亚太财产保险有限公司 深圳分公司
Asia-Pacific Property & Casualty Insurance Co., Ltd. Shenzhen Branch

“亚航旅行保障” 保险申请理赔表格
“Tune Protect Travel - AirAsia” INSURANCE CLAIM FORM

注意：供给本申请表，并不表示本公司承认提供赔偿责任。各项有关单据正本、身份证副本及旅行证件(登机证、亚洲航空行程表)副本，请随本表格一并送交予本公司，以免延误理赔。
Note : By furnishing this form the Company makes no admission of liability. Original itemized bill(s), ID Card copy and travel documents (Boarding passes, Flight itinerary from AirAsia) must be submitted together with this form in order to avoid delay.

(1) 基本数据（此部分必须填写）Basic Data (This part must be completed)

保单号码 Policy No.	理赔号码（由本公司填写） Claim No. (For Office Use)		
索赔者姓名 Name of Claimant	性别 Sex	年龄 Age	职业 Occupation
住址 Residential Address			
联系电话 Contact Tel No.	传真号码 Fax No.	电子邮件 E-mail Address	
事故详情 Particulars of Incident			
事故发生之日期、时间及地点 Please state date, time and place of incident			
叙述该事故发生情况 State exactly how incident occurred			

(2)至(13)项须根据索偿项目填写。Part (2) to Part (13) must be completed according to claim items.

(2) 人身意外及医疗费用 Personal Accident and Medical Expenses

请述受伤性质 Describe the nature of injury		
阁下是否旧伤复发？ Have you ever suffered this or similar condition or a recurrence of such previous related injury?	否 NO ☐	是 YES ☐
若「是」，请叙述详情 If yes, please give full details:		
阁下是否因此次受伤而于旅途中住院？ Were you hospitalized overseas as a result of this injury?	否 NO ☐	是 YES ☐
若「是」，请叙述详情 If yes, please give full details:		
入院日期 Date of Admission (日/月/年) (D/M/Y)	出院日期 Date of Discharge	(日/月/年) (D/M/Y)
请注明申请赔偿金额（请自费及附上有关医生证明书、入院及出院证明、发票 / 收据或其它文件） Please state amount claimed (attach account/medical certificate, admission and discharge slips, medical receipts or other documents at your own account in support of your claim)		
阁下经常求诊之医生姓名、地址及电话号码 Name, Address and Phone No. of your usual attending Medical Practitioner.		
姓名 Name : 地址 Address :	电话号码 Tel No.:	
是否已痊愈？ Are you completely recovered?	否 NO ☐	是 YES ☐
是否已呈上一切医疗收据？ Have you presented all medical receipts?	否 NO ☐	是 YES ☐
此是否原有之伤患? Is this pre-existing condition?	否 NO ☐	是 YES ☐
若「是」，已存在多久? If yes, how long? _____ 此是否先天性缺陷？ Is condition congenital?	否 NO ☐	是 YES ☐
据阁下所知，病人以前曾否患有同类病况? To the best of your knowledge, has the patient ever had the same or similar conditions or symptoms relating thereto?	否 NO ☐	是 YES ☐
若「是」，请说明何时及当时情况 If yes, please state dates and describe		

医生签署 Signature: _____
日期 Date: _____
医生姓名 Name of Medical Practitioner (with stamp): _____
地址 Address / 电话 Telephone : _____

(3) 个人行李及物品 Personal Baggage and Personal Effects

已通知何处警方？请注明有关警署及附上警方报告。 Which country’s police was advised? Please state police station and attach original police report.		
阁下有否就财物之遗失或损坏或延误而向航空公司或其它有关方面索偿或投诉？ Have you lodged a claim or complaint against any carrier/airline or other authority for the loss of or damage or delay to your property?	否 NO ☐	是 YES ☐

若「是」，请叙述详情及原因并附上书函包括索偿号码及赔偿记录 If yes, please give full details, reason and attach original correspondence including their claim reference numbers and reimbursement record.

航空公司/承运人之名称及联系电话
Name and Contact Telephone No. of Airline/Carrier

请注明申请赔偿金额及附上收据正本，损坏财物之照片 Please provide details of amounts claimed and attach original receipt(s), photograph of damaged property.

物品名称（牌子、型号、尺码）Item/Description (i.e. Brand, model, size)	购买时之价值 Original Cost	购买日期 Date of Purchase	要求索赔金额 Amount Claimed RMB¥

(4) 行程延误 Travel Delay

	日期/时间 Date/Time	由(出发地) From (Departure)	至(目的地) To (Arrival)	班机号码 Flight No.
原定时间 Original Schedule				
延误后时间 Delayed Schedule				

延误原因 Reason for Delay	延误小时（以出发时间计） Hours Delayed (calculated from the departure time)

备注：请附有关文件以证明延误时间及原因，例如：登机证及机票，航空公司证明信等。
Remarks: Please attach the relevant supporting documents to certify the hours delayed, e.g. copy of boarding pass and air ticket, confirmation letter from Airline.

(5) 公共交通延误 Common Carrier Delay

原定时间
Original Schedule

延误后时间
Delayed Schedule

延误原因
Reason for Delay

备注：请附有关文件以证明延误时间及原因。
Remarks: Please attach the relevant supporting documents to certify the hours delayed.

(6) 接驳航班延误 Missed Flight Connection

	日期/时间 Date/Time	由(出发地) From (Departure)	至(目的地) To (Arrival)	班机号码 Flight No.
原定时间 Original Schedule				
延误后时间 Delayed Schedule				

延误原因 Reason for Delay	延误小时（以出发时间计） Hours Delayed (calculated from the departure time)

备注：请附有关文件以证明延误时间及原因，例如：登机证及机票，航空公司证明信等。
Remarks: Please attach the relevant supporting documents to certify the hours delayed, e.g. copy of boarding pass and air ticket, confirmation letter from Airline.

(7) 准时保证 On Time Guarantee

	日期/时间 Date/Time	由(出发地) From (Departure)	至(目的地) To (Arrival)	班机号码 Flight No.
原定时间 Original Schedule				
延误后时间 Delayed Schedule				

延误原因 Reason for Delay	延误小时（以出发时间计） Hours Delayed (calculated from the departure time)

备注：请附有关文件以证明延误时间及原因，例如：登机证及机票，航空公司证明信等。
Remarks: Please attach the relevant supporting documents to certify the hours delayed, e.g. copy of boarding pass and air ticket, confirmation letter from Airline.

(8) 行李延误 Baggage Delay

	日期/时间 Date/Time	由(出发地) From (Departure)	至(目的地) To (Arrival)	班机号码 Flight No.
原定时间 Original Schedule				
延误后时间 Delayed Schedule				

延误原因 Reason for Delay	延误小时（以出发时间计） Hours Delayed (calculated from the departure time)

备注：请附有关文件以证明延误时间及原因，例如：登机证及机票，航空公司证明信等。
Remarks: Please attach the relevant supporting documents to certify the hours delayed, e.g. copy of boarding pass and air ticket, confirmation letter from Airline.

(9) 取消旅程/中断旅程 Trip Cancellation or Trip Interruption

旅程于何时何处预定？ When and where was holiday booked?

预定离开日期 Intended Departure Date

旅程取消日期 / 抵达日期 Date of Journey Cancelled / Date of Arrival at Shenzhen

旅程取消原因（请附有关证明文件正本） Why the journey cancelled ? (Please attach the relevant original supporting documents)

旅行社名称、地址及电话号码 Name, Address and Telephone No. of Travel Agent

阁下已支付之款项（请附证明文件正本） Amount Paid by You (Please attach original documents)	人民币 / RMB¥
已取回之款项（请附证明文件正本） Amount Recoverable from all sources (Please attach original documents)	人民币 / RMB¥
申请赔偿金额 Amount Claimed	人民币 / RMB¥

(10) 第三者责任保险 Personal Liability

事故描述 Describe incident:

	目击者姓名及联系方式 Name of eye witness and Contact number:
	损失金额 amount of loss:

(11) 医疗运返及紧急救援 Medical Evacuation And Evacuation Expenses

医疗紧急运返 Emergency Medical Evacuation	涉及金额 Amount
医疗探访（仅限严重的住院治疗）Compassionate Visit (Hospitalization)	涉及金额 Amount
遗体运返等重大意外事故后事安排 Mortal Remains Repatriation	涉及金额 Amount

备注：请附有关文件以证明时间及原因，例如：医疗证明，救援公司证明，死亡证明等。
Remarks: Please attach the relevant supporting documents to certify the incident, e.g. Medical Certificates, the Certificates from AA International Inc, death Certificates.

(12) 旅行期间家居财物盗抢保障 HOME CARE BENEFIT

事故描述 Describe incident:

是否报警 Police report lodged? Yes ☐ · No ☐

损失金额 amount of loss:

备注：需提供警方记录，受损物品及其正本收據之照片
Remarks: We need the Police Statement,the Purchase receipt(s) and photo(s) for items claimed.

(13) 绑架抚慰金 Kidnap Solatium

事故描述 Describe incident:

是否报警 Police report lodged? Yes ☐ · No ☐

备注：需提供警方证明，证明需注明被绑架的时长.
Remarks: We need the Police Statement and the Police Statement should show the duration for the Kidnap.

(14) 其它保险（此部分必须填写） Other Insurance (This part must be completed)

第 2 至 13 所述索偿，是否受保于其它保险合约? Any other policy covering the above item(s) involved under Section 2 to 13?	否 NO ☐	是 YES ☐

若「是」，请叙述详情 If yes, please give full details

保险公司名称 Name of Insurance Company	保单号码 Policy No.	（请附保单副本及已赔付的收据文件） (please attach copy of policy & discharge receipt)

CLAIMANT' S BANK DETAILS 索赔者银行账号明细

Bank Account No:_____ Bank Name:_____ The Account holder' s Name:_____

银行账号号码：_____ 银行名称：_____ 银行账号户名：_____

If the bank account is not opened in China, we need more information as below:

The Bank Address:_____

The Swift Code:_____

1、本人／我们兹声明上述所填报之资料皆为确实详情，并没有隐瞒任何与此索偿有关之重要情况。
I/We hereby warrant the truth of the above statements and declare that I have not withheld any material information connected with this claim.

2、本人／我们仅此代表本人／我们／所有被保险人授权任何雇主、注册西医、医院、诊所、保险公司、银行、政府机构、或其它机构、组织或个人，凡知道或持有任何有关本人／我们／所有被保险人记录者，及／或曾诊验或可能将会诊验本人／我们／所有被保险人者，均可将该资料提供给亚太财产保险有限公司深圳分公司，此授权对本人／我们之继承人及被保险人具有约束性；即使死亡或无行为能力时，此授权仍具效力，本授权书的影印本与正本均有同等效力。
I/We hereby authorize on behalf of myself/ourselves/the Insured Person any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/us/the Insured Person and who has attended or may hereafter to myself/ourselves/the Insured Person to disclose such information to The Asia-Pacific Property & Casualty Insurance Co.,Ltd. Shenzhen Branch. This authorization shall bind my successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

3、本人／我们声明及同意已获被保险人授权并同意本人／我们作出上述授权。
I/We declare and agree that I/we have the full authority from and consent of the Insured Person to make the above authorizations.

日期 Date ……. 申请索赔者签名 Claimant Signature ……..….

注： 为避免影响贵客户之索偿权利，请填妥本申请理赔表格并签署后，连同一切所需文件在本保单之规定期限内亲交或按以下地址邮寄或扫描至本公司。
Note: In order not to prejudice your claim, please complete this Claim Form with signature and submit full documentation within stated deadline in the policy in person or post or scan to us at below address.

地 址 ：深圳市罗湖区人民南路天安国际大厦 C 座 12 楼 Address：12/F., Block c,Tian An,International Building,Renmin Nan Road,Shenzhen.
电话号码(Tel No.): +86755 82312528 传真号码(Fax No.): +86755 82312306 电邮地址(E-mail): pengjingming@apiins.com / 568696179@qq.com