

Claim Procedure for Group Business Travel Insurance UOW College Hong Kong

A. Please complete and submit the Claim Form with supporting documents to the following insurance company (by post):

Assicurazioni Generali. S.p.A.
5/F, Generali Tower
8 Queen's Road East
Hong Kong

If you are not able to report the claim to insurance company by post within thirty (30) days from the date of occurrence, please send an email with supporting documents (if any) to insurance company for notification of the claim first. The email address is as follow:

samanthay@generali.com.hk

B. Required Documents

Remark: Unless "Original" is stated, copy of the documents is acceptable.

I. General Documents

No matter what kind of claim that you are going to submit, you must provide Insurers with the following documents:

- Original Claim Form duly signed by the Insured Person
Travel Outside Hong Kong Application Form for certifying your trip that has been approved by the University **if you are a Staff Member**
- Letter/e-mail from the University stating your position, destination, purpose and period of your trip
- Please append the official chop (with "UOW College Hong Kong") on the Claim form
except you are an Exchange Student
- E-ticket/Itinerary
- Boarding passes (for flights to and return) / passport (including the page with your personal details) showing the country chops of the trip

II. Documents for Claim for Medical Expenses

- Original hospital / medical bill(s) / receipt(s) / medical report stating diagnosis and the date of injury / sickness commenced and certified by a qualified medical practitioner
- Medical certificate from a qualified medical practitioner certifying the number of days of hospitalization, if applicable
- Hospital discharge summary, if applicable

III. Documents for Accident Death & Permanent Disablement

- Police report and witness statement, if applicable
- Documentary proof certifying the extent of permanent disability (for permanent disability claim)
- Death Certificate (for death claim)
- Autopsy / Post Mortem Report indicating the cause of death (for death claim)
- Grant of Probate / Letters of Administration (for death claim)

IV. Documents for Trip Cancellation and Curtailment

- Original receipt(s) showing any pre-paid costs or deposits made OR additional travel and / or accommodation expenses incurred after the commencement of your journey
- Original documentation confirming:
 - trip cancellation
 - non-refundable / refunded amount
- Medical certificate indicating diagnosis and reason that you are unfit for travel, if applicable
- Death certificate, if applicable (for cancellation due to the death of immediate family member)
- Proof of relationship to you, if applicable (for cancellation due to the death of immediate family member)
- Newspaper clipping showing sudden outbreak of natural disaster, strike or civil commotion at the planned destination which prevent you from continuing the schedule trip

V. Documents for Claim for Trip Delay, Trip-route, and Baggage Delay

- Documentation indicating the reason(s) for and number of hours of delay (e.g. confirmation from common carrier or travel agent)
- Original documentation / receipt(s) indicating the additional travelling expenses incurred after the commencement of your journey outside Hong Kong
- Documentation from common carrier or travel agent indicating the reason for travel re-arrangement, if applicable
- Original receipt(s) for emergency purchase of essential clothing or toiletries, if applicable

VI. Documents for Claim for Personal Baggage or Personal Effects, Personal Money and Travel Documents

- Original loss / damage / irregularity report issued by the relevant authority or organization (e.g. police, airline, hotel, etc)
- Photos showing the whole appearance, extent of damage to, brand name of the property, if applicable
- Original purchase receipt(s) of the lost / damaged item(s)
- Repair quotation, if applicable
- Foreign Currency Account Withdrawal Form / Bank statement showing the exchange of the lost/stolen foreign currency
- Correspondence showing the compensation breakdown from other parties (e.g. airlines), if applicable

VII. Documents for Personal Liability

- Photo(s) showing the extent of damage/injury
- Police report/incident report from the relevant party
- Demand note/claim letter from the third party, if any

C. Upon receipt of your claim, insurance company will directly contact you either by post or by e-mail within 2-3 weeks (for requesting for additional documents or settling claim).

The purpose of this claim procedure is to give a general guideline for preparing the Group Business Travel claim. If there are any general enquiries, issues or queries related to the handling of insurance company, please contact the University's insurance consultant, Jardine Lloyd Thompson Limited:

Contact Person: Ms Amy Chan – Claims Broking Division
Telephone No.: 2864 5365
Email: Amy.Chan@jltasia.com

Contact Person Mr Gary Chiu – Claims Broking Division
Telephone No.: 2864 5342
Email: Gary.Chiu@jltasia.com



GENERALI

Assicurazioni Generali S.p.A.

忠利保險有限公司

Please complete and return the Claim Form together with the supporting documents to **Claim Dept., Assicurazioni Generali S.p.A.**
5/F., Generali Tower, 8 Queen's Road East, Hong Kong. Tel No: (852) 2521 0707, Fax No: (852) 2521 8018,
E-mail : samanthay@generali.com.hk

TRAVEL INSURANCE CLAIM FORM

This form is issued without admission of liability on the part of Assicurazioni Generali S.p.A and must be completed as truthfully and accurately by the Policyholder and/or the Insured Person/Claimant and returned to Assicurazioni Generali S.p.A. (address as above) together with the FULL supporting documents within 30 days after the occurrence of the claimed condition. Further information/documents may be requested depending on the nature and extent of the claim. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim. Separate forms must be used for different claimants.

THE POLICYHOLDER / THE INSURED PERSON (REQUIRED)

Policyholder/Employer UOW College Hong Kong (Business Travel)			Policy No. GT001590	
Name of Insured Person	Staff / Student Number	Occupation/Position	H.K. I.D. Card No.	
Residential Address			Contact Tel. No.	E-mail
Stationed City/Country (if applicable)	Home & Residing Country		Date of Secondment to Stationed City/ Country	

TRAVEL DETAILS (REQUIRED)

Purpose of Trip	<input type="checkbox"/> Business	<input type="checkbox"/> Others, please specify:	Duration of Trip From	To
Departure Airport	Carrier/Flight No.		Date & Time	
Transit Airport, if any	Carrier/Flight No.		Date & Time	
Arrival Airport	Carrier/Flight No.		Date & Time	
Documents attached: <input type="checkbox"/> Travel itinerary / e-ticket / boarding pass				

MEDICAL EXPENSES REIMBURSEMENT

Date, Time & Place of Injury/Sickness	Nature of Injury / Diagnosis of Sickness	Claimed Amount (Specify currency)	
Injury – how did the accident occur? Sickness – when did the symptom(s) first appear?			
Name and address of the attending doctor			
If hospitalized, please state the name and address of the hospital.	Hospitalized From	To	
Name and contact number of witness(es), if any.			
Documents attached: ❖ Medical Expense Reimbursement <input type="checkbox"/> Original hospital/medical bill(s)/receipt(s)/medical report(s) certified by a qualified Medical Practitioner stating the diagnosis and date of the Injury/Sickness.			

LOSS OF BAGGAGE, TRAVEL DOCUMENTS

Date, Time & Place of Loss/Damage	Contact Information of the reported police station/common carrier/hotel, etc.
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State how the Loss/Damage occurred or discovered (e.g. where the property was placed and where, when and how the loss was discovered).

Particulars of Items Claimed:			
Lost / Damaged Items	Date when Lost / Damaged Items Purchased	Original Purchase Value (specify currency)	Replacement / Repair Cost (specify currency)

Documents attached:

- Original loss/damage report(s) issued by the relevant authorities or organizations (e.g. police, airline, hotel, etc.);
- Photos showing the extent of damage to the property, if applicable;
- Purchase receipt, repair quotation, replacement invoice, etc. where applicable;
- Compensation breakdown from other insurers/responsible parties (e.g. airline), if applicable.

JOURNEY CANCELLATION, CURTAILMENT AND RE-ROUTE

	From Location	Date	To Location	Date
Original Schedule				
Curtailed / Cancelled / Re-arranged Journey				

Reason for Journey Cancellation/Curtailment/Re-route

If the journey curtailment/cancellation is due to death, serious injury or sickness of the insured person/immediate family member/close business partner, please state clearly the following:

Full name of sick/injured/deceased person	Relationship to the insured person
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Diagnosis	Amount Claimed:
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Documents attached:

- ❖ **Journey Cancellation and Curtailment**
 - Original receipt(s) showing any pre-paid costs or deposits made OR additional travel and/or accommodation expenses incurred after the commencement of the insured Journey
 - Original documentation issued by travel agent or common carrier confirming:
 - Trip cancellation
 - Non-refundable/refunded amount
 - Medical certificate indicating diagnosis and reason that the insured person/immediate family member/close business partner is unfit for travel, if applicable.
 - Death certificate, if applicable.
 - Proof of relationship, if applicable.
- ❖ **Journey Re-route**
 - Original documentation/receipt(s) indicating the additional traveling expenses incurred after the commencement of the insured Journey outside Hong Kong.
 - Documentation from common carrier or travel agent indicating the reason for travel re-route.

TRAVEL DELAY AND BAGGAGE DELAY			
Reason for Delay			
Flight Delayed at	Airport	Delayed Flight No.	Date & Time
Missed Connection at	Airport	Delayed Flight No.	Date & Time
Baggage Delayed at	Airport	Place of Receipt	Date & Time
Emergency essential items purchased (if applicable)	Date Purchased	Price Paid (specify currency)	Original Receipts (Y/N)
Documents attached:			
<input type="checkbox"/> Documentation indicating the reason(s) for and the number of hours of delay (e.g. confirmation from common carrier/travel agent).			
<input type="checkbox"/> Original receipt(s) for emergency purchase of essential items, if applicable.			

PERSONAL ACCIDENT (FATAL / PERMANENT DISABILITY / BURNS BENEFIT)	
Date, Time & Place of Accident	
Describe how the accident occurred, and the injuries sustained.	
Name and address of the attending doctor.	
Permanent Disability (Degree & Extent), if applicable.	Cause of Death, if applicable.
Name and contact number of witness(es), if any.	
Documents attached:	
<input type="checkbox"/> Accident report(s) issued by relevant authorities/organizations (e.g. police, hotel, common carrier, activity organizer, etc.), if any.	
<input type="checkbox"/> Original medical report stating the date of attendance and extent of injuries sustained as certified by a Qualified Medical Practitioner, if applicable.	
<input type="checkbox"/> Copy of Death Certificate/Post Mortem Report, if applicable	

CARE VISIT		
Name of Visiting Family Member	Relationship to Insured Person	
Duration of Visit	From: _____ To: _____	Amount Claimed: _____
Documents attached:		
<input type="checkbox"/> Proof of relationship		
<input type="checkbox"/> Original receipts of traveling and/or accommodation expenses incurred.		

PERSONAL LIABILITY	
Full description of the incident, including Date, Time & Place	
Full name and contact of the Third Party Claimant	Full name and contact of witness(es), if any.
Important:	
❖ Any lawsuit, demand, claim or proceeding of any types relating to the incident of which the Claimant becomes aware of, and received from the third party claimant, should be immediately forwarded to the Company.	
❖ No liability should be admitted or no settlement or promise of payment should be reached or made to the third party without the prior consent of the insurance company.	
Documents attached:	
<input type="checkbox"/> Copy of incident report(s) from relevant parties (e.g. Police and other local authorities, hotel, sports centre, etc.)	
<input type="checkbox"/> Claim letter and invoice.	
<input type="checkbox"/> Other documents – please state:	

OTHER APPLICABLE INSURANCE (REQUIRED)

Do you have any other insurance policies covering the loss or expenses incurred (e.g. Travel Insurance, Household Insurance, Property Insurance, etc.)? If so, please state:

Name of Insurer	Policy Number
Claimed Item	Claimed / Settled Amount HK\$

PAYEE NAME (Please complete if different from Insured Person)

If claim is admissible under the policy, the payment will be made to the Insured Person unless as stated below. Further proof might be requested by the Company to confirm payee name:

Payee Name:	Relation to Insured Person/Claimant	Particulars of Claimed Item(s)
<input type="checkbox"/> Insured Person / Claimant is aged under 18. <input type="checkbox"/> Property owned by Policyholder/Employer. <input type="checkbox"/> Expenses paid for by Policyholder/Employer. <input type="checkbox"/> Other Reason(s) – Please state:		

DECLARATION & AUTHORIZATION (REQUIRED)

- I/We declare that the above information is in all respect true and complete to the best of my/our knowledge and belief
- I/We, the undersigned claimant, hereby authorize any hospital, physician, clinic, or other person/authority/organization, to furnish to Assicurazioni Generali, S.p.A or its authorized representative, any and all information with respect to my loss, injury or illness, medical history, consultation, prescriptions or treatment and copies of police reports, incident reports, airlines or other carries' irregularity reports, statement and all hospital or medical records.

A Photostat copy of this authorization shall be considered as effective and valid as the original
- I/We further declare and agree that the personal information collected or held by Assicurazioni Generali, S.p.A ("the Company") or its authorized representative, whether contained in this Claim Form or otherwise obtained, may be used by the Company or disclosed to any individual or organization within or outside Hong Kong for the following purpose: (1) to assess and process this application; (2) to provide insurance and customers services; (3) to conduct insurance claim or analysis.
- I/We acknowledge that I/we have been provided with a copy of the Personal Information Collection Statement (the "**Statement**") issued by Assicurazioni Generali S.p.A., Hong Kong Branch ("**Generali**"). I/We confirm that I/we have read and understood the Statement. I/We agree that Generali may collect, use, store, disclose, transfer and otherwise process my/our personal data in accordance with the terms of the Statement. I/We further confirm that I/we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.

Signature of Insured Person / Claimant:	Name & Signature of Guardian (If Insured Person / Claimant is under the age of 18):
Date:	Date:

Name, Signature & Designation of Policyholder's Representative / HR Personnel (with company stamp)

Name:	Policyholder Signature / Company Chop (if applicable)
Position:	Date:

Personal Information Collection Statement

- (a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the “**Company**”) with data about yourself(ves), policyowner(s), life insured(s), beneficiary(ies), claimant(s), and/or other relevant individuals (the “**Personal Data**”) in connection with the provision of insurance and/or related products and services to you, the processing of claims under insurance policies issued and/or arranged by the Company, and/or the processing of any or all other requests, enquiries and complaints from you.
- (b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the Personal Data may result in the Company being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the Company, and/or process any or all other requests, enquiries, or complaints from you.
- (c) The purposes for which the Personal Data may be used are as follows:
- (i) processing (including, without limitation, underwriting) and/or approving applications for insurance and/or related products and services, and any addition, alteration, variation, cancellation, renewal and/or reinstatement of such products and services;
 - (ii) administering insurance policies issued and/or arranged by the Company;
 - (iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/or settlement of claims under insurance policies issued and/or arranged by the Company;
 - (iv) exercising rights of subrogation, if applicable;
 - (v) collection of amounts outstanding (if any) from customers;
 - (vi) arranging coinsurance and/or reinsurance in respect of the insurance policies issued and/or arranged by the Company;
 - (vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;
 - (viii) customer services (including, but not limited to, processing enquiries and complaints), marketing (including, but not limited to, direct marketing), and other related activities;
 - (ix) conducting data matching procedures;
 - (x) designing insurance and/or related products and services for customers’ use;
 - (xi) marketing insurance and/or other related products and services of the Company, its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company’s parent company (hereinafter such affiliated companies are collectively referred to as the “**Affiliated Companies**”)) and/or third parties selected by the Company;
 - (xii) statistical or actuarial research of the Company, its Affiliated Companies, relevant insurance industry associations or federations, supervisory authority, government department and/or other competent authority;
 - (xiii) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/or its Affiliated Companies are expected to comply with, including, without limitation, making disclosures of the relevant information; and
 - (xiv) any purposes relating thereto.
- (d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/or any other relevant individuals to whom the Personal Data is related:
- (i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/or other services to the Company in connection with the operation of its business;
 - (ii) relevant insurance industry associations or federations, and/or members of such industry associations or federations;
 - (iii) overseas locations or branches, as appropriate, of the Company, its Affiliated Companies and/or third parties selected by the Company;
 - (iv) persons to whom the Company and/or its Affiliated Companies are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/or its Affiliated Companies are expected to comply with;
 - (v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the Company and/or its Affiliated Companies;
 - (vi) lawful successors or assigns of the Company; and
 - (vii) persons who owe a duty of confidentiality to the Company and/or its Affiliated Companies.
- (e) The Company may verify any or all of the Personal Data by using information collected and released or transferred by relevant insurance industry associations or federations, and/or members of such industry associations or federations.

- (f) In accordance with the Personal Data (Privacy) Ordinance:
- (i) any individual has the right to:
 - (A) check whether the Company holds data about him/her and, if so, obtain a copy of such data;
 - (B) require the Company to correct any data relating to him/her that is inaccurate; and
 - (C) ascertain the Company's policies and practices in relation to data and to be informed of the kind of data held by the Company;
- and
- (ii) the Company has the right to charge a reasonable fee for the processing of any data access request.
- (g) The person to whom requests for access to data and/or correction of data and/or for information regarding policies and practices and kinds of data held are to be addressed as follows:

Personal Data Protection Officer
Assicurazioni Generali S.p.A., Hong Kong Branch
5/F., Generali Tower, 8 Queen's Road East, Hong Kong.