

# Policy Cancellation Form

## 保單取消表格

For CS use only	

Please put an "X" in the appropriate box(es) and complete in BLOCK CAPITALS. 請在適當的方格內加「X」並用正楷書寫。

### Policyholder Details 保單持有人資料

Policyholder's Name 保單持有人姓名:

(Eng)	(中文)						
HKID Card No. 香港身份證號碼:	Policy No. 保單號碼:      Contact Phone No. 聯絡電話號碼:						
1. I request to terminate 本人欲取消:	<p>the above policy 上述保單</p> <p>the coverage of my spouse 本人配偶之保障</p> <p>the coverage of my children 本人子女之保障 (please specify name of child 請註明子女姓名):</p> <p>the coverage of my family members 本人家庭成員之保障 (please specify 請註明):</p> <p>the coverage of my rider 本人附加之保障 (please specify 請註明):</p>						
2. With effective from 取消生效日期:	DD 日 / MM 月 / YY 年						
3. Cancellation reason 取消原因:	<table border="0"> <tr> <td>Card / Account cancelled 取消信用卡 / 賬戶</td> <td>Premium too high 保費過高</td> </tr> <tr> <td>Moved from jurisdiction 移民</td> <td>Coverage not suitable 保障不適合</td> </tr> <tr> <td>With similar coverage 已購買同類保障</td> <td>Others 其他 (please specify 請註明):</td> </tr> </table>	Card / Account cancelled 取消信用卡 / 賬戶	Premium too high 保費過高	Moved from jurisdiction 移民	Coverage not suitable 保障不適合	With similar coverage 已購買同類保障	Others 其他 (please specify 請註明):
Card / Account cancelled 取消信用卡 / 賬戶	Premium too high 保費過高						
Moved from jurisdiction 移民	Coverage not suitable 保障不適合						
With similar coverage 已購買同類保障	Others 其他 (please specify 請註明):						

### Signature 簽署

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

Chubb. Insured.™