



@Guard e-Purchase Protection Claim Form

網絡購物綜合保障索償申請表

This form must be completed truthfully and accurately and no information or materials have been withheld and that AIG will rely and act on the information accordingly. Otherwise, we reserve the rights to deny liability or recover amounts paid, whether wholly or partially. If there is not enough space on this form or the applicable field is not available, please supplement with attachment providing information. To avoid delay in processing your claim, please ensure that the form is completed with sufficient information and attached with supporting documents. You may fast-track your claims by emailing it to claims.hk@aig.com and sending your original receipts (please indicate 'Eclaims' and the policy number on the receipts) to the address stated below.

請準確及誠實地填寫此申請表。本公司將據閣下所提供之資料處理申請。如遞交資料有任何不實或隱瞞，本公司保留權利拒絕相關申請及追討已支付的賠償。如果表格空間不足或沒有適用之欄位，請以附件補充資料。為免索償因資料或文件不足而被延誤，請確保所需文件及資料已悉數提供。閣下可把填妥之申請表以電郵發送至 claims.hk@aig.com 並把正本收據 (請標明「Eclaims」及保單號碼) 郵寄至以下地址以加速申請過程。

AIG Insurance Hong Kong Limited
Claims Department
7/F, One Island East, 18 Westlands Road, Island East, Hong Kong
Facsimile : 852 2838 9916
Enquiry : 852 3666 7062

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
查詢電話 : 852 3666 7062

General Documents Required

1. Copy of purchase receipt showing payment of the item was made entirely with the Eligible Card;
2. Shipment tracking number and name of designated transportation company used for delivery of goods;
3. Copy of communication informing the seller of non-delivery/incomplete delivery and/or improper functioning due to damage of delivered Goods and the attempts to recover the loss;
4. Photo showing the damage

基本所需文件

1. 使用受保資格信用卡全額付款項目的訂單副本;
2. 用於貨物運送的指定運輸公司名稱和追蹤號碼;
3. 通知賣方不交貨/不完整交收和/或由於貨物損壞而導致運作不正常以及嘗試追討損失的通知副本;
4. 損毀物件的照片

* Insured may be required to send in the damaged item(s), at their expense for further evaluation.

* 受保人可能需要自費遞交已損壞的物品以便作進一步評估。

Section I - Personal Information (Required) 第一部份 受保人及一般資料 (必須填寫)

Policy/certificate no. 保單號碼	Name of Insured (English) 受保人姓名 (英文)	Name of Insured (Chinese) 受保人姓名 (中文)
HK ID card no./passport no. 香港身份證 / 護照號碼	Mobile Phone number 手提電話號碼	Claims or payment notification will be sent to this mobile phone number via SMS. 本公司將會在收到此索償申請表後發送確認短訊至此手提號碼。
Hong Kong Mailing Address (English Block letters) 香港聯絡地址 (請填寫英文正楷)		
Do you have any other insurance policies covering the loss incurred? 是次索償項目是否受保於其他保險合約? <input type="checkbox"/> Yes 是 <input type="checkbox"/> 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	Claim amount (Please indicate the currency) 索償金額 (請註明貨幣)	
Has the said insurance company rejected your claim? 該保險公司有否拒絕閣下的索償申請?	<input type="checkbox"/> Yes 是 If yes, please state the reason(s) 如有，請註明原因 <input type="checkbox"/> No 否 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)	
Claims Payment Mode (Required) (Please ✓) 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。		
<input type="checkbox"/> Direct credit to Hong Kong Bank Account		
Account Holder's Name 戶口持有人姓名	Bank Name 銀行名稱	
Policy No. 保單號碼	Sum Insured (Please indicate the currency) 保額 (請註明貨幣)	
Bank Code 銀行號碼	Branch Code 分行號碼	Account Number 戶口號碼
<input type="checkbox"/> Hong Kong Dollar Cheque 港幣支票		
Notification of payment will be sent to your listed email address provided above 賠款通知將會送到此電郵地址		

Section II - Details of Bank & Card Information 第二部份 詳情 (僅限申請表上提供的五張信用卡之索賠)

Bank Name 銀行名稱	
Card Type 信用卡類別 <input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Other 其他	Card Number (first and last four (4) digits of card) 信用卡號碼 (首尾四位數字) -XXXX-XXXX-
Is Your Card Account Currently open and in good standing? 您的卡帳戶目前是否現行並處於良好狀態? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	

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

Product/ Brand / Type 產品/品牌/類型			
e-Commerce Seller Name/Country of Origin/Website Details 電子商務賣家名稱/原產地/網站詳細信息			
Order and Item Number 訂單和貨號			
Delivery Address (as per the shipment tracking number) 送貨地址 (按照貨物追蹤號)			
Purchase Price and Currency 購買價格和貨幣		Shipping Cost 運費	
Describe the Nature of Non-Delivery/Incomplete Delivery 描述不交貨 / 不完全交貨的性質			
Check Applicable 請選擇 <input type="checkbox"/> Damage 損壞 <input type="checkbox"/> Non-Delivery 沒有送貨 <input type="checkbox"/> Incomplete Delivery 不完全送貨	Order Date 落單日期 DD 日 MM 月 YYYY 年		Name of Shipping Company(s) 貨運公司的名稱
	Actual Delivery Date 實際送貨日期 DD 日 MM 月 YYYY 年		Scheduled Delivery Date 預定交貨日期 DD 日 MM 月 YYYY 年
Shipment Tracking Number 貨運追蹤編號			
Describe the Damage to the Product (If Applicable) 描述損壞產品 (如適用)			
Other Relevant Information 其他相關信息			
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. 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			

