

This form must be completed truthfully and accurately.

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

The completed form should be returned to us together with all supporting documents as soon as possible at the following address:

Claims Department
Chartis Insurance Hong Kong Limited
 46/F, One Island East
 18 Westlands Road
 Island East Hong Kong
 852 3666 7090 Telephone
 852 2834 8962 Facsimile

Section I - General Information

General documents required under SECTION I:

- Travel insurance certificate/travel agency tour receipt.
- Proof of trip duration, (e.g., boarding pass, ticket, passport stamp, etc.) if claiming under an annual policy.
- Letter from employer/company regarding the nature of trip, if claiming under a corporate travel policy.

Policy/certificate no.:	Name of policyholder (English):	Name of policyholder (Chinese):
Name of claimant (English):	Name of claimant (Chinese):	Claimant's ID card no./passport no.:
Mobile no.:	Office no.:	E-mail address:
Mailing address:		
Policy category: <input type="checkbox"/> Single <input type="checkbox"/> Annual	Journey period (MM/DD/YYYY): From _____ To _____ (Please provide proof of trip duration)	
Do you have any other insurance policies covering the loss or expenses incurred? (e.g. personal accident policy, household policy, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the following information: Name of the insurance company: _____ Nature of risk covered: _____ Policy no.: _____ Claim amount (Please indicate the currency): _____		
Has the said insurance company rejected your claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please state the reason(s). _____ _____		
If no, please state the amount payable/paid by the said insurance company (please provide the payment details). _____ _____		

Section II A - Medical Expense Reimbursement/Hospital Income/Loss of Income

Documents required under SECTION IIA:

Medical Expense Reimbursement

- Original hospital/medical bill(s)/receipt(s)/medical report stating diagnosis and the date of the injury/sickness commenced and certified by a qualified medical practitioner.

Hospital Income/Loss of Income

- Medical certificate from a qualified medical practitioner certifying the number of days of hospitalization.
- Hospital discharge summary.
- Letter from employer/company stating that the insured is under employment during sick leave period as a result of injury/sickness and amount of the salary earned, if claiming loss of income.

Date and time of injury/sickness (MM/DD/YYYY):

In the case of injury, where and how did the accident occur? In the case of sickness, how long have the symptoms existed?

Nature of injury/diagnosis of sickness:

Name and address of the attending doctor:

If hospitalized, please state the place, address and the period of the hospitalization:

From (MM/DD/YYYY):

To (MM/DD/YYYY):

Claim amount (Please indicate the currency):

Section II B - Loss of Baggage, Travel Documents and Personal Money

Documents required under SECTION IIB:

- Original loss/damage reports issued by the relevant authorities or organizations (e.g. police, airline, hotel, etc.).
- Photos showing the extent of damage to the property, if applicable.
- Repair quotation, if applicable.
- Original receipts for additional hotel accommodation and travel expenses, if applicable.
- Compensation breakdown from other insurers/parties (e.g. airlines), if applicable.

Date of loss/damage (MM/DD/YYYY):

Contact information of the reported police station/common carrier/hotel:

Description of how the loss/damage occurred:

Details of the lost/damaged items

Item(s) lost/damaged:

Date of purchase /document(s)
replacement (MM/DD/YYYY):

Purchase value/repair quotation (Please indicate the currency):
(Please attach original purchase receipts /repair quotation)

Section II C - Travel Delay and Baggage Delay

Documents required under SECTION IIC:

- Documentation indicating the reason(s) for and number of hours of delay (e.g. confirmation from common carrier or travel agent).
- Original receipt(s) for emergency purchase of essential items, if applicable.

Reason for travel/baggage delay:			Location:	
	Date (MM/DD/YYYY):	Departure time (am/pm):	Arrival time (am/pm):	Flight No.:
Original arrival/departure time:				
Actual arrival/departure time:				
Did you make any emergency purchases of essential items? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide original receipts)				

Section II D - Journey Cancellation, Curtailment and Re-arrangement

Documents required under SECTION IID:

Journey Cancellation and Curtailment

- Original receipt(s) showing any pre-paid costs or deposits made OR additional travel and/or accommodation expenses incurred after the commencement of the insured journey.
- Original documentation confirming:
 - a) trip cancellation
 - b) non-refundable/refunded amount
- Copy of the original itinerary.
- Medical certificate indicating diagnosis and reason that the insured is unfit for travel, if applicable.
- Death certificate, if applicable.
- Proof of relationship, if applicable.

Journey re-arrangement

- Original documentation/receipts indicating the additional travel and/or accommodation expenses incurred after the commencement of the insured journey outside Hong Kong.
- Documentation from common carrier or travel agent indicating the reason for travel re-arrangement.

Reason for journey cancellation, curtailment or re-arrangement:		
	From (MM/DD/YYYY):	To (MM/DD/YYYY):
Period of original journey:		
Period of curtailed/re-arranged journey :		
If the journey curtailment/journey cancellation is due to death, serious injury or sickness of the insured/immediate family member/close business partner, please state clearly the following:		
Full name of sick/injured/deceased person:	Relationship to the insured (please furnish proof of relationship):	Diagnosis:

Section II E - Personal Accident (Fatal and Permanent Disability)

Date (MM/DD/YYYY), time and place of accident:	
Description of how the accident occurred, and the injuries sustained:	
Name and address of the attending doctor:	
Full name and telephone no. of witness(es), if any:	
Cause of death, if applicable:	Permanent disability (degree and extent), if applicable:

Section II F - Personal Liability

Full description of the incident:	
Full name and telephone no. of the third party claimant:	Full name and telephone no. of witness(es), if any:
Remarks: <ul style="list-style-type: none"> Any lawsuit, demand, claim or proceeding of any types relating to the incident of which the claimant becomes aware of, and received from the third party claimant, should be immediately forwarded to us. No liability should be admitted and no settlement or promise of payment should be reached or made to the third party without our prior approval. 	

Section III - Declaration and Authorization

The undersigned Claimant(s) HEREBY DECLARE that to the best of the Claimant(s)' knowledge and behalf, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. The Claimant(s) agree that any of my/our personal information collected or held by Chartis Insurance Hong Kong Limited ("the Company"), general agent of American Home Assurance Company, National Union Fire Insurance of Pittsburgh, PA and New Hampshire Insurance Company in Hong Kong, (whether contained in this Claim Form or otherwise obtained) is provided and be held, used, and disclosed by the Company to individuals/organizations associated with the Company or any selected third party (within or outside of Hong Kong and Macau, including reinsurance, claims adjusting or investigation companies, police, airlines and industry associations/federations) for the purposes of processing the Claims herein and providing subsequent services, direct marketing, and data matching, and to communicate with the Claimant(s) for such purposes. The Claimant(s) understand(s) that (i) the Company may be unable to process the Claims herein if the Claimant(s) fail(s) to provide any information requested in this Claim Form and (ii) the Claimant(s) has/have the right to obtain access to and to request correction of any personal information held by the Company concerning the Claimant(s). Such request can be made to any of the Company's Data Privacy Officer at G.P.O. Box 456, Hong Kong. The Claimant(s) understand(s) that the submission and completion of this claim form is not an admission of liability on the part of the Company.

The Claimant(s) hereby irrevocably authorize:

- any organization, institution, or individual that has any information, record or knowledge of the Claimant(s)' health and medical history or any treatment or advice rendered thereto to disclose to the Company such information, record and knowledge;
- the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate the Claimant(s)' health status in relation to the Claims therein and any matter arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites;
- the police that has any of my/our information to provide the Company with the information including but not limited to the police reports, witness statements, investigation and/or prosecution results;
- airline(s) that has/have any of my/our information to provide the Company with the information including but not limited to flight details, booking details, irregularities reports and all information related to my/our bookings; and
- any organization institution or individual that has any information, record or knowledge of the Claimant(s) travel record to disclose to the Company such information, record and knowledge.

This authorization shall bind the Claimant(s)' successors and assigns and remain valid notwithstanding the Claimant(s)' death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.

Signature of claimant:	Name of claimant:
ID card no./passport no.:	Date (MM/DD/YYYY):
Signature of guardian (If claimant is under the age of 18):	Name of guardian:
ID card no./passport no.:	Date (MM/DD/YYYY):

Producer's Information		
Name:	Code:	Mobile no.: