

Policy Information & Claims Procedure



Group Travel Insurance Policy Information

Insured/Policyholder and Policy No.

- The Hong Kong Polytechnic University (Policy No.: 1-T0593557-PPT)
- College of Professional and Continuing Education Limited and/or Hong Kong Community College (Policy No.: 1-T0593558-PPT)

Period of Insurance

- 01 July 2023 to 30 June 2024

Beneficiary

- Legal Estate in the event of death

Customer Hotline

Services	Telephone	Email
Travel Claims Enquiry	+852 2877 8608	claims.hk@qbe.com
24-Hour China Card Enquiry	+852 2862 0182	NIL
24-Hour Worldwide Emergency Assistance	+852 2862 0182	NIL

Service Hours: Monday to Friday: 0900 – 1245 and 1400 – 1730

Please specify below whenever making an enquiry:

1. Group Travel Policy Number
2. Full Name
3. Student ID Number (for student)
4. Department
5. Contact Number

Claims Procedure

[QBE Hong Kong has introduced a new Digital Travel Insurance Claims experience that is simpler and faster. You can now submit your travel claim online at QBE Claims via <https://claims.qbe.com/claims/>](https://claims.qbe.com/claims/)

****Claims submission must be *within 90 days*.**

Required Documents (General)

1. Travel itineraries
2. Boarding pass
3. Invoice and booking details of the hotel
4. Letter of authorization of trip with authorized signature and company chop from the school (template as attached)
5. Other supporting documents as required below

Medical Expenses / Major Burns / Hospital Cash (and Quarantine) Allowance

1. Original medical advice and sick leave certificate(s) with diagnosis issued by the medical practitioner.
2. Original hospital / clinic bill(s) and receipts with diagnosis and medicine receipts.
3. Original admission slips, discharge summary with diagnosis.
4. All other supporting documents, such as laboratory report, X-ray report and so forth.
5. Original of other related expenses receipt(s), if applicable.

Personal Belongings

1. Original police report or property irregularity report/ damage report from the airline company or hotel confirmation.
2. Original purchase invoice(s) and replacement receipt(s).
3. All original receipts and / or warranties relating to the lost / damaged property if the property needs to be replaced.
4. Original Repair receipts and prior approval of the quote from QBE-HKSI if damaged property has been repaired
5. Photos depicting the extent of damage.
6. Insured's Authorization Letter / Consent, if appropriate.
7. Original replacement invoice or receipt(s) for lost travel document(s).
8. Original additional traveling and accommodation expenses receipt.

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Personal Accident / Credit Card Protection

1. Original medical advice and sick leave certificate(s) with diagnosis issued by the medical practitioner.
2. Original admission slips, discharge summary with diagnosis.
3. All other supporting documents, such as laboratory report, X-ray report and so forth.
4. Death Certificate
5. Post Mortem report
6. Probate or Letter of Administration
7. Police report and / or Coroner's Report if the death is caused by accident
8. Incident report issued by relevant authority at place of death
9. Original receipts for related burial expenses
10. Copy of HKID or passport of the deceased.
11. Certificate of Order Authorizing Burial / Cremation of Body.
12. Original credit card statement(s) and / or other supporting receipt(s).

Personal Liability

1. Photos showing the extent of the third party property damage and / or body injury and the scene of the accident, if possible.
2. Any third party correspondence, summons or writs. These should be forwarded to us immediately and unanswered.

Trip Cancellation or Curtailment Expenses

1. Reason for cancellation / curtailment of the trip together with relevant supporting documents.
2. Original certificate proving the non refund amount of travel expenses paid in advance.
3. If the cancellation / curtailment is due to the Insured Person / relative / close business partner / traveling companion's death or sickness or injury, please provide us with copies of death certificate or medical advice / certificate with diagnosis and supporting documents proving the relationships.
4. Original medical certificate / report with diagnosis issued by the medical practitioner.
5. Original invoice / receipt for the additional travel & accommodation expenses incurred.
6. Original invoice / receipt for the loss of travel & accommodation expenses paid in advance.
7. Copies of boarding passes / air-tickets / e-tickets/ passport / other supporting documents.

Trip Re-route

1. Reason for re-route of the trip together with relevant supporting documents.
2. Original incident report from the concerned airlines.
3. Document proving that the Common Carrier would not provide an alternative transportation.
4. Documentary supporting for the alternative transportation

Delay Benefits / Hijack

1. Carrier's (airline) certificate stating the reason and duration of baggage delayed.
2. Original emergency purchase receipt(s) of essential items or clothing requisites.
3. Airline certificate stating duration and reason of delay or interruption.

24 Hours Worldwide Emergency Assistance

1. Please quote the following when calling our Worldwide Emergency Assistance Hotline:
 - I. Insured / Policyholder's Name
 - II. Insured Person's Name
 - III. Policy No.
 - IV. Nature of Injury / Sickness
 - V. Details of Attending Doctor
 - VI. Present Location and Contacts
2. All requests, services or arrangements shall be referred to our Worldwide Emergency Assistance for approval
3. Services rendered without the authorisation and/or intervention of our Worldwide Emergency Assistance are excluded

To. QBE Hongkong & Shanghai Insurance Limited

Policy number: _____

Name of Policyholder: _____

This is to verify that _____, HKID: _____, is
(claimant's name) (claimant's HKID)

one of the insured staff under the policy as stated below. **(Date of accident: _____)**

His / Her trip from _____ to _____, to _____,
(trip commencing date) (trip ending date) (trip's destination)

is authorised by the company/institute.

Approval Signature: _____ (Position: _____)

Company/Institute's chop: _____

Date: _____