

Property/Fire Mortgage Claim Form

財產保險索償/按揭火險索償申請表格

Important Information:

注意事項：

1. This form should be completed as fully and accurately as possible and be returned to us immediately, whether a claim has been made on the Insured or not. If there is insufficient space or no applicable field available, please supplement information by attachment.

請在此申請表上盡可能填寫準確完備的資料，無論是否對受保人提出索償，均務請立即交回此申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。

2. The documents required under each section are general requirements only, we reserve the right to request any additional information and documentation from you, as necessary.

各部份所需之「證明文件」只是概括要求，本公司保留權利在有需要時要求閣下提供更多文件以處理有關的索償申請。

3. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

如所遞交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請有可能會受到延誤或遭拒絕。

Policyholder / Insured's Information 保單持有人 / 受保人資料

Name of Policyholder / Insured 保單持有人 / 受保人姓名或名稱： Policy No. 保單號碼：

Correspondence Address 通訊地址：

Contact Person and No. 聯絡人及電話：

E-mail Address 電郵地址：

Name of Insurance Broker 保險經紀名稱：

Broker's Contact No. 經紀聯絡電話：

Broker's E-mail Address 經紀電郵地址：

Time and Place of Accident 意外發生時間及地點

Please state the following particulars of accident 請註明以下意外詳情：

Date of Birth 出生日期：(DD 日 / MM 月 / YY 年)

Time 時間：

Address of premises or place of accident 意外發生處所或地點的地址：

Full Description of Accident 意外詳情

1. Circumstances, Cause and Description of loss or damage 損失及損毀的情況、原因及詳情：

2. Did a similar incident happen before? If yes, please provide details 以往曾否發生類似事故？如有，請提供詳情：

Declaration & Authorization 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 / We further hereby declare and agree, that the personal information collected or held by Chubb Insurance Hong Kong Limited ("Chubb"), whether contained in this claim form or otherwise obtained, may be used by Chubb 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 particularly set out in the Personal 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 may not be able to process or assess my / our claim. A copy of the Personal Information Collection Statement can be found at www.chubb.com/hk.

Any person who provides Chubb with the above information shall have the right to access and request correction of any personal information concerning themselves held by Chubb. A request for such access may be made to the Personal Data Privacy Officer of Chubb at 39/F, One Taikoo Place, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

本人／我們謹此聲明，本人確信以上所填報之資料及所列各項之事件乃屬真確完備，並無作任何資料之保留。

本人／我們亦在此聲明及同意由安達保險香港有限公司（「安達保險」）所收集或持有的個人資料，不論包含在此索償申請表以內或以其他方式獲取，均可供安達保險使用，或披露予在香港境內或境外之任何人士或機構如律師事務所、會計人員、精算師、理賠師、理賠調查員、醫生及其他醫護服務提供者，並於「收集個人資料聲明」所載列明作以下用途：(1) 評核及處理此項申請，(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／我們明白如本人／我們不提供或撤回此同意聲明，安達保險或未能處理及評核本人／我們之索償。「收集個人資料聲明」之副本已載於 www.chubb.com/hk。

向安達保險提供上述資料的任何人士，均有權查閱及要求更改由安達保險所持有有關他們的任何個人資料。有關之要求可向安達保險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 Authorized Signatory 獲授權簽署人姓名：

Capacity of Authorized Signatory 獲授權簽署人之身分：

Date Signed 簽署日期：

Chubb. Insured.™

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