Golf Insurance Claim Form
哥爾夫球保險索償申請表

This form must be completed truthfully and accurately. If the space is not enough or no applicable field available, please supplement information by attachment.
請正確填寫此申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。

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 denia of your claim.
各部份之「所需文件」只是概括要求，本公司保留權利在有需要時要求閣下提供更多文件以處理有關的索償申請。如所遞交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請有可能會受延誤或被拒絕。

The completed form should be returned to us together with all supporting documents as soon as possible at the following address:
請填妥索償申請表並連同所有有關文件盡快寄回以下地址：

AIG Insurance Hong Kong Limited
Claims Department
7/F, One Island East, 18 Westlands Road, Island East, Hong Kong
Facsimile: 852 2838 9916
Email address: claims.hk@aig.com
www.aig.com.hk

美亞保險香港有限公司
賠償部
香港港島東華蘭路18號港島東中心7樓
傳真：852 2838 9916
電郵地址：claims.hk@aig.com
www.aig.com.hk

General documents required 所需文件:
- Confirmation letter issued by the golf club regarding the incident.高爾夫球會發出的證明信確認有關事件發生的經過
- Original purchase receipts of the properties lost or damaged.購買單據正本
- An estimate of repair costs (it should be submitted and approved before making any repair). 於受損物品進行維修前，請提供有關的維修報價單
- Police report (only for loss caused by theft, burglary or robbery).如遇盜竊、爆竊或搶劫，請提供有關的警方報告
- Photos showing the loss or damage.損毀物件的照片
- Copy of "Hole-in-one" certificate and original receipt of hospitality (it should be held within 30 days of "Hole-in-one").
  由球會發出之「一桿入洞」證明書副本及祝捷宴費用收據正本(祝捷活動請於「一桿入洞」發生後30天內一次過進行)

Section I - General Information 第一部份 一般資料

Policy/certificate no. 保單號碼	Name of Insured (Chinese & English) 受保人姓名(中文及英文)	ID card no./passport no. 身份證/護照號碼
Telephone no. (Mobile) 電話號碼(手提電話) Claim Acknowledgement will be sent to this mobile phone number via SMS upon receipt of this orginal form. 本公司將會在收到此索償申請表正本後發送確認短訊至此手提電話號碼。	E-mail address 電郵地址	
Mailing address 聯絡地址(請盡量以英文填寫)		
Please provide full details of all claims made against any insurance company in the past 5 years, if any. 於過去五年內，閣下有否向任何保險公司申請索償？如有，請詳細說明。		

Claims Payment Method (Required) (Please tick) 賠償支付方式 (請選擇) (必須填寫)

The request for payment mode is not an admission of our liability. If the claim is eligible, the indemnity shall be payable to the relevant Insured only based on the following details provided.
本公司特此聲明此項要求並不代表本公司承認賠償責任。如果索償成功，所有賠償均只可支付予此索償之相關受保人如下提供的信息。

Notice: 1. Purpose for collection: (i) Solely to enable AIG HK to effect settlement payment for eligible claim(s). (ii) AIG HK shall only make payment according to the details provided in this section.
2. AIGHK reserves the rights to determine the claim payment method at its absolute discretion.

注意事項: 1. 收集目的：(i) 僅使美亞保險能夠對符合條件的索償進行賠償付款。 (ii) 美亞保險將只會根據以下提供的資料進行付款。
2. 美亞保險保留自行決定其索償款項的付款方法的權利。

Please choose one. **請選擇其一**	☐ Faster Payment System (FPS) 快速支付系統 (「轉數快」) **或 or** ☐ Direct credit to Hong Kong Bank Account (HKD account only) 支付到銀行帳戶 (只限港幣戶口)	****Only applicable for claims payment amount under HKD10,000.** ****只適用於不超過港幣10,000 元的索償支付金額之個案。**

If you choose Faster Payment System (FPS) for your claim(s), please complete the followings: 如選擇使用 快速支付系統（「轉數快」）為你的賠償支付方式，請填寫以下資料：

Notice:
1. Please ensure the proxy (phone number/e-mail address/FPS ID) you've provided is already registered with Faster Payment System, otherwise the payment cannot be proceeded.
2. Claims Payment only addresses to Policy Holder /eligible Claimant. Please ensure the registered proxy with bank account holder name is the same as the name of Policy Holder / eligible Claimant(s), otherwise the payment cannot be proceeded.
3. Please provide **One (1)** of the proxy (phone number /e-mail address/FPS ID) in below field.
4. Please provide **e-mail address** for sending Claim statement, otherwise the payment cannot be proceeded.

注意事項:
1. 請確保以下提供的識別代號（電話號碼/電郵/快速支付系統識別碼）已在快速支付系統中註冊，否則無法進行付款。
2. 賠償付款僅支付給保單持有人/ 符合條件的索償者。請確保註冊快速支付系統的銀行帳戶持有人姓名與保單持有人/ 符合條件的索償者姓名相同，否則無法進行付款。
3. 請於下面只提供 **一個** 快速支付系統識別代號（電話號碼 /或 電子郵件地址 /或 快速支付系統識別碼）。
4. 請提供 **電子郵件地址** 以發送賠償明細表，否則無法進行付款。

(FPS) Telephone no. (轉數快) 電話號碼 +852	或 or	(FPS) E-mail address (轉數快) 電郵地址	或 or	FPS ID 快速支付系統識別碼
FPS Account Holder's Name FPS帳戶持有人姓名		E-mail address 電郵地址		Claim statement will be sent to this e-mail address upon payment 賠償明細表將發送到此電郵地址

或 or

If you choose Direct credit to Hong Kong Bank Account for your claim(s), please complete the followings: 如選擇使用 支付到銀行帳戶 為你的賠償支付方式，請填寫以下資料：

Notice:
1. Please provide a **copy of bank passbook or ATM card**, otherwise the payment cannot be proceeded.
2. Claims Payment shall only address to Policy Holder/ eligible Claimant. Please ensure the bank account holder name is the same as the name of Policy Holder/ eligible Claimant(s), otherwise the payment cannot be proceeded.
3. Please provide **e-mail address** for sending Claim statement, otherwise the payment cannot be proceeded.

注意事項:
1. 請提供 **銀行存摺 或 提款卡副本**，否則無法進行付款。
2. 賠償付款僅支付給保單持有人 / 符合條件的索償者。請確保銀行帳戶持有人姓名與保單持有人/ 符合條件的索償者姓名相同，否則無法進行付款。
3. 請提供 **電子郵件地址** 以發送賠償明細表，否則無法進行付款。

Account Holder's Name 戶口持有人姓名	Bank Name 銀行名稱
Bank Code 銀行號碼 ___ ___ ___ Branch Code 分行號碼 ___ ___ ___ Account Number 戶口號碼 ___ ___ ___ ___ ___ ___ ___ ___ ___	
E-mail address 電郵地址	Claim statement will be sent to this e-mail address upon payment 賠償明細表將發送到此電郵地址

Section II - Details of "Hole-in-one" 第二部份 「一桿入洞」詳情

Date of "Hole-in-one" 「一桿入洞」日期 DD 日 MM 月 YYYY 年	Name of golf club 球會名稱
Address of golf club 球會地址	
Hospitality date 祝捷宴日期 DD 日 MM 月 YYYY 年	Claim amount (Please indicate the currency) 祝捷宴費用 (港幣 $)

Section III - Details of Loss 第三部份 損失詳情

Date of loss 損失發生日期	Time of loss 時間 ☐ ☐ A.M. / P.M. 上午 / 下午	Place of loss 地點
Full description of the incident 詳述事件發生的經過		

Do you have any other insurance policies covering the loss or expenses incurred? (e.g. travel policy, household policy, etc.) 是項索償項目是否受保於其他保險合約? (例如旅遊保險、家居保險等) ☐ Yes 是 ☐ No 否	If yes, please provide the following information : 如是，請提供以下資料： Name of the insurance company 保險公司名稱 _____ Policy Type 保險類別 _____ Policy no. 保單號碼 _____ Sum Insured 保額 _____
Has the said insurance company rejected your claim? 該保險公司曾否拒絕閣下的索償申請? ☐ Yes 有 ☐ No 沒有	

If yes, please state the reason(s)
如有，請註明原因

If no, please state the amount payable/paid by the said insurance company (please provide the payment details)
如沒有，請註明該保險公司賠償的金額（請提供賠償明細）

Contact details (including name, address & telephone no.) of witness(es) or person(s) who discovered the loss
發現此事者或證人的聯絡資料（包括名稱、聯絡地址及電話號碼）

Name & address of the police/fire station where the loss was reported to, if applicable
報案警署 /消防局名稱及地址（如適用）

Date of report 報案日期 DD 日 MM 月 YYYY 年	Time of report 報案時間 ☐ ☐ A.M. / P.M. 上午 / 下午	Report no. 案件編號

Section IV - Schedule of Loss 第四部份 損失清單

Description of article 受損財物詳細資料	The owner's name and address 物主姓名及地址	Date, vendor and address of purchase 購買日期、商號及地址	Purchase price (Provide original receipts) 購買金額 (請附上單據正本)	Claim amount (Please indicate the currency) 索償金額 (請註明貨幣)
			Total Claim Amount 總索償額	

Remarks : Any lawsuit, demand, claim or proceeding of any types relating to the incident of which becomes aware of, and received from the third party claimant, should be immediately forwarded to us without acknowledgement.
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.
備註: 如收到任何第三者對有關事件的索償要求、法庭傳票、通告及書面命令，或涉及任何法律訴訟，切勿自行處理，應立即通知及提交本公司處理
未得本公司事先同意前，不要向第三者承認任何責任或達成和解或付款承諾

Section V - Declaration and Authorization　第五部份　聲明及授權

A.The undersigned Insured(s) / Claimant(s) HEREBY DECLARE that to the best of the Insured(s') / Claimant(s') knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind.

B. In relation to the personal data collected in this claim form, the Insured(s)/Claimant(s) agree and acknowledge that:

(a) (unless specifically indicated otherwise in this form) the personal data requested in this form (or otherwise provided during the course of the claim process) is necessary for AIG Insurance Hong Kong Limited ("AIG HK") to process the insurance claim and any such data not provided may mean the claim cannot be processed.

(b) the personal data collected in this form may be used by AIG HK for purposes which include 1) assessing, investigation, adjusting and making a decision on this claim; 2) otherwise for the purpose of administering the insured(s') insurance policy (including pursuing recovery from reinsurers) and 3) for other purposes stated elsewhere in this form.

(c) AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) above:

i) third parties providing services related to the administration of the Insured's policy (including reinsurers);
ii) financial institutions for the purpose of processing this application and obtaining policy payments;
iii) loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
iv) another member of the AIG group (for all of the purposes stated in (b)) in any country; or
v) other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.

(d) The Insured(s)/Claimant(s) may gain access to, or request correction of their personal data (in both cases, subject to a reasonable fee)at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The same addresses may be used to contact us with any comments on our service. The full version of AIG HK's Data Privacy Policy can be found at www.aig.com.hk.

C. The Insured(s) / Claimant(s) hereby irrevocably authorize:

(a) any organization, institution, or individual that has any information, record or knowledge of the Insured(s') health and medical history or any treatment or advice rendered thereto to disclose to AIG HK such information, record and knowledge;

(b) AIG HK or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate the Insured(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;

(c) the police that has any of the Insured(s') information to provide AIG HK with the information including but not limited to the police reports, witness statements, investigation and/or prosecution results;

(d) airline(s) that has/have any of the Insured (s') information to provide AIG HK with the information including but not limited to flight details, booking details, irregularities reports and all information related to the Insured (s') bookings; and

(e) any organization institution or individual that has any information, record or knowledge of the Insured(s') travel record to disclose to AIG HK such information, record and knowledge.

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

A. 於本索償申請表簽署之受保人/索償申請人謹此聲明盡其所知所信，上述所申報的一切資料均屬正確無誤，並無任何保留。

B. 就有關從此索償申請表所收集的個人資料，受保人/索償申請人同意及確認：

(a) 除非於本表格上另有訂明 ，本表格所要求提供的個人資料(或於處理索償時所要求提供的個人資料)是供美亞保險香港有限公司(“美亞保險”) 處理保險索償申請的所需資料，若未能提供任何所需資料索償申請則可能不被處理；

(b) 美亞保險可按列於其私隱政策的用途使用此表格所收集之個人資料，其用途包括:1)評核、調查、調整及就此索償申請作出決定; 2)管理受保人的保單(包括向再保險公司索取賠償) 及3)任何於本表格其它位置列明的目的；

(c) 美亞保險亦可向以下類別的人士 (不論在香港或海外)轉交該些個人資料，作上述（b） 項所列明之用途:

(i) 提供有關本人/吾等保單管理服務的第三者（包括再保險公司）；
(ii) 財務機構，作處理此申請及收取保費；
(iii) 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜；
(iv) 其它在任何國家之AIG集團之成員公司，作上述（b） 項所有列明之用途；或
(v) 其它於美亞保險私隱政策所列明的人士，作於私隱政策列明之用途。

(d) 受保人/索償申請人可隨時致函到美亞保險香港有限公司之私隱事務主任(地址:香港郵政總局信箱456號或電郵:cs.hk@aig.com) 查閱、或要求修改其個人資料（美亞保險可就查閱及修改要求收取合理費用)。如對美亞保險提供的服務有任何意見，可按上述地址聯絡美亞保險。美亞保險私隱政策的全文載於www.aig.com.hk。

C. 受保人/索償申請人茲授權:

(a) 任何知悉或擁有受保人之健康狀況及病歷或任何治療或諮詢記錄或資料及曾為或將為受保人診治之機構、組織或人士，向美亞保險透露有關資料及記錄;

(b) 美亞保險或任何其認可之驗身醫生或化驗所，替受保人進行所需之醫療評估及測試，並對受保人之健康狀況進行審核及評估，作為處理本索償申請及其後與之有關的賠償事宜。此等化驗包括，但並不限於膽固醇及有關之血脂肪、糖尿病、肝或腎功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代產物之含量等化驗;

(c) 警方向美亞保險提供有關受保人之任何資料包括但不限於警察報告、証人口供、調查及/或檢控結果;

(d) 航空公司向美亞保險提供有關受保人之任何資料包括但不限於航班資料、訂位資料、違規報告及所有有關受保人之訂位資料;及

(e) 任何知悉或擁有受保人之出入境資料紀錄之機構、組織或人士向美亞保險透露有關資料及紀錄。

此授權書不得徹回。在法律許可下，即使受保人/索償申請人死亡或喪失能力，此授權書仍然存有法律效力，而受保人/索償申請人之繼承人及轉讓人亦會受此授權書約束。此授權書之副本與正本均屬有效。

Name of insured 受保人姓名	Signature of insured 受保人簽署
ID card no./passport no. 身份證/護照號碼	Date 日期　DD 日　MM 月　YYYY 年

Agent/Brokers information(if applicable)　保單經紀資料（如適用）

Name of agent/broker 經紀姓名	Agent / broker's email address 經紀電郵地址	Agent / broker's telephone no. (Mobile) 經紀電話號碼(手提電話) Claim Acknowledgement will be sent to this mobile phone number via SMS upon receipt of this orginal form. 本公司將會在收到此索償申請表正本後發送確認短訊至此手提電話號碼。

09/2022

Important Note 重點注意事項

- In the event of loss due to theft, burglary or robbery, report to the Golf Club AND Police WITHIN 24hours. Retain a copy of the Police Report
- Because an on-site survey maybe required, DO NOT dispose of any damaged items. The disposal of damaged items without our authorization may result in rejection of your claim
- NO admission, offer, promise, payment or indemnity shall be made or given by or on behalf of the Insured without AIG written consent
- Summons, police letter or any formulated claim or correspondence from third party, must be forwarded to AIG IMMEDIATELY for handling.DO NOT acknowledge or respond

- 如果損失是由盜竊、爆竊或搶劫所引致，請在二十四小時內向高爾夫球會和警方報告，並保留一份警方報告
- 由於可能需要進行現場調查，在我們作出書面同意之前，請勿丟棄任何損毀物品。未得我們同意而丟棄損毀物品可能導致索償申請被拒
- 在未得我們書面同意前，請勿向任何第三者承認責任或作出妥協或賠償，這樣會影響你根據保單索償的權利
- 請勿回應由第三者發出的所有有關法庭命令、傳票通信或文件，並且儘快向本公司提供相關文件

Guidelines on General Documents Required for Golf Claim
高爾夫球保障計劃保險索償一般所需文件

- In the event of any occurrence which may give rise to a claim under this Policy, written notice of claim must be given to us within thirty (30) days, together with all relevant documents. If you are unsure, you should still notify us of the occurrence.
- The documents listed below are not exhaustive and we may 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.

- 如發生任何可能引起保險索償的事件，必須在事件發生後三十（30）天內向我們遞交書面索償申請，並附上所有相關文件。如果您不確定相關意外事件會否引起保險索償，您仍然應該立即通知我們。
- 以下列出的文件清單未列出所有可能出現的情況，保留權利在有需要時要求您提供更多文件以處理有關的索償申請。如所遞交的索償申請表未填妥或有關資料或文件不足，您的索償申請有可能會受延誤或被拒絕。

Document checklist in respect of claims of the following 與下述有關的索償所需文件清單

	Damage to /loss of Golf Equipment and Personal Effects 高爾夫球設備和個人財物的損毀或遺失保障	"Hole-in-one" 「一桿入洞」	Third Party Legal Liability 第三者法律責任保障	24-hour Personal Accident Cover 二十四小時個人意外保障
Confirmation letter issued by the Golf Club regarding the incident 由高爾夫球會發出的證明信，證明該項損失是在該處發生	✓	✓	✓	✓
Color Photos showing the damage(s) 損毀物件的彩色照片	✓		✓	
ORIGINAL purchase receipts of the properties lost or damaged 遺失或損毀物品的購買收據正本	✓		✓	
Estimate of repair costs (it should be submitted and approved before making any repair) 修理估價報告 (在作出任何修理前，必須先向我們遞交估價報告並獲得核准	✓			
Police report, if applicable 警方調查報告(如適用)	✓		✓	
Copy of "Hole-in-one" certificate 由高爾夫球會發出的一桿入洞證明書		✓		
ORIGINAL payment receipt for one treat of hospitality which should take place WITHIN thirty (30) days of the "Hole-in-one" 在一桿入洞事件發生後三十天內進行的一次過祝捷活動的付款收據正本		✓		
Medical report(s) 醫療報告				✓

** This note is for your guidance only and does not vary the terms of the policy or form part thereof.
** 本說明僅供參考，並不會改變任何保單條款個細則或構成其部分。