

# Chubb Claim Centre

## 安達索償中心

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



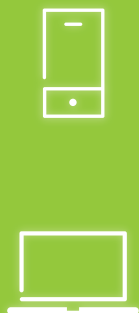
Faster Handling  
 快捷處理



Status Update  
 進度查詢

### Submission Procedure 索償程序

Submission 遞交



Visit Chubb Claim Centre and fill in the details  
 登入安達索償中心及填寫資料

Confirmation 確認



Receive Confirmation SMS or Email  
 收到確認短訊或電郵

Result 結果



Claim result would be provided  
 索償結果將會提供

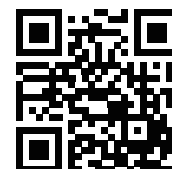
Payment 賠款



Claim payment via local bank transfer would take as soon as 3 working days  
 選用銀行轉賬，最快可於3日內收到索償賠款

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

[www.chubbclaims.com.hk](http://www.chubbclaims.com.hk)





## Basic Required Documents 基本所需文件

Please submit a COPY of the following documents together with this Claim Form 請提交以下文件之副本連同此索償表格一起遞交：

1. Employment Letter / Employment Contract / Payroll Letter / MPF Statement / Tax Return from your ex-employer  
由前僱主發出之受聘證明 / 僱用合約 / 糧單 / 強積金供款文件
2. Letter of Dismissal from ex-employer 由前僱主發出的解僱信
3. HKID Card 香港身份證

^ Notwithstanding the above information and documents, Chubb Insurance Hong Kong Limited reserves the right to inquire for review of original letter, contract or statement for verification, additional information and conduct an investigation when deemed necessary 除上述資料及文件外，安達保險香港有限公司保留審查正本、要求補充資料及進行調查的權利。

## Details of Claims 索償詳情

### Information of Ex-employer 前僱主資料

Name of the Company 公司名稱:	Name of Contact Person 聯絡人姓名:
Contact Person's Telephone No. 聯絡人電話號碼:	Title / Position of Contact Person 聯絡人職位:
Contact Address 通訊地址:	

Commencement date of employment 開始受聘日期: DD 日 / MM 月 / YY 年	Title / Position 受僱職位:
Type of employment 受聘類別: <input type="checkbox"/> Part time 兼職 <input type="checkbox"/> Full time 全職 <input type="checkbox"/> Contract basis 合約 <input type="checkbox"/> Self-employed 自僱 <input type="checkbox"/> Temporary 臨時工 <input type="checkbox"/> Casual 短期僱用 <input type="checkbox"/> Other, Please specify 其他，請註明:	

### Details of Unemployment 離職詳情

Effective date of unemployment 解僱生效日期:                 DD 日 MM 月 YY 年	Are you engaging in new employment? If yes, please state the new employment commencement date: 台端現時有否受僱於其他公司?如有，請述重新受聘日期: DD 日 / MM 月 / YY 年
Reason of unemployment 離職原因:	

## 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 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 within or outside Hong Kong SAR 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](http://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, 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，不論包含在這索償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特別行政區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](http://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)
Date Signed 簽署日期: DD 日 / MM 月 / YY 年	HKID Card No. of Insured Person 受保人香港身份證號碼:
Signature of Policyholder 保單持有人簽署:	Name of Policyholder 保單持有人姓名: (in BLOCK CAPITALS 請以正楷書寫)
Date Signed 簽署日期: DD 日 / MM 月 / YY 年	HKID Card No. of Policyholder 保單持有人香港身份證號碼:

Involuntary Unemployment Claim Form, Hong Kong SAR. 非自願性失業索償表格，香港特別行政區。Published 10/2019.

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**Part II - To be completed by the Insured Person's ex-employer at the Insured Person's cost (if any)**

第二部份 — 請由受保人之前僱主填寫, 而費用(如有)須由受保人負責

**Ex-employee's Particulars 前僱員資料**

Name 姓名:

HKID Card No. 香港身份證號碼:

**A. Employment Records 僱傭紀錄**

1. Type of Employment 僱用形式:

 Part Time 兼職 Full Time 全職

3. Commencement Date of Employment 開始受僱日期:

DD日 / MM月 / YY年

2. Nature of Employment 僱用性質:

 Permanent Employment 固定及永久僱用 Contract Basis 合約僱用 Temporary 臨時僱用 Casual 短期僱用 Others, please specify 其他, 請說明:

In the event if the employee was not employed as permanent staff on the commencement date, please state the date when he / she was employed as permanent staff 如上述人士於入職時並非固定及永久僱用, 請提供開始僱用為固定及永久員工之日期:

DD日 / MM月 / YY年

**B. Job Nature 工作性質**1. Position held by the employee prior to termination of employment:  
上述人士離職前之職位:2. The employee belonged to which department:  
上述人士離職前隸屬之部門:3. Job duties and responsibilities of the employee prior to the termination of employment:  
上述人士離職前的工作範圍及職責:**C. Termination of Employment 離職情況**1. Effective date of termination:  
上述人士離職之日期:

DD日 / MM月 / YY年

4. Reasons for ceasing employment of the above employee:  
上述人士離職之原因:

- Voluntary resignation of his / her own accord  
自願離職
- Expiration of a fixed contract term with the employee  
合約期屆滿
- Involuntary termination as a result of employee's failure to meet your Company requirements 上述人士之表現未能合乎公司要求
- Re-organization of the company / re-arrangement of the manpower  
公司改組 / 人手調配
- Retirement 退休
- Reducing of manpower 削減人手
- Closure of the Branch / Departure 分行 / 部門關閉
- Closure of the Company 公司倒閉
- Others, please specify 其他原因, 請說明:

2. Except in cases of resignation and retirement, when the employee was advised (orally or written) of this termination of employment?  
除了辭職及退休, 上述人士何時被通知解僱(口頭或書面通知)?Date of verbal notice:  
口頭通知日期:/ /  
DD日 MM月 YY年Date of written notice:  
書面通知日期:/ /  
DD日 MM月 YY年3. Was any income given during the notification period?  
If yes, please state received income up to:  
在通知期間有否工資收入? 如有, 請述工資收入至:

DD日 / MM月 / YY年

#### D. Other Information 其他資料

1. We would like to state the details as below as the employee or any of his / her family member(s) is / are the owner of our company or owing equity interest of our company:  
上述人士或其家庭成員為本公司的擁有人或持有本公司之股權，現詳細說明如下：

2. Apart from the above, we would like to provide more information as below regarding his / her employment:  
除上述資料，本公司現補充有關上述人士其他之僱傭資料如下：

#### Declaration 聲明

We declare that to the best of our knowledge and belief the above statements and particulars contained therein are in all respects true and complete and are made without reservation of any kind.  
本公司謹此聲明確信以上所填報之資料乃屬完全真確並無任何保留。

Company's Stamp and Signature 公司蓋章及簽署:	Name of Company 公司名稱:
	Name of Signatory 簽署人姓名:
Date Signed 簽署日期: DD 日 MM 月 YY 年	Email Address 電郵地址:
Position of Signatory 簽署人職位:	

Company Address 公司地址: