

Claim Form - Medical Benefit / Accident Benefit

醫療保障 / 意外保障賠償申請書

A single bilingual form for Hospitalisation, Day Surgery, Accident Medical & Hospital Cash.
適用於住院、日間手術、意外醫療及住院現金等索償。

Claim Benefit (Please choose)
保障類別 (請選擇)

Medical Benefit 醫療保障 Accident Benefit 意外保障

Remarks 備註欄

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Part I (To Be Completed by Policyowner/Insured) 第一部份 (由保單持有人 / 受保人填寫)

A. Policy & Claimant Information / 保單及申請人資料

1. Policy No. 保單號碼			
2. Policyowner Name* 保單持有人姓名*			

Please fill insured information below: 請在下方填寫受保人相關信息:

3. Insured Name 受保人姓名			4. HKID / Passport No. 香港身份證/護照號碼		
5. Date of birth 出生日期	____/____/____ Day日 Month月 Year年	6. Sex 性別		7. Age 年齡	
8. Contact No. 聯絡電話			9. Email 電郵		

10. If claimant is not the Insured, state relationship
如索償人並非受保人，請注明關係：

B. Claim Type (Tick all that apply) / 索償申請類別 (可多選)

- Hospitalization 住院 Day Surgery 日間手術 Hospital Cash 住院現金 VHIS 自願醫保
 Select Top Up Medical Benefit 「安心之選」升級醫療保障計劃 Accident Medical Benefit 意外醫療
 AMS 安達無憂醫療保障系列 Weekly Accident Indemnity 每週意外定額賠償
 VCARE Cancer Protector Benefit 「倍康泰」癌症保障計劃 Other 其他：_____

C. Event Details (Complete illness OR accident) / 事件詳情 (請選擇其一：疾病/意外)

1. If due to illness, please provide the information below 如屬疾病，請提供以下資料：

a. Sign and symptoms 徵狀			
b. Date of the above symptoms first appeared 首次出現上述徵狀日期：	____/____/____ Day日 Month月 Year年		
c. Date of first consultation 首次求診日期：	____/____/____ Day日 Month月 Year年		
d. Doctor name 醫生名稱			
e. Clinic name/Hospital name 診所名稱 / 醫院名稱			

2. If due to Accident, please provide the information below 如屬意外，請提供以下資料：

a. Accident date & time 意外發生日期/時間	____/____/____ Day日 / Month月 / Year年	Time 時間	<input type="checkbox"/> AM 上午	____ : ____
b. Place of accident 意外發生地點				
c. The details of the accident (and the injured areas) 意外發生經過 (及受傷部位)				
d. Was the incident reported to the police 有否就是次事故報警？	<input type="checkbox"/> No 沒有	<input type="checkbox"/> Yes, please provide information on the right 有，請提供右方所需的資料	Police Station 警署	
			Ref. No. 個案編號	
e. Present occupation 現時職業				
f. Duties 工作範圍				
g. Employer's name, address & tel. no. 僱主名稱、地址及電話號碼				
h. Date on which you returned to work? 何時恢復工作？	____/____/____ Day日 / Month月 / Year年			

D. Hospitalisation / Treatment Details 住院 / 治療詳情

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

1. Date of Admission 入院日期	____/____/____ Day日 / Month月 / Year年	2. Date of Discharge 出院日期	____/____/____ Day日 / Month月 / Year年
3. Name of hospital 醫院名稱			
4. Bed class 床位級別	<input type="checkbox"/> Ward 大房 <input type="checkbox"/> Semi-private Room 半私家 <input type="checkbox"/> Private Room 私家 <input type="checkbox"/> Isolation room 隔離病房 <input type="checkbox"/> Day Surgery 日間手術		
5. Surgery 手術	<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有 If "Yes", please provide below information 如「有」，請提供下列所需資料		
	a) Surgery Name 手術名稱	b) Surgery Date 手術日期 ____/____/____ Day日 / Month月 / Year年	
	c) Anesthesia 麻醉 <input type="checkbox"/> GA 靜脈/全身麻醉 <input type="checkbox"/> LA 局部麻醉		
6. Diagnostic tests 檢查	<input type="checkbox"/> X-ray X光 <input type="checkbox"/> CT Scan 電腦掃描 <input type="checkbox"/> MRI 磁力共震 <input type="checkbox"/> Lab 化驗 <input type="checkbox"/> Other 其他：_____		

E. Other Insurance Coverage / 其他保險

Any concurrent claim filed to other insurers? 有沒有同時向其他保險公司提出索償？

No 沒有 Yes 有

(If Yes, please provide the name of the insurers and the policy number 如有，請列明公司及保單號碼)

Name of insurer 投保公司	Policy no. 保單號碼	Benefit type 保障類別	Benefit amount 保障金額
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Request return of Certified True Copy of Medical Receipt(s) 欲退回醫療收據之核證副本

F. Payment Instruction / 賠償支付方式

Direct credit to existing premium autopay account (Policyowner only; limit to HKD200,000)
轉賬至現有保費自動轉賬戶 (只限保單持有人；上限為港幣200,000)

Direct credit to bank Account (Policyowner as account holder; limit to HKD200,000)
直接存入銀行戶口
(戶口持有人須為保單持有人；上限為港幣200,000)

Bank Name
銀行名稱

Name of Bank Account Holder (MUST BE the policyowner)
銀行戶口持有人姓名(必須為保單持有人)

Bank No. 銀行編號	Branch No. 分行編號	Bank Account No. 銀行賬戶號碼

Please provide account proof (e.g. bank statement or bank book copy showing the name of account holder and account number)
請提供帳戶資料證明 (如列有帳戶持有人之姓名及帳戶號碼之銀行帳單或銀行存摺影印本)

Cheque 支票

TT Payment 電匯
Remittance charges will be borne by the policyowner
滙款費用將由保單持有人承擔^

• Name of Bank Account Holder 銀行戶口持有人姓名

• Bank Account No. 銀行戶口號碼

• SWIFT Code SWIFT 代號

• Bank Name 銀行名稱

• Bank Address 銀行地址

• IBAN No. 國際銀行賬戶號碼

• Intermediary Bank Name 中介銀行名稱

• Intermediary Bank Account No. 中介銀行戶口號碼

^Bank charges may be incurred by client for TT. Policyowner is recommended to check with the bank before applying this instruction.
銀行或會向閣下徵收電匯的相關手續費。建議保單持有人於遞交指示前向銀行查詢。

Remarks 備註：

- Bank charges may be incurred by client for clearing the bank draft and TT. Policyowner is recommended to check with the bank before applying this instruction.
銀行或會向閣下徵收兌現本票或電匯的相關手續費。建議保單持有人於遞交指示前向銀行查詢。
- For payment by direct credit to bank account, bank account holder must be the policyowner and the maximum claim payment limit is HK\$200,000.
若選擇直接存入銀行戶口，銀行戶口持有人必須為保單持有人及賠償金額上限為港幣200,000元。
- For the claim payment amount exceeding HKD200,000, HKD cheque will be issued and sent to agent/intermediary (if applicable) directly.
如賠償金額多於港幣200,000元，將發出港幣支票並直接送予保險代理 / 中介人 (如適用) 。
- If unspecified or without clear instruction, claim payment will be settled by direct credit to existing premium collection autopay bank account (only applicable for the maximum claim payment limit is HKD200,000 and the aforesaid bank account holder is policyowner). Otherwise, claim HKD cheque will be issued and sent to agent/intermediary (if applicable) directly.
如沒有註明或清晰指示，賠償金額將會以直接轉賬至現時用於繳交保費之戶口 (僅適用於賠償金額上限為港幣200,000元及銀行戶口持有人必須為保單持有人) (如有)，否則將發出港幣支票並直接送予保險代理 / 中介人 (如適用) 。
- After the claim is approved, if the payment is made by cheque, the cheque will typically be ready within approximately 3-4 business days. It will either be mailed to you or you will be notified to collect it or it will be delivered through your servicing agent .
在索償申請獲批後，如以支票方式賠付，支票一般會於約3-4個工作天內準備妥當，並會以郵寄方式寄給您，或由我們通知您前往領取，或經閣下之保險代理 / 中介人傳遞給您。

G. Document Checklist 文件清單

In order to speed up your claim application, please attach the below documents together with this application form. Should any extra information or document be required for your claim processing, we will notify you or your agent or intermediary. Meanwhile please tick against the Required Documents submitted with this application form.

We reserve the right to request for the submission of the optional documents if necessary.

為使能儘速辦理您的索償申請，請將此表格連同以下文件遞交。如需要額外資料或文件，我們將另函通知閣下或閣下的保險代理或中介人。請於連同此表格提交的基本文件欄內劃上“X”號。本公司保留要求客戶提交附加文件之權利。

Document Type 文件類別	Medical Benefit 醫療保障	Accident Benefit 意外保障	Weekly Accident Indemnity 每週意外定額 賠償	Accidental Dismemberment 斷肢賠償
<input type="checkbox"/> Completed and signed Claim Form Part I 已填妥及簽署之理賠申請書第一部份	✓	✓	✓	✓
<input type="checkbox"/> Completed and signed Claim Form Part II (Attending Physician's Statement) 由主診醫生填妥及簽署之理賠申請書第二部份(主診醫生報告)	✓	✓	✓	✓
<input type="checkbox"/> Original Medical Receipt(s) and Statement(s) of Charges 醫療正本收據及收費單(費用明細表)	✓	✓	✓	✓
<input type="checkbox"/> Copy of Identity Document of the Insured & Policyowner 受保人及保單持有人的身份證明文件副本	✓	✓	✓	✓
<input type="checkbox"/> Copy of bank proof of policyowner 保單持有人的銀行證明副本	✓	✓	✓	✓
<input type="checkbox"/> Copy of Discharge Summary/Discharge Slip 出院總結 / 出院紙副本	✓	✓	*	*
<input type="checkbox"/> Copy of Sick leave certificate with diagnosis 列有診斷證明之病假證明書副本	*	*	✓	*
<input type="checkbox"/> Copy of Settlement Advice from another insurance provider (if any) 其他保險機構之理賠通知書副本(如有)	✓	✓	*	*
<input type="checkbox"/> Certified true copy of medical receipts and statement of charges issued by other insurance companies (if any) 由其他保險公司發出之醫療費用收據及收費單之核證副本(如有)	✓	✓	*	*
<input type="checkbox"/> Copy of Labour Department Assessment Certificate 勞工賠償評估證明書副本	*	*	✓	✓
<input type="checkbox"/> Copy of referral letter for physiotherapy/occupational therapy 物理治療 / 職業治療轉介信副本	*	✓	*	*
<input type="checkbox"/> Copy of physiotherapy/occupational report 物理治療 / 職業治療報告副本	*	*	✓	*
<input type="checkbox"/> Copy of Laboratory/X-Ray/CT scan/MRI/Pathological Report(s) 化驗/X-光/電腦掃描/磁力共振/病理檢驗報告副本	*	*	*	*
<input type="checkbox"/> Copy of histopathology/endoscopic/diagnostic/laboratory test report/operation summary, etc. 病理檢驗/內窺鏡/診斷性化驗/檢驗報告/手術撮要等副本	*	*	*	*
<input type="checkbox"/> Copy of Admission Note, Discharge Summary, Discharge Certificate, Daily Medical Record & Temperature Sheet of hospital in Mainland China 中國內地醫院之病案首頁、入院紀錄、出院證明、每日醫囑單及體溫表副本	*	*	*	*
<input type="checkbox"/> Copy of police report/traffic accident report/statement 警察報告 / 交通意外報告 / 口供紙副本	*	*	*	*

✓Required Documents 基本文件 *Optional Documents 附加文件

For Agent's/Intermediary's Use Only 保險代理 / 中介人適用

Attachment 附件	<input type="checkbox"/> HKID card copy of insured 受保人之香港身份證副本	<input type="checkbox"/> HKID card copy of policyowner 保單持有人的香港身份證副本
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I/We have verified the original HKID card/passport/residential address proof of the policyowner and confirmed the identity details in the HKID card/passport to be matched with the identity of the policyowner in this claim form. I/We will provide the required information and copies of the relevant documents to Chubb Life Insurance Hong Kong Limited without delay.
本人 / 吾等已核對保單持有人的香港身份證 / 護照 / 居住地址證明之正本，並確認香港身份證 / 護照之身份資料與此賠償申請書上保單持有人的資料一致。本人 / 吾等將會儘快遞交有關文件之副本予安達人壽保險香港有限公司。

Agent's/Intermediary's name
保險代理 / 中介人姓名：_____

Agent's/Intermediary's code
保險代理 / 中介人代號：_____

Agency
組別：_____

Agent's/Intermediary's signature 保險代理 / 中介人簽署：_____ Sign date 簽署日期：_____/_____/_____
Day日 Month月 Year年

H. Important Notes / 重要提示**1. Claims Submission Deadline and Processing Time****索償提交期限及處理時間**

- Please submit your claim as soon as reasonably possible and within the timeframe stated in your policy provisions:
請盡快並於保單條款所列時限內提交索償申請：
- Based on the Notice of Claim clauses in your policy, which generally require written notice within 60 days and proof within 180 days from the date of diagnosis, surgery, hospital discharge . If you cannot meet this timeframe due to exceptional circumstances, please inform us immediately. Failure to comply may affect claim eligibility. In case of discrepancy, the terms and conditions of your policy shall prevail.

基於保單中的「索償通知」條款，一般要求於診斷起 60 天內書面通知，並於 180 天內提供證明文件。如因特殊情況未能於時限內提交，請立即通知我們。逾期過久的索償申請可能影響理賠資格評估。如有任何差異，以保單條款為準。

2. Estimated Claim Approval Timeframe**預計索償處理時間**

- Once we receive all required documents and information, we will process your claim promptly
在收到所有所需文件及資料後，我們將盡快處理
- Medical and Personal Accident Claims: Approximately 5 working days[^].
醫療及個人意外索償：約5 個工作天[^]。
[^] Calculated from the date the claim is received to the date of the first pending claim notice or claim result. The actual processing time may vary depending on the complexity of the claim, the completeness of the submitted information, and the timeliness of responses from relevant parties (e.g., medical providers).
[^] 從收到索償日起至首個待決賠償通知 / 賠償結果日計算。處理索償所需的實際時間取決於索償個案的複雜程度、所提交資料的完整性及相關方（例如醫療服務提供者）的回應速度。

**3. We will inform you if we require any additional information/documentation document(s) from you, as necessary.
如有需要您提供任何更多文件以處理您的索償申請，我們會盡快通知您。****4. Enquiry Details: 查詢詳情:**

- By Mail 郵寄**
Chubb Life Insurance Hong Kong Limited 安達人壽保險香港有限公司
35/F, Chubb Tower, Windsor House,
311 Gloucester Road, Causeway Bay, Hong Kong
香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十五樓
- By Phone or Fax 透過電話或傳真**
Customer Service Hotline 客戶服務專線 +852 2894 9833
Fax 傳真 +852 2577 0866
- By email 透過電郵**
enquiries.HKLife@chubb.com

I. Authorization & Declarations / 授權及聲明

I/We irrevocably authorize any employer, doctor, hospital, clinic, insurance company, government office or any organizations/persons to disclose, release or transfer information pertinent to this claim to Chubb Life Insurance Hong Kong Limited (the "Company"); and authorize the Company or its appointed medical examiners/laboratories to perform necessary assessment/tests. This authorization shall bind my and the Insured's successors and assignees and remain valid notwithstanding my or the Insured's death or incapacity in so far as legally possible. Photocopy of this authorization is as valid as original.

本人 / 我們不可撤銷地授權任何僱主、醫生、醫院、診所、保險公司、政府部門或任何機構或人士向安達人壽保險香港有限公司（「貴公司」）提供與本索償相關資料；並授權貴公司及其委任之醫療檢驗人員進行所需之評估及檢測。該授權書對本人 / 受保人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。此授權之影印本與正本具同等效力。

I/WE HEREBY ACKNOWLEDGE, DECLARE AND AGREE THAT, by signing this claim form, 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 form which is a condition precedent for me/us to apply for the policy change request. Failure to supply the required information may result in the Company being unable to process the form. 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.

就簽署此索償表，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/吾等收集的個人資料。本人/吾等有責任提供此申請書上所需資料，以作為申請保單更改要求之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理本申請書。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三一一號皇室大廈安達人壽大樓三十五樓。

(Only applicable when the claim application document(s) is/are digital/ electronic receipt(s)) I hereby declare that the enclosed claim application document(s) is/are DIGITAL/ Electronic receipt(s), and I agree to provide payment proof upon request if needed. If I have applied to other insurance company(ies) for payment(s) of the above mentioned claim, I confirm that a copy of the payment advice from that insurance company has been enclosed here in support of my application for the remaining balance of the claim (if applicable). I understand that the Company reserves all rights to reverse/claw back any payment made if my claim has been paid by any other insurance company(ies). I confirm that there is no ongoing payment application in relation to the above mentioned claim at any other insurance company. I acknowledge that the making of this declaration shall not in any way determine the liability of the Company in any relevant claims settlement.

(只適用於索償申請文件為電子收據)本人特此聲明，附上之索償申請文件為電子收據，並同意在需要時按要求的提供付款證明。倘若本人曾經就上述理賠個案向其他保險公司作出賠償申請，本人確認已經附上該保險公司的賠償通知書副本，以作餘額索償申請之用(如適用)。本人明白，倘若有其他保險公司曾就上述理賠個案作出賠償，貴公司保留撤銷/取回已賠償之金額的所有權利。本人確認上述理賠個案在其他保險公司沒有正在進行的賠償申請。本人確認，作出以上聲明並不代表貴公司須就任何有關索償上理賠責任。

_____/_____/_____
Day日 Month月 Year年

Signature of Policyowner
保單持有人簽署

Policyowner name *
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*

_____/_____/_____
Day日 Month月 Year年

Signature of Insured (Aged 18 or Above)#
受保人簽署（十八歲或以上）#

Insured name
受保人姓名

Identity Document Number of Insured
受保人身份證明文件號碼

* In compliance with the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance and the Guideline on Anti-Money Laundering and Counter-Terrorist Financing which is issued by the Office of the Commissioner of Insurance as amended from time to time, Chubb Life Insurance Hong Kong Limited is required to collect the identity information for the above items with asterisk (*) and verify the identity of the Policyowner. Your agent/intermediary, therefore, is needed to verify the original identification documents and collect the copies of the relevant and other documents as deemed necessary of the Policyowner.

* 根據打擊洗錢及恐怖分子資金籌集（金融機構）條例及保險業監理處所發出及不時修訂之「打擊洗錢及恐怖分子資金籌集指引」，安達人壽保險香港有限公司必須收取以上註有星號（*）項目之保單持有人身份資料並核實保單持有人之身份。閣下之保險顧問必須核實保單持有人之正本身份證明文件，並收取有關及其他所須文件之副本。

