



Special Travel Insurance Package Exclusively for
 "Dragonair Holidays" Passengers Master Policy No. 92582636

Travel Insurance Claim Form

Please send the completed claim form and required documents by mail to:

Federal Insurance Company
 Dragonair Holidays Travel Insurance Claims
 24/F, Harcourt House, 39 Gloucester Road,
 Wanchai, Hong Kong
 Tel: (852) 2861 0216
 Fax: (852) 2865 7778

PART A (Please fill out all the items in Part A)

Name of Insured _____
 Nationality _____ Passport/Identification No. _____
 Mailing address for claim check _____
 Tel No. _____ Fax No. _____ Email address _____
 Date, Time, Place and Description of Loss _____

PART B (Please tick the appropriate benefit column you want to make a claim)

To substantiate your claim, please ensure that the documents required stated below, together with the travel voucher and air ticket are attached with this form. The Company may require further document as it deems necessary.

Please ✓ the appropriate Benefit(s)	Documents Required
Personal Accident	<input type="checkbox"/> i) Death certificate ii) Medical report/post-mortem report iii) Police report
Medical Expenses	<input type="checkbox"/> i) Original medical receipts ii) Diagnosis/nature of injury duly certified by the attending physician
Compassionate Visit and/or Child Guard	<input type="checkbox"/> i) Medical report ii) Proof of relationship, such as birth certificate iii) Official receipts of travelling and/or accommodation expenses incurred
Baggage and Personal Effects	<input type="checkbox"/> i) Police report ii) Purchase receipts for lost items iii) Quotation of repairing of damaged items iv) Complete Part C of this claim form v) Official receipts for expenses incurred, such as replacement cost of passport or ticket
Emergency Purchase	<input type="checkbox"/> Written report from common carrier management indicating reason and the duration for baggage delay, misdirection or misplacement
Loss of Deposits / Cancellation and Curtailment Expenses	<input type="checkbox"/> i) Medical report by attending physician indicating your unfit to travel, or relevant death certificate ii) Official receipts of travelling and/or accommodation expenses incurred iii) Written confirmation of refunded deposit from Dragonair
Flight Delay	<input type="checkbox"/> Written report from common carrier management indicating reason and the duration of such delay
Missed Departure	<input type="checkbox"/> i) Details of incident ii) Police report iii) Official receipts for additional travelling expenses incurred
Personal Liability	<input type="checkbox"/> i) Details of accident ii) Police report iii) Other documents relating to this accident, if any

PART C – To be completed for claim of 'BAGGAGE AND PERSONAL EFFECTS'

Items Lost/Damage	Date Of Purchase	Purchase Receipt Attached		Purchase Value
		Yes	No	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Declaration and Authorization

I declare the information given by me in this form is true and correct to the best of my knowledge.

I hereby authorize any physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated to give full particulars about my health including my whole medical history to Federal Insurance Company.

I hereby authorize any party, authority and police to give full particulars about myself and the event stated above to Federal Insurance Company.

A photocopy of this authorization shall have the full effect of the original authorization.

I hereby declare and agree that any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided and may be held, used, and disclosed by the Company to individuals/organizations associated with the Company or any selected third party (within or outside Hong Kong) for the purposes of processing this application and providing subsequent services for this and other financial products and services, direct marketing and data marketing and data matching, and to communicate with me for such purposes. I understand that (i) the Company may be unable to process this application if I fail to provide any information requested in this application and (ii) I have the right to obtain access to and to request correction of any personal information held by the Company concerning me and my covered dependants.

Date _____

Signature of Insured _____