

# 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  
 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  
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 www.chubb.com/hk



**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.

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

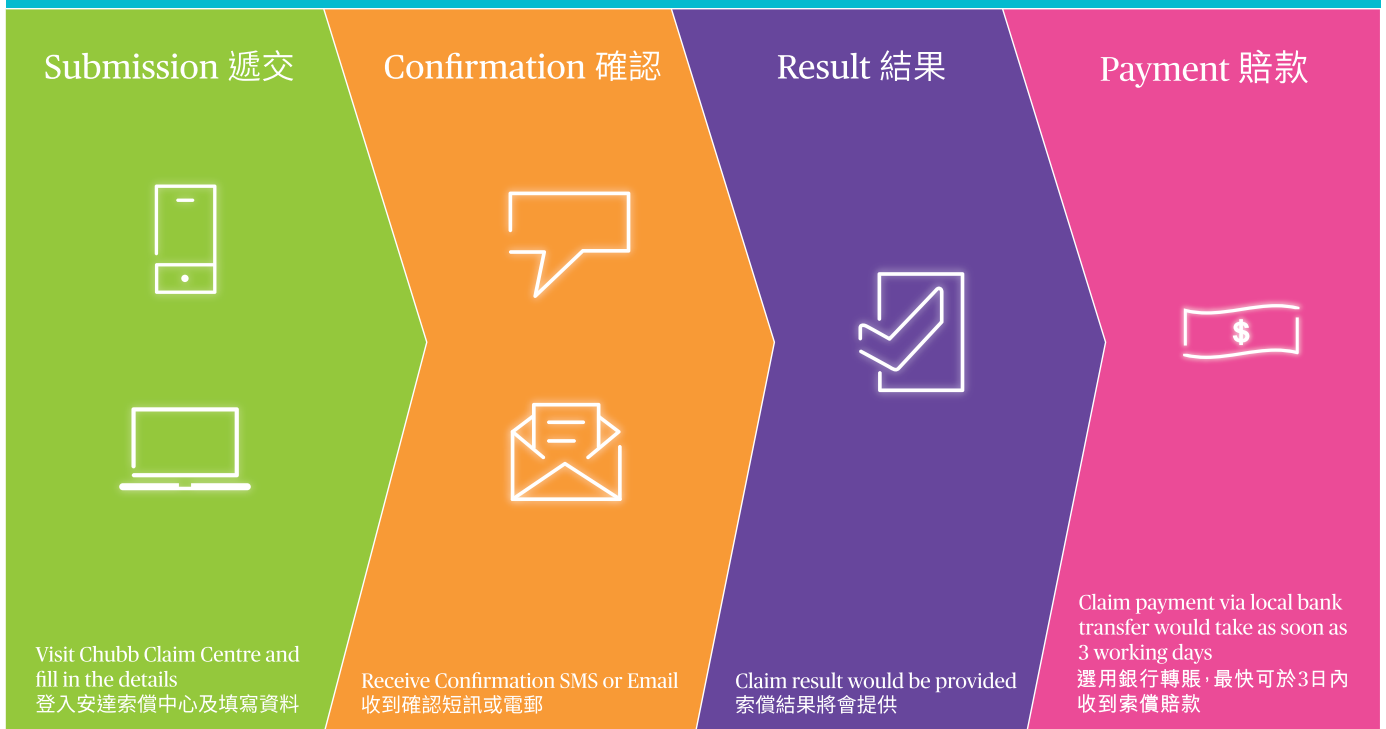


Faster Handling  
 快捷處理



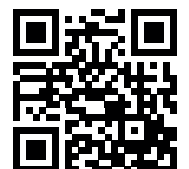
Status Update  
 進度查詢

### Submission Procedure 索償程序



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

www.chubbclaims.com.hk





**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:**

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**Account Number 賬戶號碼:**

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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	Date and Time of Return 返抵日期及時間																																																																		
Scheduled 原定	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>DD日</td> <td>MM月</td> <td>YY年</td> <td>HH時</td> <td>MM分</td> <td>AM/PM</td> <td>DD日</td> <td>MM月</td> <td>YY年</td> <td>HH時</td> <td>MM分</td> <td>AM/PM</td> </tr> </table>																						DD日	MM月	YY年	HH時	MM分	AM/PM	DD日	MM月	YY年	HH時	MM分	AM/PM	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>DD日</td> <td>MM月</td> <td>YY年</td> <td>HH時</td> <td>MM分</td> <td>AM/PM</td> <td>DD日</td> <td>MM月</td> <td>YY年</td> <td>HH時</td> <td>MM分</td> <td>AM/PM</td> </tr> </table>																						DD日	MM月	YY年	HH時	MM分	AM/PM	DD日	MM月	YY年	HH時	MM分	AM/PM
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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 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)  
意外日期或首次出現病徵的日期:

DD日	MM月	YY年									

2. Date of first medical consultation  
首次求診日期:

DD日	MM月	YY年									

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:

Yes 是  No 否

## 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:

DD日	MM月	YY年	HH時	MM分	AM/PM								

2. Location of the incident occurred 事件發生地點:

3. Detailed description of the occurrence of the incident 詳述事件發生的經過:

4. Was the loss / damage reported to police, carrier or hotel? If yes, please provide the name, contact information and case reference no. of the police station, carrier or hotel 上述損失有否通知警方、運送者或酒店? 如有, 請列明所辦理之警署、運送者或酒店的聯絡人、聯絡資料及報案編號:

5. Did the carrier / hotel offer any compensation, repair or replacement? If yes, please specify:  
上述運送者 / 酒店有否提供任何賠償、修理或更換? 如有, 請列明:

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

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
				<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
				<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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				<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

### C. Travel Delay / Baggage Delay 旅程延誤 / 行李延誤

#### Required Documents 所需文件

- 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  
有關運輸機構的賠償明細

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

Flight 航班	Flight No. 航班編號	Departure Date & Time 出發日期及時間																																													
Schedule Flight 原定航班		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>DD日</td><td>MM月</td><td>YY年</td><td>HH時</td><td>MM分</td><td>AM/PM</td><td colspan="5"></td> </tr> </table>													DD日	MM月	YY年	HH時	MM分	AM/PM						Arrival Date & Time 到達日期及時間																					
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Actual Flight 實際航班		Departure Date & Time 出發日期及時間	Arrival Date & Time 到達日期及時間																																												
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Cause of Delay 延誤原因			Duration of Delay 延誤時數																																												
Expenses forfeited / incurred / items purchased 所損失 / 額外支付之費用 / 緊急購買之物品	Incur / Purchase Date 支付 / 購買日期	Currency 貨幣	Amount 金額																																												

#### 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 取消旅程 / 旅程阻礙

#### 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)  
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:	2. Date of Incident 上述事件發生日期																								
From 由: To 至:																									
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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 Vehicle Excess / Others 人身意外 / 個人責任 / 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  
有關機構發出的意外事件報告及 / 或警方報告
- 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 scene and the extent of damage / injury  
顯示現場環境及損毀 / 損傷程度的相片
- 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  
租車收據、租車協議 / 合約
- International Driving Permit  
國際駕駛許可證
- Evidence of motor accident / Police report  
汽車意外證明文件 / 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：

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

Description of Claimed Items 索償項目	Incur / Purchase Date 支付 / 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.

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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. 旅遊保險索償表格, 香港. Published 01/2019.

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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.

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