



**Details of Loss 損失詳情**

1. Please state the following particulars of the loss 請提供以下有關事件的資料:

Date 日期:

/ /  
DD 日 MM 月 YY 年

Time 時間:

Place loss occurred 事發地點:

2. Please state how the loss happened 請述事件發生經過:

3. Was the loss reported to the Police? If so, please state name of Police Station to which the accident was reported and case reference no.  
上述事件有否通知警方?如有,請列明所辦理之警署地點及報案編號:

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. Replacement Cost 補領費用**

Description of lost document 損失之文件:

Replacement Cost (Please indicate currency) 補領費用(請註明貨幣):

**B. Unauthorized Card Use 信用卡被盜用**

Card Name and Type 被盜用卡之名稱及類別:

Amount lost (Please indicate currency) 被盜用金額(請註明貨幣):

## 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 or disclosed to any individual or organization such as legal firms, accountants, actuaries, loss adjudicators and claims investigations, doctors and other medical service provider 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 customer's 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).

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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。  
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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)
	HKID Card No. of Insured Person 受保人香港身份證號碼:
Date Signed 簽署日期: DD 日 MM 月 YY 年	
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)
	HKID Card No. of Parent / Legal Guardian 父母 / 合法監護人香港身份證號碼:
Date Signed 簽署日期: DD 日 MM 月 YY 年	
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)
	HKID Card No. of Policyholder 保單持有人香港身份證號碼:
Date Signed 簽署日期: DD 日 MM 月 YY 年	

Chubb. Insured.™

Card Protection Claim Form, Hong Kong SAR. 失卡保障索償表格, 香港特別行政區. Published 11/2019.

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