



@Guard Fraudulent Charges Claim Form

信用卡盜用保障索償申請表

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
IN ADDITION TO THE CLAIM FORM, THE FOLLOWING ITEMS ARE REQUIRED (WITHIN 30 DAYS):

1. Proof of Fraudulent Charges;
2. Copy of the police report;
3. Cardholder's statement of account showing the account is open and in good standing at the time of filing the claim;
4. All other relevant documents we may ask you to provide (e.g. Bank confirmation regarding no refund).

基本所需文件
在索賠表格，需要以下項目 (在30天內提交)：
1. 盜用證明；
2. 警察報告副本
3. 持卡人之戶口結算簿顯示持卡人在提出索賠時，持卡人的賬戶現行並處於良好狀態；
4. 本公司可能要求受保人提供之其他相關文件 (例如銀行確認不退款)。

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 (請填寫英文地址) | | |
| 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 Loss 第二部份 損失詳情

| | | | |
|--|---------------------------|---|--------------------------------|
| 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- | |
| Describe the Loss Event 描述損失事件 | Location of Loss 損失的地點 | | Loss Amount 損失金額 |
| | City 城市 | | |
| | Country 國家 | | |
| Nature of the Loss Incident 損失事件的性質 | | Place of Incident 事發地點 | Police Report Number 警察報告編號 |
| Check One 請選擇 <input type="checkbox"/> Card Lost 卡已遺失 <input type="checkbox"/> Card Not Lost 卡沒有遺失 | | | |
| | | Incident Date 事發日期 DD MM YYYY 日 月 年 | |
| Name & address of the police station where the loss was reported to, if applicable 報案警署名稱及地址 (如適用) | | | |
| Date of report 報案日期 DD MM YYYY 日 月 年 | | Time of report 報案時間 | Report no. 案件編號 |
| When did you learn about the fraudulent activity? (date, if known) 您在什麼時候發現欺詐活動? (日期, 如果知道) DD MM YYYY 日 月 年 | | | |
| When was the first fraudulent activity committed? 第一次欺詐活動發生於何時? | | | |
| Describe the nature of this fraudulent activity 描述這欺詐活動的性質 | | | |
| 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 | | | |

