

# Property Claim Form

**Important Information:**

1. This form should be completed as fully and accurately as possible and returned to us immediately whether a claim has been made on the Insured or not. If the space is not enough or no applicable field available, please supplement information by attachment.
2. The list of documents required is not exhaustive and we reserve our right to request from you any additional information / documentation, as necessary.
3. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

**Policyholder / Insured's Information**

|                                 |                       |                          |
|---------------------------------|-----------------------|--------------------------|
| Name of Policyholder / Insured: |                       | Policy No.:              |
| Correspondence Address:         |                       |                          |
| Contact Person and No.:         |                       | E-mail Address:          |
| Name of Insurance Broker:       | Broker's Contact No.: | Broker's E-mail Address: |

**Time and Place of Accident**

Please state the following particulars of accident:

|                              |       |   |
|------------------------------|-------|---|
| Date:<br><br>/ /<br>DD MM YY | Time: | Address of premises or place of accident: |
|------------------------------|-------|---|

**Full Description of Accident**

1. Circumstances, Cause and Description of loss or damage:

2. Is there similar incident happened before? If yes, please advise in details:

3. Are you the owner of the property concerned?



## Declaration & Authorization

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 / 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 SAR 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](http://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 39/F, One Taikoo Place, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

|                              |  |
|------------------------------|--|
| Signature of Insured Person: | Name of Authorized Signatory:<br>(in BLOCK CAPITALS) |
|                              | Capacity of Authorized Signatory:                    |
| Date Signed:                 |  |

Chubb. Insured.<sup>TM</sup>