


## Authorization for eClaim Submission

### 電子索償授權書

#### A. Customer's Particulars 客戶資料

1. Policy Number 保單編號			
2. Full Name of Insured 受保人姓名		3. Sex 性別	
4. HKID Card / Passport Number 香港身份證 / 護照號碼		5. Date of Birth 出生日期 (Day日/Month月/Year年)	
6. Telephone Number 電話號碼		7. Email Address 電郵地址	

If the insured is different from the Policyowner, please complete the information below:  
如受保人與保單持有人並非同一人，請填寫以下資料：

8. Full Name of Policyowner 保單持有人姓名		9. HKID Card / Passport Number 香港身份證 / 護照號碼	
10. Telephone Number 電話號碼		11. Email Address 電郵地址	

#### B. Set up / Change / Termination of Designated Person 設定 / 更改 / 終止指定人士

\* Please tick the appropriate box 請選適當的方格。

<input type="checkbox"/>	Set up / Change of Designated Person (please complete below) 設定/ 更改指定人士 (請填寫以下部份)								
	Details of Designated Person 指定人士資料								
	<table border="1"> <tr> <td>Agent's Name (Required) 保險代理 (必須提供)</td> <td></td> </tr> <tr> <td>Agent's Code (Required) 保險代理代號 (必須提供)</td> <td></td> </tr> <tr> <td>Agency (Required) 顧問組別 (必須提供)</td> <td></td> </tr> <tr> <td>Agent's Contact Telephone Number 保險代理聯絡電話號碼</td> <td></td> </tr> </table>	Agent's Name (Required) 保險代理 (必須提供)		Agent's Code (Required) 保險代理代號 (必須提供)		Agency (Required) 顧問組別 (必須提供)		Agent's Contact Telephone Number 保險代理聯絡電話號碼	
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Agent's Contact Telephone Number 保險代理聯絡電話號碼									
<input type="checkbox"/>	Termination of the Setup of Designated Person 終止指定人士之設定								

Note: For each Policy, only one Agent can be the Designated Person at a time.

註：就每份保單而言，於同一時間內，只有一名保險代理可被設定為指定人士。

### C. Authorization Period 授權時限

The Authorization will be valid unless otherwise revoked in writing.  
此授權書持續有效，直至本人/吾等以書面形式撤銷。

### D. Consent and Authorization for eClaim Submission 電子索償同意及授權書

I/ We (the Policyowner (and the Insured (if different and if applicable)) of the above Policy) hereby authorize and give my/our consent to the above-named Designated Person to submit eClaim(s) on my/our behalf (the "Service"). I/We understand that this authorization includes the submission of all necessary documents, records and materials containing accurate and complete information required for the processing of my/our claim(s) under the above Policy.

I/We understand that: (1) the Service is only a value-added service, and it is not part of the Policy. (2) the above Policy must be in force when using the Service. (3) I/we have the right to change or terminate the authorization for the Designated Person from time to time by submitting a request using the latest version of Chubb Life Insurance Hong Kong Limited (the "Company")'s prescribed form. (4) the Company has the absolute discretion to vary or terminate the Service anytime without giving me/us prior notice. (5) The Policyowner may log in to the eService to view the claims records anytime.

I/We hereby authorize any employer, doctor, hospital, clinic, insurance company, government office or any organizations or persons who have any records, knowledge or information (whether medical or otherwise) of me or the Insured (if different) to disclose, release or transfer to the Company or its representative such information pertinent to the Service. This authorization shall bind my and the Insured (if different)'s successors and assignees and remain valid notwithstanding my or the Insured (if different)'s death or incapacity in so far as legally possible. A photocopy of this authorization shall be valid as the original.

本人 / 吾等（即上述保單的保單持有人（及受保人（如有不同及如適用））特此授權及同意以上指定人士就以上保單進行電子索償服務（以下簡稱「服務」）。本人 / 吾等理解此授權包括提交所有必要的文件、記錄和材料包括所需的準確及完整資料以處理本人 / 吾等於以上保單下的索償申請。


本人 / 吾等明白：（1）此服務只是一項增值服務，且並非保單的一部份。（2）在使用此服務時，以上保單需仍然生效。（3）本人 / 吾等有權使用安達人壽保險香港有限公司（「貴公司」）最新版本的指定表格提交請求，不時更改或終止對指定人士的授權。（4）貴公司可按照其絕對酌情權隨時更改或終止此服務，而無須向本人 / 吾等作出事先通知。（5）保單持有人可隨時登入eService查閱索償紀錄。

本人 / 吾等特此授權任何僱主、醫生、醫院、診所、保險公司、政府部門，或其他機構及人士，如具有本人 / 受保人（如有不同）的任何紀錄、知識或資料，可將該等資料向貴公司或貴公司代表透露、發放或移交，用以作為此服務的參考。該授權書對本人 / 受保人（如有不同）的繼承人及承讓人均有約束力，即使在本人 / 受保人（如有不同）死亡或喪失行為能力後仍然有效。該授權書的影印本具有與正本同等的效力。


## E. Personal Information Collection Statement 個人資料收集聲明

I/WE HEREBY ACKNOWLEDGE, DECLARE AND AGREE THAT, by signing this authorization, any personal information collected or held by Chubb Life Insurance Hong Kong Limited (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the transferees indicated in and in accordance with the Personal Information Collection Statement set out in my/our Application For Life Insurance, which may include without limitation, any branch, subsidiary, holding company, associated company or affiliates of the Company (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations and federations, credit reference agencies, government or judicial or regulatory bodies or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, and the Company's appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong and Mainland China. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our personal information with the information collected by the insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under this authorization which is a condition precedent for me/us to apply for the eClaim Submission. Failure to supply the required information may result in the Company being unable to process this authorization. For more details of the Company's policies on personal information and privacy protection, please read the Company's Privacy Notice available at <https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html>. Any questions regarding personal information, access to or correction of personal information should be made in writing and forwarded to The Data Protection Officer of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

就簽署此授權書，本人/吾等確認、聲明及同意安達人壽保險香港有限公司（「貴公司」）（可以使用、處理、儲存、披露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料至在本人/吾等的人壽保險申請書中的個人資料收集聲明所訂明的資料轉移接收方，包括但不限於，貴公司的任何分行、附屬公司、控股公司、聯營公司或聯繫公司（「集團公司」）、其獲授權的代理人、再保險公司、理賠調查公司、理賠調查員、醫療顧問、索償代理、保險行業協會及聯會、信貸資料機構、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士，及貴公司指定的第三方代理、承包商及顧問，不論在香港及中國大陸境內或境外。此外，貴公司獲授權向保險行業協會及聯會、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集之個人資料。本人/吾等有責任提供此授權書上所需資料，以作為申請電子索償之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理本授權書。有關安達人壽保險香港有限公司個人資料及私隱保障政策的詳情，請參閱安達人壽保險香港有限公司的私隱政策，網址為 <https://www.chubb.com/hk-zh/footer/chubb-life-privacy-policy.html>。如欲查詢有關個人資料事宜，查閱或更正個人資料必須以書面形式向安達人壽保險香港有限公司的資料保護主任提出，並送交至香港銅鑼灣告士打道三一號皇室大廈安達人壽大樓三十五樓。-

_____/_____/_____ Day 日 / Month 月 / Year 年	 _____ Signature of Policyowner 保單持有人簽名	_____ Name of Policyowner 保單持有人姓名
_____ Identity Document Number of Policyowner 保單持有人身份證明文件號碼		

If the Insured is different from the Policyowner and is aged 18 or above, please sign below:  
如受保人與保單持有人並非同一人及為18歲或以上，請簽名：

_____/_____/_____ Day 日 / Month 月 / Year 年	 _____ Signature of Insured 受保人簽名	_____ Name of Insured 受保人姓名
_____ Identity Document Number of Insured 受保人身份證明文件號碼		

Signature(s) must be consistent with that in the Policy.  
上述簽署模式應與保單記錄之簽署相同。

Chubb. Insured.<sup>SM</sup>