



Guard Fraudulent Charges Protection Claim Form

未經授權交易保障索償申請表

claims.hk@aig.com | Enquiry: +852 3666 7090

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。

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Claims Department
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Email address: claims.hk@aig.com | Facsimile: 852 2838 9916
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香港港島東華蘭路18號港島東中心7樓
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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賠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 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 payment 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. AIG HK reserves the right 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	<input type="checkbox"/> Faster Payment System (FPS) 快速支付系統 (「轉數快」)	**Only applicable for claims payment amount under HKD5,000. **只適用於不超過港幣5,000元的索償支付金額之個案。
	<input type="checkbox"/> Direct credit to Hong Kong Bank Account (HKD account only) 支付到銀行帳戶 (只限港幣戶口)	

If you choose **Faster Payment System (FPS)** for your claim(s), please complete the following: 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 proceed. 2. Claims Payment can only be addressed to Policy Holder /eligible Claimant. Please ensure the registered proxy with bank account holder's name is the same as the name of Policy Holder/ eligible Claimant(s), otherwise the payment cannot proceed. 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 proceed.		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 Account Holder's Name FPS帳戶持有人姓名		E-mail address 電郵地址	
(FPS) Telephone no. +852 (轉數快) 電話號碼		(FPS) E-mail address (轉數快) 電郵地址	
		(FPS) ID 快速支付系統識別碼	

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

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

Notice: 1. Please provide a copy of bank passbook or ATM card , otherwise the payment cannot proceed. 2. Claims Payment shall only be addressed to Policy Holder/ eligible Claimant. Please ensure the bank account holder's name is the same as the name of Policy Holder/ eligible Claimant(s), otherwise the payment cannot proceed. 3. Please provide e-mail address for sending Claim statement, otherwise the payment cannot proceed.		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 Loss 第二部份 損失詳情

Bank Name / E-wallet Name & Account No. 銀行名稱 / 電子錢包名稱及 賬戶號碼			
Card Type (if applicable) 信用卡類別(如適用) <input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Other 其他		Card Number (if applicable) (first and last four (4) digits of card) 信用卡號碼(如適用) (首尾四位數字)	
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
Card/E-wallet 卡/電子錢包	<input type="checkbox"/> is Lost 已遺失	<input type="checkbox"/> is Not Lost 沒有遺失	Incident Date 事發日期
		DD 日	MM 月
		YYYY 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 日	MM 月	YYYY 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 日	MM 月
		YYYY 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.

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 III - Declaration and Authorization 第三部份 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:

- (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.
- 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.
- 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:
 - third parties providing services related to the administration of the Insured's policy (including reinsurers);
 - financial institutions for the purpose of processing this application and obtaining policy payments;
 - loss adjusters, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - another member of the AIG group (for all of the purposes stated in (b)) in any country; or
 - 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:

- 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;
- 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
- 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：

- 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；
- 美亞保險可按列於其私隱政策的用途使用此表格所收集的個人資料，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；
- 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：
 - 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）；
 - 財務機構，作處理此申請及收取保費；
 - 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；
 - 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
 - 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。
- 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：

- 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；
- 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
- 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。

此授權書不得撤回。在法律許可下，即使受保人／索償申請人死亡或喪失能力，此授權書仍然存在有法律效力，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
HK ID card no./passport no. 香港身份證／護照號碼	Date 日期 DD 日 MM 月 YYYY 年