CHUBB

Chubb Claim Centre 安達索償中心

Claims Department

Chubb Insurance Hong Kong Limited 39/F, One Taikoo Place, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong 0+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 太古坊太古坊一座39樓 電話 +852 3191 6800 傳真 +852 2560 3565 電郵 A&HClaims.HK@chubb.com





® Sun Flower Insurance Brokers Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.co

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

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。









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









Travel Insurance Claim Form

旅遊保險索償表格

Claims Department

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Before sending in this form, please read below Important Information 請於交回此賠償申請表前先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. If there is not enough space, please attach an additional page. 如填寫位置不足,請另行附上資料補足。
- 3. Additional documents may be required and to be forwarded upon request of Chubb Insurance Hong Kong Limited.

如有需要,女達保險香港有限公司將要水提供額外文件。			
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 一舟	分所需文件		
□ 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)			
Personal Particulars 個人資料			
Name of Policyholder 保單持有人名	3稱:		
Name of Insured Person 受保人姓名	 불:		
(Eng)			(中文)
HKID Card No. of Insured Person 5	受保人香港身份證號碼:	Policy No. 保單號碼:	
	()		
Date of Birth 出生日期:		Gender 性別#:	
DD 日 MM 月 YY 年			
Name of Parent / Legal Guardian 5 (if the Insured Person is below the age of 18	と母/合法監護人姓名: 8如受保人未滿十八歲)		
(Eng)			(中文)
Parent / Legal Guardian's Hong Ko	ng ID No.:父母 / 合法監護人香港身份 (│)	證號碼:	
Correspondence Address 通訊地址	:		
Email Address 電郵地址*:		Mobile Pho	ne No. 手提電話號碼*:

^{*} 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 必須為受保人或受保人之未滿18歲受保人的父母/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,本公司方會轉脹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 Date and Time of Departure 出發日期及時間 旅程	Date and Time of Return 返抵日期及時間		
Scheduled 原定 DD日 MM月 YY年 HH時 MM分	AM/PM DD日 MM月 YY年 HH時 MM分 AM/PM		
Actual 實際 DD日 MM月 YY年 HH時 MM分	AM/PM DD日 MM月 YY年 HH時 MM分 AM/PM		
Place of Departure 出發地: Place of	f Destination(s) 目的地:		
Do you have other insurance covering this loss? If yes, please state 台端有否其他保單保障是次損失? 如有,請述:	:		
Name of Insurance Company 保險公司名稱	Policy No. 保單編號		
Please complete the below respective section(s) that you need	to make a claim from 請填妥以下台端需要提出索償的部份:		
A. Medical Expenses / Hospital Cash 醫療費用 / 住院現金			
Required Documents 所需文件			
 Medical report / certificate advising diagnosis 註明診斷結果之醫療報告 / 證明書 □ Original medical receipts 醫療收據正本 □ Statement of account with detailed breakdown 收費清單及明細 			
1. Date of accident or Date of first occurrence of symptom(s)	lical consultation 3. Claim Amount 索償金額: (Please indicate currency 請註明貨幣)		
DD日 MM月 YY年 DD日 MI			
DD日 MM月 YY年 DD日 Mi 4. FOR INJURY: please describe where and how the accident happ FOR SICKNESS: please advise what symptom(s) had occurred 如	pened 如屬受傷事故: 請詳述事件發生地點及經過		
4. FOR INJURY: please describe where and how the accident hap	pened 如屬受傷事故: 請詳述事件發生地點及經過		
4. FOR INJURY: please describe where and how the accident hap	pened 如屬受傷事故: 請詳述事件發生地點及經過		

B. Baggage / Personal Effects, Money and Travel Documents 行李 / 隨身財物、金錢及證件					
Required Documents	所需文件				
Loss / damage report issued by police, airline, or other relevant authorities 警方、航空公司或有關機構發出的損失 / 損毀報告 Original purchase receipt of the lost / damaged items 損失 / 損毀物品的購買收據正本 Original payment receipt for the replaced travel documents 補領證件費用收據正本 Photos showing the extent of damage 顯示物品損毀程度的相片 Repair quotation (if applicable) 維修報價 (如適用) Original receipt of the additional travel and accommodation expenses (if applicable) 額外交通及住宿收據正本 (如適用) Compensation breakdown from relevant authorities / other insurers 有關機構 / 其他保險公司的賠償明細					
1. Date and time of the	incident 事件發生日	期及時間:	2. Location of the inci	dent occurred 事件發生	地點:
DD日 MM月					
3. Detailed description	of the occurrence o	of the incident 詳述事件			
4. Was the loss / damag	ge reported to police,	carrier or hotel? If yes, p A知繁玄、海洋老动海庄?	please provide the name, cont 如有,請列明所辦理之警署、運送	act information and case	reference no. of the 智料及胡安矩號。
ponce station, carrier o	I Hotel 上処損大有百分	世州言力、建达有以,但占:	如月,明外州州连之言者、连及	2.4 3.6 6 6 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
5. Did the carrier / hot 上述運送者 / 酒店有	el offer any compen 否提供任何賠償、修理	sation, repair or replac 里或更換? 如有,請列明:	ement? If yes, please specify	:	
6. Please provide the b	pelow information 請	提供以下資料: 	D : /D 1 :		
Description of damaged / lost items 損失 / 損毀之物件	Date of purchase 購買日期	Place of purchase 購買地方	Repair / Purchase price (please indicate currency) 維修/ 購買價值 (請註明貨幣)	Photo 相片	Receipt 收據
				☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
				☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
				☐ Yes 是 ☐ No 否	□ Yes 是 □ No 否
				☐ Yes 是 ☐ No 否	□ Yes 是 □ No 否
				☐ Yes 是 ☐ No 否	□ Yes 是 □ No 否
				│ Yes 是 │ No 否	│ Yes 是 │ No 否

Required Documents 所屬文件 Relevant carrier delay report continuing the reason and duration of delay 有限证券的基金 企业的企业 (Applicables) (If applicables) (If applicabl	C. Travel Delay	/ Baggage Delay 旅程延誤 / 行李延誤	員		
可能の確認機能対象が表現の表別的の連列	Required Documents 所需文件				
Plight No. 新述新記 Departure Date & Time 出版自服及時間 DDB MM月 YY年 HH時 MM分 AM/PM DPB MM月 YY年 HH時 MM分 AM/PM DPB HB及時間 DDB MM月 YY年 HH時 MM分 AM/PM DPB HB及時間 DDB MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 出版自服及時間 DDB MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 出版自服及時間 DDB MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別途日期及時間 DDB MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別途日期及時間 DDB MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別途日期及時間 DDB MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別途日期及時間 DDB MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別途日期及時間 DDB MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別途日期及時間 DDB MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別途日期及時間 DDB MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別途日期及時間 DDB MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別途日期及時間 DDB MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別途日期及時間 DDB MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別途日期及時間 DDB MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別途日期 Arrival Date & Time Name Arriva	□ 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) □ Original receipt(s) for expenses forfeited / additionally incurred or for emergency purchased item(s) (if applicable) 被沒收 / 額外支付的費用或緊急購買物品的收據正本 (如適用) □ Compensation breakdown from relevant carrier				
Schedule Flight	1. Please provide	e the below information 請提供以下資	資料:		
Schedule Flight 原文系统 Arrival Date & Time 别连日朋友時間 DDH MM月 YY年 HH時 MM分 AM/PM Departure Date & Time 出受日朋友時間 DDH MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 出受日朋友時間 DDH MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別连日朋友時間 DDH MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別连日朋友時間 DDH MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別连日朋友時間 DDH MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別连日朋友時間 DDH MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別连日朋友時間 DDH MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別连日朋友時間 DDH MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別连日朋友時間 DDH MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別连日朋友時間 DDH MM月 YY年 HH時 MM分 AM/PM Arrival Date & Time 別连日朋友時間 MM分 AM/PM DDH MM分 AM/PM Arrival Date & Time 別连日朋友時間 MM分 AM/PM DDH MM分 AM/PM Arrival Date & Time 別连日朋友時間 MM分 AM/PM Arrival Date & Time 別在 DDH MM分 AM/PM Arrival Date & Time		Flight No. 航班編號			
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The pile of polaries and the property of the pre-paid costs or deposits of the forfeited travel and accommodation expenses (if applicable) Documentation confirming the polaries of the polaries for the pre-paid costs or deposits of the forfeited travel and accommodation expenses (if applicable) Documentation confirming the definition of the polaries for the pre-paid costs or deposits of the forfeited travel and accommodation expenses (if applicable) Documentation confirming the journey cancellation / curtailment and the refundable amount 有關機構體明驗所能可能是可能是解的基本。 District of the pre-paid costs or deposits of the forfeited travel and accommodation expenses (if applicable) 已有信仰能发展的变形,经验的全理。 District of the pre-paid costs or deposits of the forfeited travel and accommodation expenses (if applicable) 已有信仰能发展的变形,经验的全理。 District of the pre-paid costs or deposits of the forfeited travel and accommodation expenses (if applicable) 正有信仰能理即转形,限对情况的变形,经验的全理。 District of the pre-paid costs or deposits of the forfeited travel and accommodation expenses (if applicable) 正有问解的表现的影片,是可能是的态度。 District of the pre-paid costs or deposits of the forfeited travel and accommodation expenses (if applicable) 正有问题用) Documentation confirming the journey cancellation / curtailment and the refundable amount 有關機能可能的方理的文件(版程图设施) District of the additional travel / accommodation expenses incurred after commencement of journey (if applicable) 就是解析象的方程的文件(版程图设施) District of the pre-paid costs or deposits of the forfeited travel and accommodation expenses (if applicable) 就是解析象的方程的文件(版程图设施) District of the additional travel / accommodation expenses incurred after commencement of journey (if applicable) 就是解析象的方程的文件(版程图设施) District of the additional travel / accommodation expenses incurred after commencement of journey (if applicable) 就是解析象的方理的对象的方式。 District of the pre-paid costs or deposits of the forfeited travel / accommodation expenses incurred after commencement of journey (if applicable) 就是解析象的方式,是是一种文献的文献的文件,是是一种文献的文献的文献的文献的文献的文献的文	Actual Flight	 	DD日 MM月 YY年 HH時 MM分 AM/PM		
Expenses forfeited / incurred / items purchased 所損失 / 額外支付之費用 / 緊急購買之物品 2. Please advise the details of the compensable / refundable amount 請列出可獲之賠償或退款金額: D. Journey Cancellation / Journey Interruption 股消施程 / 施程阻礙 Required Documents 所需文件 Documentation issued by relevant parties confirming the cause of cancellation / interruption, such as medical report, relationship proof, etc 有關人士·機構證明取消施程 / 施程阻礙原因的文件,如醫療報告、關係證明等 Original payment receipts for the pre-paid costs or deposits of the forfeited travel and accommodation expenses (if applicable) 已發付而被沒收的交通及往宿費用收據正本 (知適用) Original payment receipt for the additional travel / accommodation expenses incurred after commencement of journey (if applicable) 就程開始後支付的額外交通 / 住宿費用收據正本 (知適用) Document showing the rescheduled itinerary (for journey interruption) 可屬示重新編排後的行程的文件(旅程阻礙適用) 1. Period of journey cancellation / curtailment / re-routed: 取消 / 総類 / 建设 / 建	實際航班				
Expenses forfeited / incurred / items purchased 所損失 / 額外支付之費用 / 緊急購買之物品			DD日 MM月 YY年 HH時 MM分 AM/PM		
			Duration of Delay 延誤時數		
D. Journey Cancellation / Journey Interruption 取消旅程 / 旅程阻疑 Required Documents 所需文件 Documentation issued by relevant parties confirming the cause of cancellation / interruption, such as medical report, relationship proof, etc 有關人士、機構證明取消旅程 / 旅程阻礙原因的文件・如醫療報告、關係證明等 Original payment receipts for the pre-paid costs or deposits of the forfeited travel and accommodation expenses (if applicable) 已預付而被沒收的交通及住宿費用收據正本 (知適用) Documentation confirming the journey cancellation / curtailment and the refundable amount 有關機構證明缺席 / 取消 / 縮短旅程及可獲退款的金額 Original payment receipt for the additional travel / accommodation expenses incurred after commencement of journey (if applicable) 旅程開始後支付的額外交通 / 住宿費用收據正本 (知適用) Document showing the rescheduled itinerary (for journey interruption) 可顯示重新編排後的行程的文件 (旅程阻礙適用) 1. Period of journey cancellation / curtailment / re-routed: 取消 / 縮短 / 更改旅程之時段: Prom 由: To 至:					
D. Journey Cancellation / Journey Interruption 取消旅程 / 旅程阻疑 Required Documents 所需文件 Documentation issued by relevant parties confirming the cause of cancellation / interruption, such as medical report, relationship proof, etc 有關人士、機構證明取消旅程 / 旅程阻礙原因的文件・如醫療報告、關係證明等 Original payment receipts for the pre-paid costs or deposits of the forfeited travel and accommodation expenses (if applicable) 已預付而被沒收的交通及住宿費用收據正本 (知適用) Documentation confirming the journey cancellation / curtailment and the refundable amount 有關機構證明缺席 / 取消 / 縮短旅程及可獲退款的金額 Original payment receipt for the additional travel / accommodation expenses incurred after commencement of journey (if applicable) 旅程開始後支付的額外交通 / 住宿費用收據正本 (知適用) Document showing the rescheduled itinerary (for journey interruption) 可顯示重新編排後的行程的文件 (旅程阻礙適用) 1. Period of journey cancellation / curtailment / re-routed: 取消 / 縮短 / 更改旅程之時段: Prom 由: To 至:					
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取消 / 縮短 / 更改旅程之時段: 2. Date of incident 上処事件發生日期 From 由: To 至: / / / / /	有關人士、機構證明取消旅程/旅程阻礙原因的文件,如醫療報告、關係證明等 Original payment receipts for the pre-paid costs or deposits of the forfeited travel and accommodation expenses (if applicable) 已預付而被沒收的交通及住宿費用收據正本 (如適用) Documentation confirming the journey cancellation / curtailment and the refundable amount 有關機構證明缺席 / 取消 / 縮短旅程及可獲退款的金額 Original payment receipt for the additional travel / accommodation expenses incurred after commencement of journey (if applicable) 旅程開始後支付的額外交通 / 住宿費用收據正本 (如適用) Document showing the rescheduled itinerary (for journey interruption)				
	取消 / 縮短 / 更	取消 / 縮短 / 更改旅程之時段: 2. Date of incident 上述事件發生日期			
	/ /	/ /			

3. The cause for trip cancellation / interruption: 取消旅程 / 旅程阻礙之原因

4. If the cancellation / interruption was due to death, serious injury or sickness of the person other than the Insured Person, please advise the followings: 如是次取消旅程 / 旅程阻礙是因受保人以外之人士死亡、意外受傷或疾病所引致,請提供以下資料:				
Full name of the deceased / injured / sick person 死者 / 傷者 / 患者姓名	Relationship with the Insured Person 與受保人之關係		Nature of injury / Diagnosis 傷勢 / 病患的診斷結果	
Description of Claimed Items 索償項目	Date of Payment 付款日期	Currency 貨幣	Amount 金額	Refunded / Refundable Amount 已獲 / 可獲退款金額
E. Personal Accident / Personal Liability / Rental Ve	hicle Excess / Others 人	、身意外 / 個人責	責任 / 租車免責補償	 費用 / 其他
Required Documents 所需文件				
Person Accident 人身意外 Medical report / certificate advising diagnosis 註明診斷結果之醫療報告 / 證明書 Incident report issued by relevant authorities and / or police report 有關機構發出的意分事件報告及 / 或營方報告 Document confirming the cause of death, such as Death certificate, autopsy / post mortem report (if applicable) 註明死亡原因的文件 如死亡證 解剖 / 驗屍報告 (如適用) Medical report confirming the extent of permanent disability suffered 證明永久傷殘程度的醫療報告 Personal Liability 個人責任 Detailed description of the incident (including the date, time, location, circumstance and the extent of the damage / injury) 詳述事發日期 時間、地點、經過及損傷程度 Photos showing the environment of the scence and the extent of damage / injury 顯示現場環境及損殺 / 損傷程度的相月 Full name and contact method of the third party claimant and witness(es) 第三者索償人及所有證人之姓名及聯絡方法 Any claim / demand letter, lawsuit or proceeding of any type relating to the incident (should be forwarded to us immediately without acknowledgement) 任何有關事件的索償要求,法庭傳票、命令及訴訟 (應立即通知及提交予本公司,切勿自行處理) Rental Vehicle Excess 租車免責補償費用 Rental Vehicle Receipt, Rental Vehicle Agreement / Contract 相車收據,利車協議 / 合約 International Driving Permit 國際無數許可證 Evidence of motor accident / Police report				
── 汽車意外証明文件 / 警方報告 ── Original Excess Payment Receipt 正本免責補償費用單據				
1. Full description of the incident, including when, where and how the incident happened 詳述事發日期,地點及經過:				
The state of the state of the medical dispersion of the state of the s				
2. Please provide the below information 請提供以下資料:				
Description of Claimed Items 索償項目		/ Purchase Date 購買日期	Currency 貨幣	Amount 金額

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 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, 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,不論包含在這索債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)
	HKID Card No. of Insured Person: 受保人香港身份證號碼:
Date Signed 簽署日期:	
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)
	HKID Card No. of Parent / Legal Guardian: 父母 / 合法監護人香港身份證號碼:
Date Signed 簽署日期:	
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)
	Title of Authorized Signatory 簽署人職銜:
Date Signed 簽署日期:	

Travel Claim Form, Hong Kong. 旅遊保險索償表格, 香港. Published 01/2019.

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Sun Flower Insurance Brokers Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.