

Name and Signature of claimant / policyholder
索償人或保單持有人簽署及姓名

Application Date
申請日期

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