

Policy Cancellation Form  
保單取消表格

For internal use only	

Important Notes 注意事項：

1. Please put an “X” in the appropriate box(es) and complete in BLOCK CAPITALS. 請在適當的方格內加「X」，並用正楷書寫。

2. Please give us no less than one (1) month written cancellation notice in advance if you wish to cancel your policy. You may refer to the policy wording for more details. 如需取消保單，請至少提前一 (1) 個月以書面通知我們。更多詳情，請參閱保單條款。

Policyholder Details 保單持有人資料

Policyholder's name 保單持有人姓名：

(English)	(中文)
HKID card no. 香港身份證號碼：	Policy no. 保單號碼：
Contact phone no. 聯絡電話號碼：	Email address 電郵地址：

1. I request to terminate 本人欲取消：	<div><input type="checkbox"/> the above policy 上述保單</div> <div><input type="checkbox"/> the coverage of my spouse 本人配偶之保障</div> <div><input type="checkbox"/> the coverage of my children 本人子女之保障 (Please specify name of child 請註明子女姓名)：</div> <div><input type="checkbox"/> the coverage of my family members 本人家庭成員之保障 (Please specify 請註明)：</div> <div><input type="checkbox"/> the coverage of my rider 本人附加之保障 (Please specify 請註明)：</div>
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2. Intended cancellation date 預定取消日期：	/ / DD 日 / MM 月 / YY 年
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3. Cancellation reason 取消原因：	<div><input type="checkbox"/> Card / Account cancelled 取消信用卡 / 賬戶</div> <div><input type="checkbox"/> Premium too high 保費過高</div> <div><input type="checkbox"/> Relocation 移民</div> <div><input type="checkbox"/> Coverage not suitable 保障不適合</div> <div><input type="checkbox"/> With similar coverage 已購買同類保障</div> <div><input type="checkbox"/> Others 其他 (Please specify 請註明)：</div>
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## Declaration & Signature 聲明及簽署

I / We hereby give my/our consent and authorize that Chubb Insurance Hong Kong Limited (Chubb) may disclose, verify and/or exchange any information supplied to Chubb without further notification to me / us confidentially with its affiliated companies and/or other parties as detailed in the Chubb Personal Information Collection Statement for conserving my/our application(s) for any new insurance policies, administering policies taken out with Chubb, customer service and marketing and related activities, until Chubb review my/our written instruction to the contrary. Upon my / our written consent, Chubb shall, without charge, cease to use my / our personal information for purposes other than those directly related to my / our insurance policies. A copy of the Chubb Personal Information Collection Statement can be found at [www.chubb.com/hk](http://www.chubb.com/hk).

I / We understand that I / We may write to Chubb's Data Privacy Officer at 39/F, One Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong for any request for access to and/or collection of any information supplied to Chubb, I / we also understand that Chubb may reserve the right to charge a reasonable fee to offset the administrative costs in complying with access requests.

本人/我們同意並授權安達保險香港有限公司(「安達保險」)在保密的情形下可能透露、核對及/或交換由本人/我們所提供予安達保險的資料，以使安達保險及安達保險之附屬公司及其他在收集個人資料聲明內所列的第三方，能夠處理本人/我們予安達保險的保險申請、相關保單之行政、客戶服務及市場推廣等有關的服務或活動而毋須先通知本人/我們，直至本人/我們作出書面指示為止。而當本人/我們作出此等指示後，安達保險應立即停止運用本人/我們之個人資料以用作直接有關與本人/我們所屬保單以外之一切用途。收集個人資料聲明的副本詳細載於網站[www.chubb.com/hk](http://www.chubb.com/hk)。

本人/我們明白本人/我們可以書面聯絡安達保險之資料保護主任(香港鰂魚涌英皇道979號太古坊一座39樓)翻查及/或更改本人/我們所提供予安達保險的資料。

本人/我們並明白安達保險於處理有關查詢要求時，可保留收取合理費用以彌補有關的行政開支。

Signature of policyholder:  
保單持有人簽署:

Name of policyholder 保單持有人姓名:  
(In BLOCK CAPITALS 請以正楷書寫)

Date signed 簽署日期:

/ /  
DD 日 / MM 月 / YY 年