

Travel Insurance Claim Form

旅遊保險索償表格

Important Information 注意事項: 1. Please complete this form by the Insured Person or Insured Person's parent or legal guardian if the Insured Person is below 18 years old. 請由受保人填寫。如受保人未滿18歲，則由受保人之父母或合法監護人填寫。 2. If there is not enough space, please attach an additional page. 如填寫位置不足，請另行附上資料補足。 3. The required documents are listed in Part IV, additional documents may be required and to be forwarded upon request of Chubb Insurance Hong Kong Limited. 所需文件已列於第四部份，如有需要，安達保險香港有限公司將要求提供額外文件。	Agent / Broker Information (for producer's use only): 代理人／經紀資料 (由中介人填寫):	
	Name 名稱:	Code 編號:
	Email Address 電郵地址:	Contact No. 聯絡號碼:

Part I – General Information 第一部份 – 一般資料

Personal Particulars 個人資料

Name of Policyholder 保單持有人名稱: (Eng) (中文)	
Name of Insured Person 受保人姓名: (Eng) (中文)	
HKID Card No. of Insured Person 受保人香港身份證號碼:	Policy No. 保單號碼:
Date of Birth 出生日期:	Gender 性別: <input type="checkbox"/> M 男 / <input type="checkbox"/> F 女
Name of Parent / Legal Guardian 父母／合法監護人姓名: (if the Insured Person is below the age of 18 如受保人未滿十八歲) (Eng) (中文)	Parent / Legal Guardian's Hong Kong ID No.: 父母 / 合法監護人香港身份證號碼:
Correspondence Address 通訊地址:	
Email Address 電郵地址*:	Mobile Phone No. 手提電話號碼*:

Local Bank Account Details 本地銀行賬戶資料

Account Holder's Name 賬戶持有人姓名:	Bank Code 銀行號碼: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Branch Code 分行號碼: <input type="text"/> <input type="text"/> <input type="text"/>
Bank Name 銀行名稱:	Account Number 賬戶號碼: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Please note that claim settlement will only be made payable to the designated recipient mentioned in the terms and conditions of the relevant policy. Please provide the above information of the designated recipient accordingly. This local bank transfer will only be facilitated to the local bank HKD account of the designated recipient if all the information above has been accurately provided and the settlement amount is lower than HKD100,000. Otherwise, we will proceed with the claim settlement by delivering a cheque payable to the designated recipient according to the terms and conditions of the relevant policy. This information request should not be construed as an admission of our liability. 本公司只會支付此索償予有關保單條款指定的支付對象，故請提供該支付對象關於上述所要求的資料。當上述所要求的資料均正確提供，以及賠償金額少於港幣十萬元時，本公司方會轉賬至該支付對象本地銀行港幣賬戶；否則，本公司將以支票支付此索償予有關保單條款指定的支付對象。此項要求並不代表本公司承認賠償責任。

* Correspondence may be sent to this email address and / or mobile phone no. 本公司或會以此電郵地址及 / 或手提電話號碼作聯繫用途

Part II – Details of Claims 第二部份 – 索償詳情

Details of Journey 旅程資料:

Journey 旅程	Date and Time of Departure 出發日期及時間	Date and Time of Return 返抵日期及時間
Scheduled 原定	DD日 / MM月 / YY年 : HH時 MM分 am / pm	DD日 / MM月 / YY年 : HH時 MM分 am / pm
Actual 實際	DD日 / MM月 / YY年 : HH時 MM分 am / pm	DD日 / MM月 / YY年 : HH時 MM分 am / pm
Place of Departure 出發地:		Place of Destination(s) 目的地:

Do you have other insurance covering this loss? If yes, please state:
台端有否其他保單保障是次損失? 如有, 請述:

Name of Insurance Company 保險公司名稱	Policy No. 保單編號

Please complete the below respective section(s) that you need to make a claim from 請填妥以下台端需要提出索償的部份:

A. Medical Expenses / Hospital Cash 醫療費用 / 住院現金

1. Date of accident or Date of first occurrence of symptom(s) 意外日期或首次出現病徵的日期:	2. Date of first medical consultation 首次求診日期:	3. Claim Amount 索償金額: (Please indicate currency 請註明貨幣)

4. FOR INJURY: please describe where and how the accident happened 如屬受傷事故: 請詳述事件發生地點及經過
FOR SICKNESS: please advise what symptom(s) had occurred 如屬病患: 請說明有何病徵

5. Nature of Injury / Diagnosis 傷勢 / 病患的診斷結果:	6. If further medical treatment required 是否仍需繼續治療:
	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

B. Baggage / Personal Effects, Money and Travel Documents 行李 / 隨身財物、金錢及證件

1. Date and time of the incident 事件發生日期及時間:	2. Location of the incident occurred 事件發生地點:

3. Detailed description of the occurrence of the incident 詳述事件發生的經過:

4. Was the loss / damage reported to police, carrier or hotel? If yes, please provide the name, contact information and case reference no. of the police station, carrier or hotel 上述損失有否通知警方、運送者或酒店? 如有, 請列明所辦理之警署、運送者或酒店的聯絡人、聯絡資料及報案編號:

5. Did the carrier / hotel offer any compensation, repair or replacement? If yes, please specify:
上述運送者 / 酒店有否提供任何賠償、修理或更換? 如有, 請列明:

6. Please provide the below information 請提供以下資料:

Description of damaged / lost items 損失 / 損毀之物件	Date of purchase 購買日期	Place of purchase 購買地方	Purchase price (Please indicate currency) 購買價值 (請註明貨幣)

Part III — Declaration & Authorization 第三部份 — 聲明及授權

I / We declare that to the best of my knowledge and belief the above statements and particulars contained are in all respects true and complete and are made without reservation of any kind. 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 to Chubb Insurance Hong Kong Limited. A photocopy of this authorization shall be considered as effective and valid as the original.

I / We further hereby declare and agree, that the personal information collected or held by Chubb Insurance Hong Kong Limited, whether contained in this claim form or otherwise obtained, may be used by Chubb Insurance Hong Kong Limited or disclosed to any individual or organization such as legal firms, accountants, actuaries, loss adjudicators and claims investigators, doctors and other medical service provider within or outside Hong Kong and as more particularly set out in the Chubb Privacy Information Collection Statement for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis. I / We understand that if I / We do not provide such consent, or revoke my / our consent, Chubb Insurance Hong Kong Limited may not be able to process or assess my / our claim. A copy of the Chubb Privacy Information Collection Statement can be found at www.chubb.com/hk.

Any persons from whom Chubb Insurance Hong Kong Limited has collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by Chubb Insurance Hong Kong Limited. A request for such access may be made to the Personal Data Privacy Officer of Chubb Insurance Hong Kong Limited at 25th Floor Shui On Centre, No. 6-8 Harbour Road, Wanchai, Hong Kong.

本人 / 吾等謹此聲明本人確信以上所填報之資料及所列各項之事件乃屬完全真確並無作任何資料之保留。本人茲授任何曾替本人作診治之醫生、醫務人員、醫院或診所提供有關本人病歷之資料予安達保險香港有限公司。此授權書之副本亦屬有效。

本人 / 吾等亦在此聲明及同意由安達保險香港有限公司所收集或持有的個人資料，不論包含在這索償表格或以其他方式獲取，均可供安達保險香港有限公司使用或各在香港境內或境外之任何人士或機構例如律師事務所、會計人員、精算師、公證人、索償調查員、醫生及其他醫護服務提供者及其他已載於安達收集個人資料聲明之人士及機構披露作以下用途：(1) 評核此項申請，(2) 提供保險及客戶服務，(3) 處理保險的索償或有關之分析。本人 / 吾等明白如本人 / 吾等不同意或撤回此聲明，安達保險香港有限公司或未能處理及評核本人 / 吾等之索償。安達收集個人資料聲明之副本已載於 www.chubb.com/hk。

就提供上述資料的任何人士有權查閱及要求更改安達保險香港有限公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求，可向安達保險香港有限公司之個人資料私隱主任提出，地址為香港灣仔港灣道6-8號瑞安中心25樓。

Signature of Insured Person 受保人簽署:	Name of Insured Person 受保人姓名: (in BLOCK CAPITALS 請以正楷書寫)
Date Signed 簽署日期:	HKID Card No. of Insured Person: 受保人香港身份證號碼:
Signature of Parent / Legal Guardian 受保人父母 / 合法監護人簽署: (if Insured Person is below 18 years old 如受保人未滿18歲)	Name of Parent / Legal Guardian 父母 / 合法監護人姓名: (in BLOCK CAPITALS 請以正楷書寫)
Date Signed 簽署日期:	HKID Card No. of Parent / Legal Guardian: 父母 / 合法監護人香港身份證號碼:
Authorized Signature and Stamp of Policyholder: 保單持有人授權簽署及蓋章: (if Policyholder is a company 如保單持有人為公司)	Name of Authorized Signatory 簽署人姓名: (in BLOCK CAPITALS 請以正楷書寫)
Date Signed 簽署日期:	Title of Authorized Signatory 簽署人職銜:

Part IV – Required Documents 第四部份 – 所需文件

For All Section 所有項目

1. Policy Schedule or insurance premium payment receipt
保單承保表或保費收據
2. Boarding pass, travel tickets and itinerary
登機證和旅遊票據及行程表
3. Policyholder's confirmation on the Insured Person's employment information, stationed country and the trip nature (if Policyholder is a company)
保單持有人發出有關受保人之僱用狀況、駐地及公幹證明 (如保單持有人為公司)
4. Birth certificate (if the Insured Person is below the age of 18)
出生證明書 (如受保人未滿18歲)

A. Medical Expenses / Hospital Cash 醫療費用 / 住院現金

1. Medical report / certificate advising diagnosis
註明診斷結果之醫療報告 / 證明書
2. Original medical receipts
醫療收據正本
3. Statement of account with detailed breakdown
收費清單及明細

B. Baggage / Personal Effects, Personal Money and Travel Documents 行李 / 隨身財物、金錢及證件

1. Loss / damage report issued by police, airline, or other relevant authorities
警方、航空公司或有關機構發出的損失 / 損毀報告
2. Original purchase receipt of the lost / damaged items
損失 / 損毀物品的購買收據正本
3. Original payment receipt for the replaced travel documents
補領證件費用收據正本
4. Photos showing the extent of damage
顯示物品損毀程度的相片
5. Repair quotation (if applicable)
維修報價 (如適用)
6. Original receipt of the additional travel and accommodation expenses (if applicable)
額外交通及住宿收據正本 (如適用)
7. Compensation breakdown from relevant authorities / other insurers
有關機構 / 其他保險公司的賠償明細

C. Travel Delay / Baggage Delay 旅程延誤 / 行李延誤

1. Relevant carrier delay report confirming the reason and duration of delay
有關運輸機構發出延誤原因及時數的證明
2. Original receipt(s) for expenses forfeited / additionally incurred or for emergency purchased item(s) (if applicable)
被沒收 / 額外支付的費用或緊急購買物品的收據正本 (如適用)
3. Compensation breakdown from relevant carrier
有關運輸機構的賠償明細

D. Journey Cancellation / Journey Interruption 取消旅程 / 旅程阻礙

1. Documentation issued by relevant parties confirming the cause of cancellation / interruption, such as medical report, relationship proof, etc
有關人士、機構證明取消旅程 / 旅程阻礙原因的文件, 如醫療報告、關係證明等
2. Original payment receipts for the pre-paid costs or deposits of the forfeited travel and accommodation expenses (if applicable)
已預付而被沒收的交通及住宿費用收據正本 (如適用)
3. Documentation confirming the journey cancellation / curtailment and the refundable amount
有關機構證明缺席 / 取消 / 縮短旅程及可獲退款的金額
4. Original payment receipt for the additional travel / accommodation expenses incurred after commencement of journey (if applicable)
旅程開始後支付的額外交通 / 住宿費用收據正本 (如適用)
5. Document showing the rescheduled itinerary (for journey interruption)
可顯示重新編排後的行程的文件 (旅程阻礙適用)

E(i). Person Accident 人身意外

1. Medical report / certificate advising diagnosis
註明診斷結果之醫療報告 / 證明書
2. Incident report issued by relevant authorities and / or police report
有關機構發出的意外事件報告及 / 或警方報告
3. Document confirming the cause of death, such as Death certificate, autopsy / post mortem report (if applicable)
註明死亡原因的文件, 如死亡證、解剖 / 驗屍報告 (如適用)
4. Medical report confirming the extent of permanent disability suffered
證明永久傷殘程度的醫療報告

E(ii). Personal Liability 個人責任

1. Detailed description of the incident (including the date, time, location, circumstance and the extent of the damage / injury)
詳述事發日期、時間、地點、經過及損傷程度
2. Photos showing the environment of the scene and the extent of damage / injury
顯示現場環境及損毀 / 損傷程度的相片
3. Full name and contact method of the third party claimant and witness(es)
第三者索償人及所有證人之姓名及聯絡方法
4. Any claim / demand letter, lawsuit or proceeding of any type relating to the incident (should be forwarded to us immediately without acknowledgement)
任何有關事件的索償要求、法庭傳票、命令及訴訟 (應立即通知及提交予本公司, 切勿自行處理)

Note: The above request is for initial consideration only. We reserve the right to request further documents / information for claim assessment.
注意: 以上文件只為初步評估之用, 本公司有權要求提供進一步文件 / 資料以作賠償審理。