@Guard Identity Theft Claim Form
身份盜竊保障索償申請表

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。

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

General Documents Required
1. Copy of the police report;
2. Proof of residency during the time the disputed charges occurred, the loan was made, or the other event took place (e.g. a copy of a rental/leasing agreement, utility bill or insurance bill etc);
3. Original report for additional expenses incurred
4. All other relevant documents we may ask you to provide.

基本所需文件
1. 警察報告副本；
2. 產生具爭議費用發生時、批貸款時或其他相關事件時受保人當時的住所證明（例如租賃協議副本，水電費單或保險單等）；
3. 發生額外費用報告的正本
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？ ☐ 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	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？	☐ Yes 是 If yes, please state the reason(s): 如有，請註明原因: _____	
	☐ 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. We will facilitate payment by HKD cheque delivered to the Policy Holder's/eligible Claimant's mailing address if we cannot proceed with the selected payment method.
3. AIGHK 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. 如無法使用以下所選擇的支付方式，美亞保險會以港幣支票作為賠償方式並郵寄往受保人/ 符合條件的索償者的通訊地址。
3. 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」)	**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。
	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）	
	或 or	
	☐ Hong Kong Dollar Cheque 港幣支票	** Deliver to the Policy Holder/eligible Claimant's mailing address. ** 郵寄往受保人/ 符合條件的索償者的通訊地址。

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) 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

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 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

Authorize anyone to use your name or personal information to obtain money, credit, loans, goods or service, or for any other purpose, as described in this report
授權任何人使用您的姓名或個人信息獲取資金，信貸，貸款，貨物或服務，或為本報告所述的其他目的 ☐ Yes 是 ☐ No 否

Receive any money, goods, services, or other benefit as a result of this events described in this report.
由本報告描述的事件中，獲取任何現金，貨物，服務或其他利益。 ☐ Yes 是 ☐ No 否

Information about the crime, for example, how the identity thief gained access to your information or which documents or information were used
關於犯罪的信息，例如，身份信息如何被盜或哪些文件或信息被使用

Personal information in credit report is inaccurate as a result of this identity theft
信用報告中的個人信息由於身份被盜用而不准確

1

2

Credit inquiries from below companies appear on credit rerport as a result of this identity theft
身份被盜用出現於下列公司的信用報告中：

Company Name 公司名稱 1

Company Name 公司名稱 2

Out-of-Pocket Expense Report 自付費用清單

Be sure to include receipts of the expenses listed below 請提交下列費用的收據

Date 日期	Type 類別*	Reason 原因	Expense Amount 索償金額

* SP=Standard Postage, AF=Application Fees, CR=Credit Reports, P=International Phone Charges, O=Other [Notary Fees, RE-application Fees, etc]
* SP =標準郵費,AF =申請費用,CR =信用報告,P =國際電話費,O =其他〔公證費,再申請費等〕

Lost Wages Expense Report 工資損失報告

For lost wages, please include a copy of your pay stub as well as a note from your Human Resource department that the time taken from work was identity theft related.
對於工資損失，請包括您的糧單副本以及人力資源部門的一份說明，詳描休假時間與身份盜用一事有關。

Date 日期	No. of Hours 工時數	Reason 原因	Wage Lost (HKD) 工資損失(港幣)

Describe the nature of the activities associated with your lost wages
請描述與您工資損失有關的活動性質

Is the copy of your payment slip attached? 是否已提交您的糧單的副本？ ☐ Yes 是 ☐ No 否

Is a letter from your HR department attached? 是否已提交相關人事部門的信？ ☐ Yes 是 ☐ No 否

Below are details about different fraud committed using Insured information 請提供欺詐行為詳細資料

Name of institution 機構名稱 | Contact Person 聯絡人姓名 | Phone number 電話號碼

Account Name 用戶名稱 | Affected Account Number(s) 受影響的戶口號碼

Account Type (circle the appropriate type) 帳戶類型(請圈出適當的): ☐ Credit 信用卡 ☐ Bank 銀行 ☐ Phone 電話 ☐ Utilities 公用事務 ☐ Loan 貸款 ☐ Government Benefits 政府福利 ☐ Internet or Email 互聯網或電子郵件 ☐ Other 其他

Select One 請選擇: ☐ This account was opend fraudulently 這個帳號被盜用 ☐ This was an existing account that someone tampered with 這是一個現有帳戶，已被篡改。

Date Opened or Misused 日期被使用或誤用 MM 月 YYYY 年 | Date Discovered 發現日期 MM 月 YYYY 年 | Total Amount Obtained 盜用總額 HKD 港幣

Name of institution 機構名稱 | Contact Person 聯絡人姓名 | Phone number 電話號碼

Account Name 用戶名稱 | Affected Account Number(s) 受影響的戶口號碼

Account Type (circle the appropriate type) 帳戶類型(請圈出適當的): ☐ Credit 信用卡 ☐ Bank 銀行 ☐ Phone 電話 ☐ Utilities 公用事務 ☐ Loan 貸款 ☐ Government Benefits 政府福利 ☐ Internet or Email 互聯網或電子郵件 ☐ Other 其他

Select One 請選擇: ☐ This account was opend fraudulently 這個帳號被盜用 ☐ This was an existing account that someone tampered with 這是一個現有帳戶，已被篡改。

Date Opened or Misused 日期被使用或誤用 MM 月 YYYY 年 | Date Discovered 發現日期 MM 月 YYYY 年 | Total Amount Obtained 盜用總額 HKD 港幣

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Account Type (circle the appropriate type) 帳戶類型(請圈出適當的): ☐ Credit 信用卡 ☐ Bank 銀行 ☐ Phone 電話 ☐ Utilities 公用事務 ☐ Loan 貸款 ☐ Government Benefits 政府福利 ☐ Internet or Email 互聯網或電子郵件 ☐ Other 其他

Select One 請選擇: ☐ This account was opend fraudulently 這個帳號被盜用 ☐ This was an existing account that someone tampered with 這是一個現有帳戶，已被篡改。

Date Opened or Misused 日期被使用或誤用 MM 月 YYYY 年 | Date Discovered 發現日期 MM 月 YYYY 年 | Total Amount Obtained 盜用總額 HKD 港幣

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:
   (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) 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;
   (b) 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
   (c) 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) 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；
   (b) 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
   (c) 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
HK ID card no./passport no. 香港身份證／護照號碼	Date 日期 DD 日 MM 月 YYYY 年