



Insurance

GAN Assurances IARD

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旅遊保險索償表格

TRAVEL INSURANCE CLAIM FORM

請於蒙受損失後三十天內填妥本表格連同一切有關文件交回本公司以便處理，否則可能影響台端之賠償。

Completed Claim Form together with supporting documents should be forwarded to us within 30 days following the loss. Otherwise, it may prejudice your claim under the policy.

保單號碼

Policy No. _____

保戶姓名

Name of Insured _____

索償人姓名

Name of Claimant _____

地址

Address _____

日間聯絡電話

Tel. No. (Daytime) _____

索償類別

Type of Claims :

- 1. 醫療費用
Medical Expenses
- 2. 人身意外
Personal Accident
- 3. 行李 / 隨身財物
Baggage / Personal effects
- 4. 金錢 / 證件遺失
Loss of Money / Documents
- 5. 行程延誤 / 更改
Travel Delay / Re-Routing
- 6. 行李延誤 / 緊急購物
Baggage Delay / Emergency Purchase
- 7. 取消 / 縮短行程
Cancellation / Curtailment
- 8. 其他
Others _____

損失 / 意外地點

Place of Loss / Accident _____

損失 / 意外日期及時間

Date and Time of Loss / Accident _____

事件發生詳情

Details of Occurrence _____

索償總額

Total Claimed Amount _____

如索償類別為第一類 – 醫療費用，必須填妥此部份。

TO BE COMPLETED FOR CLAIM UNDER TYPE OF CLAIMS 1 – MEDICAL EXPENSES

A) 意外 – 受傷性質

Accident Cause – Nature of Injury _____

B) 疾病 – 所患疾病之名稱及所接受之治療

Sickness Cause – Describe diagnosis of sickness and treatment received _____

如索償類別為第三類 – 行李 / 隨身財物, 必須填妥此部份。

TO BE COMPLETED FOR CLAIM UNDER TYPE OF CLAIM 3 – BAGGAGE & PERSONAL EFFECTS

損失 / 損毀之物件 Lost / Damaged Items	購買地方及日期 Date and Place of Purchase	購入價值 Original Purchase Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

如此欄不夠填寫, 請另加紙張

If space provided is inadequate, please use separate sheet of paper for item list.

索償文件

CLAIM DOCUMENTATION

請附上
Please attach

1. 保單副本
copy of policy
2. 所有醫療收據和報告之正本
all original medical receipts and medical reports for medical claims
3. 因行李延誤或遺失 / 損毀物件之購買收據 / 發票之正本
all original purchase receipts / invoices for baggage and emergency purchase claims
4. 有關酒店, 航空公司或警方等之紀錄報告
relevant Loss Report from Hotel Management, Airline company or Police, etc.

如有所需, 法國敬邦保險(本公司) 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。

Additional documents relevant to the claim may be required and to be forwarded upon request of GAN Assurances IARD (The Company).

聲明及授權書

DECLARATION AND AUTHORIZATION

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及無對保險公司作任何資料之保留。本人茲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法國敬邦保險, 此授權書之影印本均屬有效。

I declare that to the best of my knowledge and belief the above statement and particulars contained are in all respects true and completed 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 **GAN Assurances IARD**. A photostat copy of this authorization shall be considered as effective and valid as the original.

本人確認貴保險公司會依靠本人/保單持有人/保戶所提供的資料 (該等提供的資料本人誠實地相信是真實和正確的), 作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求, 本簽署人/保單持有人/保戶將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。

I acknowledge that Insurers will rely upon the information supplied by me / the policyholder / the Insured, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory / the policyholders / Insured under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.

日期

Date _____

索償人簽名

Signature of Claimant _____