CHUBB

Agent's/Intermediary's name 保險代理 / 中介人姓名
Agent's/Intermediary's contact phone no. 保險代理 / 中介人聯絡電話
Agent's/Intermediary's code 保險代理 / 中介人代號
Agency 組別 ___ – ___

Claim Form - Accident

意外賠償申請書

Claim Type 賠償類別

☐ Medical Benefit
☐ Weekly Accident Indemnity
☐ Accidental Dismemberment

☐ New claim 首次索償	☐ Pending claim 待決索償	☐ Further claim 再度索償	☐ Review/appeal 重批/覆核
	Please provide claim no. for reference 請提供賠償編號以作參考		

Part I (To Be Completed by Claimant/Insured) 甲部（由索償人 / 受保人填寫）

A. Insured's Particulars 受保人資料

Policy no. 保單編號	Insured's name 受保人姓名	HKID card/passport no. 香港身份證 / 護照號碼	Date of birth 出生日期 DD日MM月YYYY年 / /	Sex 性別	Age 年齡	Tel. no. 電話號碼

B. Employment Particulars 就業詳情

1. Present occupation 現時職業	Duties 工作範圍	Employer's name, address & tel. no. 僱主名稱、地址及電話號碼

If more than one occupation, state all and exact nature of occupational duties. 若有兼職請全部列明，並詳述職位及職責。

2. Did you file a medical leave certificate to your employer? 有否向僱主遞交病假證明書？ ☐ Yes 有 ☐ No 沒有

3. Did you submit a claim for workmen's compensation for this accident? 有否就此意外申請勞工賠償？ ☐ Yes 有 ☐ No 沒有

Submission date 遞交日期：(/ /)
DD日 MM月 YYYY年

C. Other Insurance Coverage 其他保險資料

Does the Insured have any other insurance policy covering this case? 受保人會否就是次索償獲得其他保險賠償？ ☐ Yes 有 ☐ No 沒有

If "yes", please complete below particulars. 若「有」，請詳細填寫以下資料。

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

As part of our endeavour to keep our records updated and to maintain high quality of service, we sincerely invite you to provide us your email address. Please visit our website https://eservice.chubblife.com.hk to update your email address.
為使能為閣下提供更完善的服務及本公司可不時更新客戶個人資料，本公司現誠邀閣下使用本公司網上服務 https://eservice.chubblife.com.hk，以提供閣下的電郵地址。

D. Accident Particulars 意外詳情

1. When (date and time) did the accident occur? 意外在何時（日期及時間）發生？	(/ /) (:) ☐ AM 上午 DD日 MM月 YYYY年 HR時 MIN分 ☐ PM 下午
2. Where did the accident occur? 意外在何地發生？	
3. How did the accident occur? (Please describe in details) 意外如何發生？（請描述詳情）	
4. Which part of the body injured and type of injury? 受傷部位及傷勢？	
5. a. Date on which you ceased work after the injury? 受傷後，何時停止工作？	a. (/ /) DD日 MM月 YYYY年
b. Date on which you returned to work? 何時恢復工作？	b. (/ /) DD日 MM月 YYYY年
c. Date on which you expect to return to work if you have not yet done so? 倘若未完全康復，閣下預料何時恢復工作？	c. (/ /) DD日 MM月 YYYY年
6. Any hospital confinement incurred? 有否住院？ If "yes", please state the date of admission. 如「有」，請提供入院日期。	☐ Yes 有 ☐ No 沒有 (/ /) DD日 MM月 YYYY年

E. Treatment Particulars 治療詳情

Details of hospital confined or physicians consulted for this injury: 詳列出此次受傷而就診之醫生 / 醫院詳情：

Name of physician(s) &/or hospital(s) 醫生 / 醫院名稱	Address(es) 地址	Date of consultation(s) &/or period of confinement 就診 / 住院日期

Settlement Option 賠償支付方式

☐ **Direct credit to existing premium collection autopay account (bank account which is held by the policyowner)**
轉賬至現時用於繳交保費之戶口 (銀行戶口持有人必須為保單持有人)

☐ **HKD Bank Draft (drawn in Mainland China)**
港幣本票 (於中國內地兌現)

☐ **Direct Credit to Bank Account 直接存入銀行戶口**
IMPORTANT MESSAGE: ONLY applicable to the policy **WITHOUT** autopay bank account for premium payment. Otherwise, the payment will be credited to autopay bank account which is held by the policyowner directly.
重要信息：只適用於不是以自動轉賬形式收取保費的保單，否則，款項將直接存入自動轉賬的銀行戶口（銀行戶口持有人必須為保單持有人）。

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 Name
銀行名稱

_____

Bank No. 銀行編號	Branch No. 分行編號	Bank Account No. 銀行賬户號碼

*Please provide copy of passbook/bank statement/ATM card with name of account.
*請提供存摺/銀行戶口結單/提款卡副本(附有銀行戶口持有人的姓名)以作核實。

☐ **TT Payment 滙款**
Remittance charges will be borne by the policyowner
滙款的相關費用將由保單持有人支付

- 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 _____

Remarks 備註：

1) 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先向銀行查詢。
2) 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。
3) 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）。
4) 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）。

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

Attachment 附件	☐ Sick leave certificate 病假證明書	☐ Copy/original receipt(s) issued by registered doctor 由註冊醫生所發出之收據副本 / 正本	☐ Copy/original receipt(s) issued by non-registered doctor 由非註冊醫生所發出之收據副本 / 正本
	☐ HKID card copy of insured 受保人之香港身份證副本	☐ HKID card copy of policyowner 保單持有人之香港身份證副本	☐ Others 其他 _____

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之香港身份證 / 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之資料一致。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：_____

Important Note 注意事項

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.

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。

Claims Document Checklist 索償文件參考表 **Document Type 文件類別**	(PAMB) Medical Benefit 意外醫療	(PAWAI) Weekly Accident Indemnity 每週意外定額賠償	(PAADD) Accidental Dismemberment 斷肢賠償
☐ Claim Form - Accident Part II - Attending Physician's Statement 意外賠償申請書－乙部－主診醫生報告	✓	✓	✓
☐ Sick leave certificate with diagnosis (Period: From To) 列有診斷證明之病假證明書（時段：由 至 ）	*	✓	*
☐ Original medical/hospital receipts and statement of charges (Claimed amount:) 醫療 / 醫院收據及收費單正本（索償金額： ）	✓	*	*
☐ Labour Department Assessment Certificate 勞工賠償評估證明書	*	✓	✓
☐ Physiotherapy/occupational report 物理治療 / 職業治療報告	*	✓	*
☐ Compensation breakdown from other insurer/party 其他保險公司 / 機構之賠償細算表	✓	*	*
☐ Referral letter for physiotherapy/occupational therapy 物理治療 / 職業治療轉介信	✓	*	*
☐ Laboratory, X-Ray, CT Scan, MRI Report(s) 化驗、X-光、電腦掃描、磁力共震報告	*	*	*
☐ Police report/traffic accident report/statement 警察報告 / 交通意外報告 / 口供紙	*	*	*
☐ Copy of HKID card/passport/birth certificate of the Insured 受保人香港身份證 / 護照 / 出生證明書副本	✓	✓	✓
☐ Copy of HKID card/passport/business registration document of the policyowner 保單持有人香港身份證 / 護照 / 商業登記文件之副本	✓	✓	✓

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

Note: We reserve the right to request for the submission of the optional documents if necessary. 本公司保留要求客戶提交附加文件之權利。

F. Personal Information Collection Statement 個人資料收集聲明

I/WE HEREBY ACKNOWLEDGE, DECLARE AND AGREE THAT, by signing this 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 claims assessment, processing and other services. Failure to supply the required information may result in the Company being unable to process this 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.

就簽署此表格，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/吾等收集之個人資料。本人/吾等有責任提供此表格上所需資料，以作為索償評估,處理及其他服務之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理本表格。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 。

G. Authorization 授權

I hereby irrevocably authorize or authorize on behalf of the Insured (if different) (i) any employer, doctor, hospital, clinic, insurance company, government office or any organizations or persons who have any records, knowledge or information (whether medical or otherwise) of me or the Insured (if different) to disclose, release or transfer to Chubb Life Insurance Hong Kong Limited "the **Company**" or its representative such information pertinent to this claim; (ii) the Company or any of its appointed medical/para-medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate my or the Insured (if different) health status in relation to this claim. 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. A photocopy of this Authorization shall be valid as the original. 本人或受保人授權（如有不同）(i) 任何僱主、醫生、醫院、診所、保險公司、政府部門，或其他機構及人士，如具有本人 / 受保人（如不同）的任何紀錄、知識或資料，可將該等資料向貴公司或貴公司代表透露、發放或移交，用以作為該份索償申請的參考；(ii) 貴公司或貴公司委任的醫療 / 輔助醫療檢查員或檢驗所，就有關索償的申請，進行醫療評估或測驗，以檢定本人 / 受保人（如有不同）的健康狀況。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。該授權書的影印本具有與正本同等的效力。

Day 日 / Month 月 / Year 年	Signature of Policyowner (if other than Insured) 保單持有人簽名（如並非受保人）	Name of Policyowner 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 受保人簽名	Name of Insured 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。閣下之保險代理 / 中介人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。

Part II – Attending Physician's Statement (To Be Completed by Attending Physician at the Claimant's Own Expense)

乙部－主診醫生報告（由申請人自費，由主診醫生填寫） **Policy No.** | | | | | | | | | | |

A. General Information 一般資料

Patient's name 病人姓名	HKID card/passport no. 香港身份證 / 護照號碼	Date of birth 出生日期	Sex 性別	Age 年齡

Are you the patient's usual doctor? 閣下是否病人之慣常醫生？ ☐ Yes 是 ☐ No 否

B. Extent Of Injury 受傷詳情

1. a. Date of accident. 意外發生日期。	a. (/ /) DD日 MM月 YYYY年
b. When were you first consulted for this injury? 就是次受傷之首次求診日期？	b. (/ /) DD日 MM月 YYYY年
c. Was there any evidence of a visible contusion, an accidental cut or wound on the exterior of the patient's body at the **first consultation**? 於首次診治時，病人身體是否有明顯之瘀痕或傷口？	c. ☐ Yes 有 ☐ No 沒有
d. Please provide the cause of this injury. 請提供受傷原因。	d. _____
e. Please provide details on type of injuries sustained. 請描述受傷類別。	e. _____
f. Please provide details on which part of body injured. 請描述受傷部位。	f. _____
g. Please provide details on extent of injuries. 請描述受傷程度。	g. _____
2. What was the condition of the injury as at the last consultation date? Any complications? 最後一次求診的受傷情況如何？是否有併發症？	a. Date 日期 _____ b. Physical finding 身體情況 _____ c. Treatment 治療 _____ d. Complications 併發症 _____
3. Did this injury require hospitalization? (If "yes", please state) 此次受傷是否需要住院？（如「是」，請提供詳情）	☐ Yes 是 ☐ No 否 Date of admission 入院日期 (/ /) DD日 MM月 YYYY年 Date of discharge 出院日期 (/ /) DD日 MM月 YYYY年 Name of hospital 醫院名稱 _____
4. Did this injury require: (if "yes", please give details including date, result and finding) 此次受傷是否需要：（如「是」，請提供詳情如下）	
a. Surgery? 進行手術？	a. ☐ Yes 是 ☐ No 否 _____
b. X-rays? X光檢查？	b. ☐ Yes 是 ☐ No 否 _____
c. Magnetic resonance imaging (MRI)? 磁力共振？	c. ☐ Yes 是 ☐ No 否 _____
d. Computerized Tomography (CT) Scan? 電腦斷層掃描？	d. ☐ Yes 是 ☐ No 否 _____
e. Physiotherapy/occupational treatment? 物理治療 / 職業治療？	e. ☐ Yes 是 ☐ No 否 _____
f. Other diagnostic procedures? 其他診斷程序？	f. ☐ Yes 是 ☐ No 否 _____

5. Please provide the prognosis of the injury. 請提供是次受傷之預期治療計劃。	
6. a. Any physical loss of joint was resulted from this accident? If "yes", please specify the joint involved. 病人是否因此意外而導致喪失關節？如「有」，請說明那一個關節喪失？ b. Any total functional disablement of joint and the condition is same as total physical severance of the said joint resulting from this accident? If "yes", please specify the joint involved. 病人是否因是次受傷導致關節完全喪失其功能及其情況如同喪失該關節？如「有」，請說明那一個關節。	a. _____ b. _____
7. Was such injury induced from or effected by any of the followings, which may have contributed to the accident? (If "yes", please give details) 受傷是否由以下情況導致或影響？（如「是」，請提供詳情如下） a. Physical defects/congenital abnormality 身體缺陷 / 先天毛病 b. Past medical history 過往病史 c. Degenerative changes 退化轉變 d. By drugs or alcohol 藥物或酒精	 a. ☐ Yes 是 ☐ No 否 _____ b. ☐ Yes 是 ☐ No 否 _____ c. ☐ Yes 是 ☐ No 否 _____ d. ☐ Yes 是 ☐ No 否 _____
8. With reference to the patient's occupation stated overleaf. 就前頁所示，病人之職業而言。 a. Do the injuries totally prevent him/her from performing each and every duty of his/her occupation? 此次受傷會否完全阻礙病人履行該等職業之任何職務？ b. If the patient is still disabled, please give approximate date he/she should be able to return to work? 如病人未能恢復工作，閣下估計病人何時能夠工作？	 a. ☐ Yes 是 ☐ No 否 From 由 (/ /) To 至 (/ /) DD日 MM月 YYYY年 DD日 MM月 YYYY年 b. (/ /) DD日 MM月 YYYY年
9. If an absence from work for more than two weeks was necessary, please describe in details the reasons why you feel the patient could not return to work earlier. 若不能工作兩星期或以上，請詳述閣下認為病人不可提早復工之原因。	
10. a. Was the healing complicated? 痊癒是否有困難？ b. If "yes", please state the reason and any special treatment given? 如「是」，請提供原因及施行之任何特別治療。	a. ☐ Yes 是 ☐ No 否 b. _____
11. To your best knowledge, please give name(s) and address(es) of other physician(s) who treated the patient for the same injury and the date of consultation. 據閣下所知，請詳列就是次受傷曾對病人作出治療之醫生姓名、地址及診治日期。	Dr. name 醫生姓名 _____ Address 地址 _____ Date of consultation 診治日期 (/ /) DD日 MM月 YYYY年

Signature (with chop) 簽署	Name of physician 主診醫生姓名
Date 日期	Qualification 資歷
Address 地址	Tel. no. 電話號碼

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