

# HSBC Credit Card Package Insurance

## Claim Form

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- (a) Name of Cardholder : \_\_\_\_\_
- (b) HSBC Visa Corporate Card/  
 HSBC Visa Platinum Business Card/  
 HSBC World Corporate MasterCard/  
 HSBC World Business MasterCard No. : \_\_\_\_\_
- (c) Address : \_\_\_\_\_  
 \_\_\_\_\_
- (d) Telephone No. : \_\_\_\_\_
- (e) Name of Insured Person/Eligible Person : \_\_\_\_\_
- (f) Copy/copies of credit sales slip and relevant invoice/receipt evidencing the fare paid for the scheduled departure from the HKSAR to place(s) outside the HKSAR that was charged to the HSBC Visa Corporate Cards, HSBC Visa Platinum Business Cards, HSBC World Corporate MasterCards or HSBC World Business MasterCards is/are enclosed.

**Please complete the appropriate sections below:**

### Section 1 - Personal Accident

- (a) Date, time and place of accident \_\_\_\_\_  
 \_\_\_\_\_
- (b) Describe how the accident occurred, and the injuries sustained  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (c) Names and addresses of any witnesses to the accident \_\_\_\_\_  
 \_\_\_\_\_
- (d) Name and address of the attending doctor \_\_\_\_\_  
 \_\_\_\_\_

### Section 2 - Travel Inconvenience

#### A. Missed Connection

*Note: Please submit the carrier's written confirmation as to the number of hours of delay before next onward connecting flight is available.*

- (a) Point of Transfer : \_\_\_\_\_  
 (Country/City)
- (b) Flight No. of the confirmed incoming schedule flight \_\_\_\_\_  
 i) Scheduled arrival date and time \_\_\_\_\_  
 ii) Actual arrival date and time \_\_\_\_\_
- (c) Flight No. of the confirmed onward connecting schedule flight \_\_\_\_\_  
 i) Scheduled arrival date and time \_\_\_\_\_  
 ii) Actual arrival date and time \_\_\_\_\_
- (d) If the onward connecting flight was missed, was there any alternative onward transportation made available to the claimant within 4 hours of the actual arrival time of the incoming flight. (Yes/No)

**B. Luggage Delay**

*Note: Please submit the Property Irregularity Report evidencing the notification.*

- (a) Flight No./Ocean carrier and name of vessel \_\_\_\_\_
- (b) Destination and date & time of arrival \_\_\_\_\_
- (c) Date & time of the baggage available for collection \_\_\_\_\_
- (d) Amount claimed \_\_\_\_\_
- (e) Date & time the delay was reported to the airline/carrier \_\_\_\_\_

**C. Luggage Loss**

*Note: Please submit the police report/Property Irregularity Report evidencing the notification.*

- (a) Date, time and place of loss/damage \_\_\_\_\_  
\_\_\_\_\_
- (b) Descriptions of item(s) lost/damaged \_\_\_\_\_  
\_\_\_\_\_
- (c) Describe how the loss/damage occurred \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (d) Amount claimed \_\_\_\_\_
- (e) Are there any other insurances covering the same property? (Yes/No)  
If yes, please give full particulars \_\_\_\_\_  
\_\_\_\_\_
- (f) Did the loss/damage arise from delay or confiscation or detention by customs or other official? (Yes/No)
- (g) Date & time the loss was reported to the police \_\_\_\_\_
- (h) If loss/damage occurred whilst in the custody of airline or carrier, date & time the loss/damage was reported to them  
\_\_\_\_\_

**D. Legal Expenses**

*Note: Please submit the relevant receipts.*

- (a) Date, time and place of accident \_\_\_\_\_
- (b) Describe how the accident occurred \_\_\_\_\_
- (c) Witness \_\_\_\_\_

**E. Personal Money and Travel Documents**

*Note: Please submit the police report evidencing the notification.*

- (a) Date, time & place of loss \_\_\_\_\_  
\_\_\_\_\_
- (b) Describe how the loss occurred \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (c) Full particulars and amount of loss \_\_\_\_\_  
\_\_\_\_\_
- (d) Amount claimed \_\_\_\_\_
- (e) If travellers' cheques were lost, was the loss immediately reported to the local agent of issuing authority? (Yes/No)
- (f) Date & time the loss was reported to the police \_\_\_\_\_

## F. Travel Delay

Note: Please submit the carrier's written confirmation as to the number of hours of delay and the reason for such delay.

- (a) Flight No./Ocean carrier and name of vessel \_\_\_\_\_
- (b) Place, scheduled date & time of departure \_\_\_\_\_
- (c) Actual date & time of departure \_\_\_\_\_
- (d) Reason for the delay \_\_\_\_\_
- \_\_\_\_\_
- (e) Amount claimed \_\_\_\_\_

## G. Loss of Deposit or Cancellation & Curtailment

Note: Please submit the relevant deposits receipt and booking invoice.

- (a) Name & address of the travel agent \_\_\_\_\_
- (b) Date on which the travel arrangement was made and the deposits paid \_\_\_\_\_
- (c) Scheduled itinerary and duration of the booked journey \_\_\_\_\_
- \_\_\_\_\_
- (d) Reason for cancellation or curtailment of travel \_\_\_\_\_
- \_\_\_\_\_
- (e) When the event giving rise to such cancellation or curtailment occurred \_\_\_\_\_
- and when the travel agent was notified to cancel or curtail the travel arrangement \_\_\_\_\_
- (f) Where and when the curtailment took place \_\_\_\_\_
- (g) Amount claimed with full particulars \_\_\_\_\_
- \_\_\_\_\_

## H. Golfing "Hole-in-One"

Note: Please submit the copy of certificate recording the event issued by the golf club.

- (a) Date, time and place of event \_\_\_\_\_

Remarks: All the original medical reports doctors and/or medical receipts hospital bills additional accommodation and/or travelling expenses receipts repair and/or replacement invoices and all other original relative receipts for the expenses hereby claimed have to be submitted to the Company in substantiation of the claim.

\_\_\_\_\_

## PERSONAL INFORMATION COLLECTION STATEMENT

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "**Company**") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("**PDPO**"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

**Purpose:** From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("**Purposes**"), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("**our affiliates**") or our business partners, and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;
12. carrying out other services in connection with the operation of the Company's business; and
13. other purposes directly relating to any of the above.

**Transfer of personal data:** Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. \*The Hongkong and Shanghai Banking Corporation Limited (“**HSBC**”) for any of the Purposes and for the following additional bank related purposes: ensuring ongoing credit worthiness of customers, creating and maintaining credit and risk related models, providing the personal data to credit reference agencies for the purposes of conducting credit checks and other directly related purposes, determining the amount of indebtedness owed to or by customers and collection of amounts outstanding from customers and those providing security for customers’ obligations;
3. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
4. any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
5. credit reference agencies or, in the event of default, debt collection agencies;
6. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
7. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

**Access and correction of personal data:** Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer  
AXA General Insurance Hong Kong Limited  
23/F One Kowloon, 1 Wang Yuen Street, Kowloon Bay, Kowloon, Hong Kong

A reasonable fee may be charged to offset the Company’s administrative and actual costs incurred in complying with your data access requests.

\* This is applicable only if you are applying for a product and/or service of, or making a request to, the Company through HSBC as the Company’s distribution agent. Your personal data will not be provided to HSBC for any of the Purposes and the additional purposes and for direct marketing by HSBC set out in the paragraphs above if you do not apply for the product and/or service of, or make a request to, the Company through HSBC as the Company’s distribution agent.

**Declaration and Authorization**

1. I/WE HEREBY DECLARE AND AGREE that (1) all statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true; (2) AXA General Insurance Hong Kong Limited (the “Company”) is not bound by and is not required to rely on any statement which I/We may have made to any person if not written or printed here.
2. I/WE, HEREBY AUTHORIZE (1) any employer, medical practitioner, paramedical examiners, hospital, clinic, insurance company, bank, financial institution, police, government institution, or other organization, institution or person, that has any records or knowledge of me/us to disclose such information to AXA General Insurance Hong Kong Limited (“the Company”); (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessments and tests to evaluate in relation to this claim. This authorization shall bind the successors of and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.
3. I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement (“**PICS**”). I/ We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by AXA General Insurance Hong Kong Limited in accordance with the PICS.

Date (dd/mm/yyyy) \_\_\_\_\_

Signature \_\_\_\_\_  
(Cardholder)

Signature \_\_\_\_\_  
(Insured Person/Eligible Person)

**Important Notes:**

The above policy is underwritten by AXA General Insurance Hong Kong Limited (“AXA”), which is authorised and regulated by the Commissioner of Insurance of the Hong Kong SAR. AXA will be responsible for providing your insurance coverage and handling claims under your policy. The Hongkong and Shanghai Banking Corporation Limited is registered in accordance with the Insurance Companies Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agent of AXA for distribution of general insurance products in the Hong Kong SAR.

Issued by AXA General Insurance Hong Kong Limited