



瑞再企商保險有限公司

上海总部
上海市浦东新区世纪大道 1198 号
世纪汇广场 1 座 902 室, 200122
电话: +86 21 6035 9188

全国客户服务热线
800-820-5918 (固话)
400-820-5918 (手机)
邮箱: china_cares@swissre.com

北京分公司
北京市朝阳区针织路 23 号楼国寿金融
中心 22 层 2202 单元, 100026
电话: +86 10 5909 6188

TRAVEL INSURANCE CLAIM FORM

Policy Number		Type of Policy <input type="checkbox"/> Single Trip <input type="checkbox"/> Annual
Insurance Plan: <input type="checkbox"/> A+ <input type="checkbox"/> A <input type="checkbox"/> B	Policy Period: From YYYY/MM/DD To YYYY/MM/DD	

Insured's Information
Full Name _____ ID/ Passport No. _____
Address _____ Postcode _____
Telephone No. _____ Fax _____
Email _____

Claimant's Information
Full Name _____ ID/ Passport No. _____
Relationship to Insured Person _____

Travel Details		
Departure Date	Return Date	
Which country/ city did the loss/ accident/ incident occur?		
Are there any other insurance policies covering you for this incident? If Yes, please declare details below.		
Name of Insurer	Policy Number	Amount Recoverable

Type of Claim (Please tick ONLY those applicable to you)

1. Personal Accident

When and What injuries have been sustained? _____

These injuries resulted in: Death Permanent Total Disability Permanent Partial Disability

2. Medical Evacuation or Repatriation, Return of Minor Children & Compassionate Visit Overseas

3. Repatriation of Mortal Remains or Funeral Expenses

Documents Attached

- Medical Report Local Police Report (Case No. _____)
 Consent Letter for Medical Report Others (Please specify) _____

4. Emergency Overseas Medical Expenses

Nature of Bodily Injury/ Illness _____

Date First Occurred _____

Hospital Name _____ Claim Amount _____

Documents Attached

- Original Medical and Related Receipt Others (Please specify) _____

5. Loss of Baggage, Travel Documents and Personal Money

Details of Items Claimed	Date of Purchase	Purchase Price	Claim Amount

Give full details of how loss occurred. (Specify each event including the date and time)

Documents Attached

- Local Police Report (Case No. _____) Original Purchase Receipt of Lost Item
 Original Receipt of Repair Quotation or Invoice Photos of Damaged Items
 Others (Please specify) _____

6. Baggage Delay

Please state the destination where this occurred and the date and time you arrived.

Please state the date and time you eventually received your baggage.

Claim Amount _____

Documents Attached

Air Ticket

Boarding Pass

Original Receipt of Purchased Items

Carrier Report on Baggage Delay

Others (Please specify) _____

7. Cancellation and Curtailment

What is the reason for cancellation or curtailment?

Please state the amount of pre-paid expenses that could not be utilized. _____

Documents Attached

Carrier Report

Medical Report

Original Receipt of Travel Expenses and Air Ticket

Others (Please specify) _____

8. Travel Misconnection and Travel Delay

Original Flight No. _____ Cause of Delay _____

Delay Duration of Original Flight _____ (hours)

Documents Attached

Air Ticket

Boarding Pass

Carrier Report

Others (Please specify) _____

9. Personal Liability

Circumstances of Third Party Claim: (Please specify the event date and the specific third party)

Claim Amount _____

Documents attached to prove my loss

10. Hijack

Description of Event (Please specify the specific date and site)

Total number of hours of hijack _____

Documents Attached

- Local Police Report (Case No. _____) Carrier Report
 Others (Please specify) _____

11. Winter Sports

11.1 Winter Sports Equipment

Details of Items Claimed	Date of Purchase	Claim Amount

Give full details of how loss/ damage/ theft occurred. (Specify each event including the date and time)

Documents Attached

- Local Police Report (Case No. _____) Original Purchase Receipt of Lost Item
 Original Receipt of Repair Quotation or Invoice Photos of Damaged Items
 Hire/ Replacement Receipt or Invoice Others (Please specify) _____

11.2 Piste Closure

What is the reason for piste closure?

Total number of days of piste closure _____

Documents Attached

- Resort Report Others (Please specify) _____

11.3 Lost Ski Pack

What is the reason for lost ski pack?

Please state the amount of pre-paid expenses that could not be utilized. _____

Documents Attached

- Local Police Report (Case No. _____) Medical Report
 Original Receipt or Invoice of Ski Passes, Hire or Tuition Fees Resort Report
 Others (Please specify) _____

Total Claim Amount:

Declarations

I declare to the best of my knowledge and belief that the information given is true in every respect. I agree that any concealment or incorrect statement in connection with this claim may result in prosecution and the policy shall become void.

Any persons from whom Swiss Re Corporate Solutions have collected information as aforesaid, shall have the right of access to and to request collection of any personal information concerning themselves, and the purpose of using such personal data. I understand that a request for such access can be made to the Compliance Officer of Swiss Re Corporate Solutions via, mail to Unit 02-08, 9F, Tower 1 Century Link Building, NO 1198 Century Avenue, Shanghai 200122, China.

In order to comply with the applicable personal data protection relevant laws, I confirm that I have read and fully understand and agree the Privacy Notice published on Insurer's official website, especially the content in bold. If personal information of beneficiaries, designated relatives, contacts or minors under the age of 14 needs to be provided for the insurance service, I confirm that their authorization has been obtained to allow the Insurer to process aforementioned personal information according to the Privacy Notice. In the event that a minor under the age of 14 is involved, I hereby authorize the authority as his or her parent or guardian, or ensures authorization of his or her parents or guardians has been obtained for such disclosure. The Insurer is authorized to process any personal information in connection with the Applicant, Insured and this Policy, including but not limited to collect, hold, use, or provide data to any third party within or outside China, despite such information is obtained from this insurance application, claim application or elsewhere in order to comply with the law and achieving the purpose set forth under the Privacy Notice, including i) process and review insurance application, underwriting, claims, reinsurance, co-insurance, handling inquiries and complaints or other insurance relevant matters, ii) provide insurance relevant services hereunder, iii) provide more extensive insurance services through network resources of the Insurer's group to the Applicant and Insured.

In order to evaluate and process the claim under this Policy, I (including the Insured) hereby authorize Swiss Re Corporate Solutions Insurance China Ltd and its representatives to obtain any information regarding medical records, rescue process, health condition, past medical history, examination reports, medical advices, and treatment of the claimant, details regarding occurrence of the insurance accident, relevant transcripts, reports, past insurance claims or any other relevant information related to this insurance accident from any medical institution, physician, health insurance agency, public security bureau, police station, insurance company, workplace and other related entities and any person familiar with the condition of the Insured or the status of the insurance accident

In order to assist judicial enforcement, other governmental authorities or regulatory bodies in China for conducting investigations (including fraud and anti-money laundering... etc.) and compiling statistics, compliance with requirements of applicable Chinese laws and rules and related regulations, and to fulfill legal obligations, I (including the Insured) hereby authorize Swiss Re Corporate Solutions Insurance China Ltd and its representatives to collect or disclose personal information of the claimant from other insurance institutions, service providers, professional advisors, competent authorities in China, people's courts, arbitration institution, other dispute resolution bodies, or other third parties. Such information shall be subject to requirements of laws and rules, regulatory provisions or relevant governmental authorities or regulatory bodies.

Please refer to Privacy Notice on Insurer's official website

https://www.swissrecorporatesolutions.com.cn/site/privacy_policy) for further details regarding Personal Data Protection information. In order to better protect personal information and comply with requirements of laws and regulations, the aforesaid Privacy Notice will be updated from time to time. The applicant, Insured and individuals in connection with personal data could check the latest Privacy Notice on the Insurer's official website at any time.

Claimant's Signature (18 yrs old & above) / Date

Insured's Signature (18 yrs old & above) / Date

* Please attach copy of air ticket or passport showing the period of the Journey for faster claims process.

For claims assistance, please call our CLAIMS HOTLINE on 800-820-5918 (9:00am to 5:30pm) every Monday to Friday.

Local Bank Account Information (for claim payment receiving):

Account Beneficiary:

Account Number:

Account with Bank (including the city):