

Chubb Claim Centre

安達索償中心

At Chubb, our aim is to process your claim efficiently. With this in mind, we have developed an easy-to-use online claims submission portal - **Chubb Claim Centre**.

安達保險致力為您提供有效率的理賠服務，有見及此，我們設計了一個易於使用的網上索償系統 – **安達索償中心**。



Every time Every where
隨時隨地



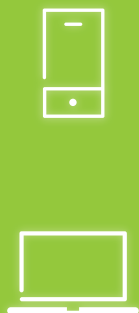
Faster Handling
快捷處理



Status Update
進度查詢

Submission Procedure 索償程序

Submission 遞交



Visit Chubb Claim Centre and
fill in the details
登入安達索償中心及填寫資料

Confirmation 確認



Receive Confirmation SMS or Email
收到確認短訊或電郵

Result 結果



Claim result would be provided
索償結果將會提供

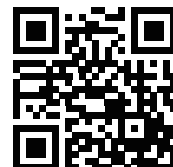
Payment 賠款



Claim payment via local bank
transfer would take as soon as
3 working days
選用銀行轉賬，最快可於3日內
收到索償賠款

Please submit your claim via the Chubb Claim Centre:
請即使用安達索償中心:

www.chubbclaims.com.hk



Travel Delay Claim Form

旅程延誤索償表格

Claims Department
 Chubb Insurance Hong Kong Limited
 39/F, One Taikoo Place
 979 King's Road
 Quarry Bay, Hong Kong
 O +852 3191 6800
 F +852 2560 3565
 E A&HClaims.HK@chubb.com
 www.chubb.com/hk

賠償部
 安達保險香港有限公司
 香港鰂魚涌英皇道979號
 太古坊一座39樓
 電話 +852 3191 6800
 傳真 +852 2560 3565
 電郵 A&HClaims.HK@chubb.com
 www.chubb.com/hk

This form is applicable to Cash benefit Claim only

本表格只適用於現金賠償

Before sending in this form, please read below Important Information
 請於交回此賠償申請表前細閱下面之索償注意事項:

1. Please complete this form in BLOCK LETTERS. To be completed by the Insured Person or Insured Person's parent or legal guardian if the Insured Person is below 18 years old.
 請受保人以正楷英文填寫此表格。如受保人為18歲以下，請受保人之家長或監護人填寫。
2. Additional documents may be required and to be forwarded upon request of Chubb Insurance Hong Kong Limited.
 如有需要，安達保險香港有限公司將要求提供額外文件。
3. All questions must be answered.
 所有問題必須作答。

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

General Document Requested 一般所需文件#

- ☐ Policy Schedule or insurance premium payment receipt
 保單承保表或保費收據
- ☐ Boarding pass, travel tickets and itinerary
 登機證和旅遊票據及行程表
- ☐ 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)
- ☐ 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)
- ☐ 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。

Personal Particulars 個人資料

Name of Policyholder 保單持有人名稱:

(Eng)	(中文)
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Name of Insured Person 受保人姓名:

(Eng)	(中文)
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HKID Card No. of Insured Person 受保人香港身份證號碼:

()

Policy No. 保單號碼:

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Date of Birth 出生日期:

DD 日	MM 月	YY 年
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Gender 性別#:

☐ M 男	☐ F 女
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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)
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Parent / Legal Guardian's Hong Kong ID No.: 父母 / 合法監護人香港身份證號碼:

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Correspondence Address 通訊地址:

Email Address 電郵地址*:

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Mobile Phone No. 手提電話號碼*:

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* 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

Please mark "X" in the appropriate box. 請於適當空格內填 "X"

Local Bank Account Details 本地銀行賬戶資料	
Account Holder's Name 賬戶持有人姓名: Must be the Insured or insured's Parents/Legal Guardian if the Insured is below the age of 18 必須為受保人或未滿18歲的受保人父母/合法監護人	Bank Name 銀行名稱:
Bank Code 銀行號碼: 	Account Number 賬戶號碼:

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。

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
Scheduled 原定	
Actual 實際	
Place of Departure 出發地:	Place of Destination(s) 目的地:

Please provide the below information 請提供旅程延誤資料:	
Flight 航班	Flight No. 航班編號
Schedule Flight 原定航班	Departure Date & Time 出發日期及時間
	Arrival Date & Time 到達日期及時間
	Departure Date & Time 出發日期及時間
Actual Flight 實際航班	Arrival Date & Time 到達日期及時間
	Departure Date & Time 出發日期及時間
	Arrival Date & Time 到達日期及時間

Cause of Delay 延誤原因#			Duration of Delay 延誤時數			
☐ Adverse Weather 惡劣天氣	☐ Natural Catastrophe 自然災難	☐ Strike 罷工			:	
☐ Mechanical Fault 公共交通工具機件故障	☐ Hijacking 遭到劫持	☐ Operational Reason 營運原因				
☐ Air Traffic Control 航空管制	☐ Aircrew Rotation 機組人員調動	☐ Other: 其他:	HH	:	MM	

* Please mark "X" in the appropriate box. 請於適當空格內填 "X"

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 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.

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, 979 King's Road, Quarry Bay, 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特別行政區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，地址為香港鰂魚涌英皇道979號太古坊一座39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:

Travel Claim Form, Hong Kong SAR. 旅遊保險索償表格, 香港特別行政區. Published 10/2019.

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