CHUBB

American Express Platinum Card

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www.chubb.com/hk

Claims Department

賠償部

安達保險香港有限公司 香港灣仔港灣道6-8號 瑞安中心25樓 電話 +852 3191 6800 傳真 +852 2560 3565

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Group Travel Insurance Claim Form

美國運通白金卡團體旅遊保險 索償表格

Important Information 注意事項:

- 1. Please complete this form by the Insured Person or Insured Person's parent or legal guardian if the Insured Person is below 18 years old. 請由受保人填寫。如受保人未滿18歲,則由受保人之父母或合法監護人填寫。
- 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。

Kong Limited.	are listed in Part IV, additional documents may be required 如有需要,安達保險香港有限公司將要求提供額外文件。	uired and to be forwarded upon request of Chubb Insurance Hong
Part I — General Inform	ation 第一部份 — 一般資料	
Personal Particulars 個人		
Name of Insured Person		HKID Card No. of Insured Person 受保人香港身份證號碼:
(Eng)	(中文)	Q1
Date of Birth 出生日期:		Gender 性別: □ M 男/□ F 女
Correspondence Address	通訊地址:	
Email Address 電郵地址*	:	Mobile Phone No. 手提電話號碼*:
Cardmember Details 持-	卡會員資料	
Please 「✓」 in the appro	priate box and provide the relevant information.	. 請在適當的空格內加「√」並提供相關資料:
■ A. Insured Person is a	a Cardmember 受保人是持卡會員	
Please provide Insured P	erson's American Express Card No. 請提供受保人之	美國運通卡賬戶號碼:
■ B. Insured Person is r	not a Cardmember 受保人不是持卡會員	
Please state the following	; particulars of the Basic Cardmember 請提供基本卡	= 一
American Express Card N	No. 美國運通卡賬戶號碼:	
		_
Name of Basic Cardmeml	ber 基本卡會員姓名:	Relationship with Insured Person: 與受保人之關係:
(Eng)	(中文)	

^{*} 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

Payment Method 賠償支付方式							
Please [√] the preferred payment method and state the account holder's name of the recipient: 請「√」支付方式並提供支付對象之賬戶持有人名稱:							
□ By Cheque 支票	☐ By Local Bank Tr	ransfer 本地銀行轉賬					
Account Holder's Name (Must be the Insured Person):		Ban	Bank Code 銀行號碼: Branch Code 分行號碼:			 亍號碼:	
賬戶持有人姓名(必須為受保人):							
 Bank Name 銀行名稱:			Acco	ount Number 賬戶			
71 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1							
Please note that 請注意 • Claim settlement wor		the designated recipies	nt menti	oned in the terms	and cor	nditions of the polic	v According
• Claim settlement would only be made payable to the designated recipient mentioned in the terms and conditions of the policy. According to the policy, the designated recipient should be the Insured Person. If the Insured Person is below the age of 18, the designated recipient should be the parent / legal guardian. 本公司只會支付此索償予保單條款指定的支付對象。根據保單說明,支付對象為受保人;如受保人未滿18歲,支付對象則為受保人父母/合法監獲人。							
• Local bank transfer would only be facilitated to the local bank HKD account of the designated recipient if all the bank account details have 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 policy. 當上述所要求的銀行賬戶資料均正確提供,以及賠償金額少於港幣十萬元時,本公司方會轉賬至支付對象之本地銀行港幣賬戶;否則,本公司將以支票支付此索償予保單條款指定的支付對象。							
• This information req	uest should not be construe	d as an admission of ou	r liabilit	y. 此項要求並不代	長本公司]承認賠償責任。	
Part II — Details of Cla	ims 第二部份 — 索償詳情						
Details of Journey 旅程	· 資料:						
Journey 旅程	Date and Time of Departu	re 出發日期及時間		Date and Time o	f Returi	ı 返抵日期及時間	
Scheduled 原定	/ / DD日 MM月 YY年	: ar HH 時 MM 分	n / pm	DD日 MM月		: HH 時 MM 分	am / pm
Actual 實際	/ / DD日 MM月 YY年	: ar HH 時 MM 分	n / pm	DD日 MM月		: HH 時 MM 分	am / pm
Place of Departure 出發地: Place of 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 I	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. Personal Accident / Medical Expenses 人身意外 / 醫療費用							
1. Date of accident or Date of first occurrence of symptom(s) 意外日期或首次出現病徵的日期:			2. Date of first medical consultation 首次求診日期: 3. Claim Amount 索償金額: (Please indicate currency 請註明貨幣				
4. FOR INJURY: please describe where and how the accident happened 如屬受傷事故: 請詳述事件發生地點及經過							
FOR SICKNESS: please advise what symptom(s) had occurred 如屬病患: 請說明有何病徵							
5. Nature of Injury / Diagnosis 傷勢/病患的診斷結果: 6. If further medical treatment required 是否仍需繼續治療:							
			□ Ves !				

B. Personal Cash & Document / Baggage & Personal Effects 行李及隨身物品 / 金錢及證件					
1. Date and time of the incident 事件發生日期及時間:			2. Location of the incident occurred 事件發生地點:		
3. Detailed description of the occurr	3. Detailed description of the occurrence of the incident 詳述事件發生的經過:				
4. Was the incident reported to police police station, carrier or hotel 上述	, carrier or ho 事件有否通知	otel? If yes, please provide 警方、運送者或酒店?如有,詞	the name, contact informa 野明所辦理之警署﹑運送者:	tion and case reference no. of the 或酒店的聯絡人、聯絡資料及報案編號:	
5. Did the carrier / hotel offer any co	mpensation,	repair or replacement? I	f yes, please specify:		
上述運送者 / 酒店有否提供任何賠償	賞、修理或更換	終? 如有,請列明: 			
6. Please provide the below information	tion 請提供以	下資料:			
Description of damaged / lost items	21011 11,3372 17 (-7)	Date of purchase	Place of purchase	Purchase price (Please indicate currency)	
損失/損毀之物件		購買日期	購買地方	購買價值(請註明貨幣)	
C. Baggage Delay 行李延誤					
Flight no. 航班編號	Destination	arrival date & time 到達[Destination 目的地	
Fright no. 別は女工が細 加し	Destination	arrival date & time 到走	コレン・C 口 知 / X r y 的	Destination Epize	
Duration of delay 延誤時數	Baggage rec	eipt date & time 收回行李	日期及時間	Cause of delay 延誤原因	
Essential clothing & toiletries purcha 緊急購買之衣服及梳洗用品	ised	Date of purchase 購買日期		Purchase price (Please indicate currency) 購入價值(請註明貨幣)	
Please advise the details of the amou	ınt of compe	nsation / allowance rece	eived or receivable 請列出	出可獲賠償或資助的金額:	
D. Flight Delay 航班延誤					
Flight no. 航班編號	Scheduled o	leparture date & time 原》	定出發日期及時間	Place of departure 出發地	
Duration of delay 延誤時數	Actual dopa	rture date & time 實際出	一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	Cause of delay 延誤原因	
Duration of actay 建缺的数	-Actuar depa	Franc date & time 資际山	以口州/XF 小时	Guase of detay 建嵌床因	
				1	

E. Missed Departure / Trip Cancellation / Curtailment 啟程誤點 / 取消旅程 / 縮短旅程

The cause for missed departure / trip cancellation / curtailment: 啟程誤點 / 取消旅程 / 縮短旅程之原因:

Date of incident 上述事件發生日期	Period of journey cancelled / curtailed 取消 / 縮短旅程之時段				
	From 由:	То	至:		
Description of Claimed Items 索償項目	Date of Payment 付款日期	Claim Amount (Please indicate currency) 索償金額 (請註明貨幣)	Refunded / Refundable Amount 已獲/可獲退款金額		
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 與受保人之關係	the Insured Person	Nature of injury / Diagnosis 傷勢 / 病患的診斷結果		
E Dorcopal Liability 個人書任					
F. Personal Liability 個人責任					

Description of Claimed Items 索償項目	Claim Amount (Please indicate currency) 索償金額(請註明貨幣)

Full description of the incident, including when, where and how the incident happened 詳述事發日期,地點及經過:

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 25th Floor Shui On Centre, No. 6-8 Harbour Road, Wanchai, 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,地址為香港灣仔港灣道6-8號瑞安中心25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 如授保人未滿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:	
Signature of Basic Cardmember 基本卡會員簽署:	Name of Basic Cardmember 基本卡會員姓名: (in BLOCK CAPITALS 請以正楷書寫)
	HKID Card No. 香港身份證號碼:
Date Signed 簽署日期:	

Part IV - Claims Procedure & Required Documents 索償程序及所需文件

For All Sections 所有項目

The completed Claim Form and all relevant supporting documents should be mailed or sent (at the Insured Person's own expense) to Chubb Insurance Hong Kong Limited at the following address within 30 days after the occurrence of the event: 受保人必須於事發後30天內,將已填妥之賠償申請表並連同以下所需文件一併自費呈交或郵寄至:

Claims Department 賠償部

Chubb Insurance Hong Kong Limited 安達保險香港有限公司

25th Floor, Shui On Centre香港灣仔No. 6-8 Harbour Road港灣道6至8號Wanchai, Hong Kong瑞安中心25樓

1. Boarding pass, travel tickets and itinerary 登機證、旅遊票據及行程表

2. Relationship proof, such as marriage certificate or birth certificate (if the Insured Person is not a Cardmember) 關係證明,如結婚證明書、出生證明書(如受保人不是卡會員)

A. Personal Accident / Medical Expenses 人身意外 / 醫療費用

- 1. Medical report / certificate advising diagnosis 註明診斷結果之醫療報告 / 證明書
- 2. Original medical receipts, statement of account with detailed breakdown 醫療收據正本、收費清單及明細
- 3. Incident report issued by relevant authorities and / or police report 有關機構發出的意外事件報告及 / 或警方報告
- 4. 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)
- 5. Medical report confirming the extent of permanent disability suffered (if applicable) 證明永久傷殘程度的醫療報告(如適用)

B. Personal Cash & Document / Baggage & Personal Effects 行李及隨身物品 / 金錢及證件

- 1. Loss / Damage report issued by police, airline, or relevant authorities 警方、航空公司或有關機構發出的損失 / 損毀報告
- 2. Original purchase receipt of the lost / damaged items 損失 / 損毀物品的購買收據正本
- 3. Original payment receipt for the replaced travel document 補領證件費用收據正本
- 4. Photos showing the extent of damage 顯示物品損毀程度的相片
- 5. Compensation breakdown from relevant authorities / insurers 有關機構 / 其他保險公司的賠償明細

C. Baggage Delay 行李延誤

- 1. 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
- 2. Original purchase receipt of the emergency purchased essential clothing and toiletries 緊急購買衣服及梳洗用品的收據正本
- 3. Compensation breakdown from relevant authorities 有關機構的賠償明細

D. Flight Delay 航班延誤

 Relevant airline delay report confirming the reason and duration of delay 有關航空公司發出延誤原因及時間的證明

E. Missed Departure / Trip Cancellation / Curtailment 啟程誤點 / 取消旅程 / 縮短旅程

- Documentation issued by relevant parties confirming the cause of missed departure / trip cancellation / curtailment, such as airline confirmation, medical report, relationship proof, etc.
 有關人士、機構證明啟程誤點 / 取消旅程 / 縮短旅程原因的文件,如航空公司證明、醫療報告、關係證明等
- 2. 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)
- 3. Documentation confirming the trip 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
- 4. 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)
- 5. Document showing the rescheduled itinerary (for missed departure / trip curtailment) 可顯示重新編排後行程的文件(啟程誤點 / 縮短旅程 適用)

F. Personal Liability 個人責任

- Do not admit liability on or enter into any settlement agreement without our consent 如沒有本公司同意,切勿承認責任或自行訂下協議或承諾
- 2. 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、經過及損毀 / 損傷程度
- 3. Photos showing the environment of the scene and the extent of damage / injury 顯示現場環境及損毀 / 損傷程度的相片
- 4. 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
- 5. Any claim / demand letter, lawsuit or proceeding of any type relating to the incident (should be forwarded to us immediately without acknowledgement)

任何有關事件的索要求,法庭傳票、命令及訴訟(必須立即通知及提交予本公司,切勿自行處理)

Note: The above request is for initial consideration only. We reserve the right to request further documents / information for claim assessment. 注意: 以上文件只為初步評估之用;本公司有權要求提供進一步文件 / 資料以作賠償審理。