



# Sompso Insurance (Hong Kong) Co., Ltd.

21/F Berkshire House, Taikoo Place, 25 Westlands Road, Quarry Bay, Hong Kong  
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## COVID-19 Protection Claim Form

### 新型冠狀病毒保障索償申請書

#### Claim Notes 索償申請注意事項

- To avoid delay in processing your claim due to incomplete information and supporting documents, please complete this form with sufficient information in **BLOCK letters** and submit the completed and signed claim form together with original copies of all relevant documents to Accident & Health Department of Sompso Insurance (Hong Kong) Co., Ltd. within thirty (30) days (i) after sickness was first treated and/or (ii) after the date on which the Insured is discharged from the Hospital and/or (iii) after the date on which the Insured is deceased.  
為免因資料不全及文件不足而延誤處理閣下之索償申請，請以**英文正楷**填寫所需資料及將填妥及簽署之申請書連同所需文件之正本，於受保人(i) 首次就疾病獲得治療後，及/或(ii) 出院後及/或(iii) 身故後30天內，一併遞交致日本財產保險(香港)有限公司意外及醫療保險部。
- We are entitled to request for your provision of medical reports, further information and documents we consider necessary to assess your claim or completion of other specific claim forms at your own expenses.  
本公司於需要時有權要求索償人提供醫療報告、更多資料及文件或填寫其他專用索償表，以評估閣下之索償，所需費用須由索償人支付。
- This claim (if valid) is to be settled to the claimant by cheque. Please ensure that the name provided is the same as the name of your bank account for cheque deposit purpose. For claim from minor aged below 18, the claimant should be the parents or the legal guardian and please submit a copy of relationship proof (e.g. copy of birth certificate or marriage certificate).  
本索償(如有效)將以支票形式付給索償人。請確認閣下之姓名與銀行戶口姓名相同，以便支票入賬戶口。若索償是由18歲以下之受保人提出，請由其父母或合法監護人作為索償人，並附上關係證明文件(如出生證明書或結婚證明書副本)。

#### Policyholder, Insured and Claimant Information 保單持有人、受保人及索償人資料

|                        |  |                       |                       |
|------------------------|--|-----------------------|-----------------------|
| Policy No. 保單號碼        | Name of Policyholder 保單持有人姓名<br><b>Klook Travel Technology Limited</b> | Name of Insured 受保人姓名 | HKID Card No. 香港身份證號碼 |
| Name of Claimant 索償人姓名 | Date of Birth 出生日期   | Occupation 職業         | Contact No. 聯絡電話      |
| E-mail Address 電郵地址    |  |                       |                       |

|                             |  |  |  |
|-----------------------------|--|--|--|
| Correspondence Address 通訊地址 |  |  |  |
|-----------------------------|--|--|--|

|                      |                     |                             |   |
|----------------------|---------------------|-----------------------------|---|
| Date of Booking 預訂日期 | Booking Number 訂單號碼 | Insurance Start Date 保險開始日期 | Did you travel within the last 1 month? If yes, please state the date which you returned to Hong Kong 閣下於過去一個月有否外遊? 若「是」，請提供返港的日期 |
|----------------------|---------------------|-----------------------------|---|

Do you have any other insurance policies covering this loss or expenses incurred? 是次索償申請之損失是否受保於其他保險合約?  
☐ No 否 ☐ Yes 是 If "yes", please provide 若「是」，請提供

|                                  |                 |                   |                     |
|----------------------------------|-----------------|-------------------|---------------------|
| Name of Insurance Company 保險公司名稱 | Policy No. 保單號碼 | Benefit Type 保障類別 | Amount Claimed 索償金額 |
|----------------------------------|-----------------|-------------------|---------------------|

#### Benefits Claimed 索償保障項目 (Please select and put a "✓" in the appropriate box 請選擇適當項目並於方格內畫上「✓」號)

|   |  |
|---|--|
| <input type="checkbox"/> Hospital Cash Benefit 住院現金保障 | <input type="checkbox"/> Funeral Expenses Benefit 殯葬費用保障 |
|---|--|

#### Claim Information 索償資料 (Please fill in the claim information where applicable 請在相應項目填寫索償資料)

##### 1. Hospital Cash Benefit 住院現金保障

Documents required 所需文件:

- Insured's Hong Kong identity card copy 受保人之香港身份證副本
- Original hospital bill(s) and/or payment receipt(s) indicating the name of patient, the date of hospitalization and the charges 醫療帳單及/或醫療費用收據正本，並列明病人姓名、住院日期及收費金額
- Certified true copy of hospital bill(s) and/or payment receipt(s) and claims settlement advice if the original copies are kept by other insurance company (if applicable) 如醫療帳單及/或醫療費用收據正本已交與其他保險公司，請遞交收據、醫院帳單之核實副本和賠償結算通知書(如適用)
- Discharge slip/discharge summary with diagnosis specified issued by the attending physician 由主診醫生簽發並列明診斷病症之出院摘要/出院總結

|  |                                   |   |                     |                     |                   |
|--|-----------------------------------|---|---------------------|---------------------|-------------------|
| The date of signs and symptoms first appeared 首次出現病徵及症狀之日期 | Date of first consultation 首次求診日期 | Name and telephone no. of doctor/hospital first consulted 首次求診之醫生姓名/醫院名稱及電話 | Admission Date 入院日期 | Discharge Date 出院日期 | Claim amount 索償金額 |
|--|-----------------------------------|---|---------------------|---------------------|-------------------|

##### 2. Funeral Expenses Benefit 殯葬費用保障

Documents required 所需文件:

- Insured's Hong Kong identity card copy 受保人之香港身份證副本
- Medical report/medical certificate certifying the diagnosis and the death certificate 顯示診斷結果的醫療報告/醫療證明書及死亡證
- Original funeral expenses receipt(s) 殯葬費用收據正本
- Proof of relationship between the claimant and the insured 索償人與受保人的關係證明文件

|                                 |   |  |                   |
|---------------------------------|---|--|-------------------|
| Date and Place of death 身故日期及地點 | Name and HKID No./Passport No. of claimant 索償人姓名及身份證/護照號碼 | Claimant's relationship to the insured 索償人與受保人關係 | Claim amount 索償金額 |
|---------------------------------|---|--|-------------------|

#### DECLARATION & AUTHORIZATION 聲明及授權書

I hereby declare that the above information given is true and correct.

本人現聲明上述所填報的資料正確無訛。

I further authorize any hospital, physician, insurance company or organization that have records or knowledge of me or my health, to furnish to Sompso Insurance (Hong Kong) Co., Ltd. or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. A photostat copy of this authorization shall be considered as effective and valid as the original.

本人茲授權持有本人健康或任何資料之醫院、醫生、保險公司或機構，可以將部份或全部有關本人的任何疾病或受傷、病歷、診斷報告、處方或治療及所有醫院或醫療記錄副本等資料給予日本財產保險(香港)有限公司或其代理人。此授權書之影印本與正本具有同等效力。

I confirm that I have read, understood and agreed to the Personal Information Collection Statement ("PICS") of Sompso Insurance (Hong Kong) Co., Ltd. provided overleaf of this form. I agree that any personal data and other information relating to me or my policy(ies) collected, generated, compiled, or held by Sompso Insurance (Hong Kong) Co., Ltd. by any means from time to time may be utilized in accordance with the PICS. I agree that Sompso Insurance (Hong Kong) Co., Ltd. may transfer, disclose, grant access to or share my personal data within or outside Hong Kong to the types of transferees mentioned in the PICS.

本人現確認本人已閱讀、明白及同意日本財產保險(香港)有限公司在本申請書背頁的個人資料收集聲明。本人同意日本財產保險(香港)有限公司不時以任何方式收集、製作、匯編或保留任何的個人資料或保留的其他資料，可根據個人資料收集聲明使用。本人同意日本財產保險(香港)有限公司可能將本人資料轉移、披露予收集個人資料承讓人(不論在香港境內或境外者)，或讓其查閱或與其共同使用。

Signature of Claimant/Parent (if Claimant aged below 18)  
索償人簽署/家長簽署(適用於十八歲以下之索償人)

Date  
日期

