

# 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:     | <p>Card / Account cancelled 取消信用卡 / 賬戶 Premium too high 保費過高</p> <p>Moved from jurisdiction 移民 Coverage not suitable 保障不適合</p> <p>With similar coverage 已購買同類保障 Others 其他 (please specify 請註明):</p>   |

### 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:<br>DD 日 / MM 月 / YY 年                  |

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