

個人傷害理賠申請書

Personal Accident Claim Form

保單號碼: _____

Policy No. _____

甲部：保戶/被保險人/理賠申請人個人資料**Section A: Particulars of Policyholder/Insured Person/Claimant**

保戶姓名: _____

Name of Policyholder

被保險人姓名: _____

Name of Insured Person

被保險人身分證號碼: _____

Identity No. of Insured Person

國籍: _____

Nationality

性別: 男 女

Gender

Male

Female

出生日期: DD/MM/YYYY

Date of Birth

被保險人通訊地址: _____

Mailing Address of Insured Person

郵遞區號: _____

Postal Code

電話(手機): _____

Tel No. (Mobile)

職業: _____

Occupation

電子郵件: _____

Email

預訂編號: _____

Booking ID

(請附上 Beam 應用程式的螢幕擷取畫面, 其中包含預訂參考和行程的詳細資訊)

(Please enclose screenshots of the booking reference and trip details from the Beam App)

理賠申請人姓名(如非被保險人本人): _____

Name of Claimant (If different from Insured Person)

理賠申請人身分證號碼: _____

Identity No. of Claimant

國籍: _____

Nationality

性別: 男 女

Gender

Male

Female

出生日期: DD/MM/YYYY

Date of Birth

理賠申請人通訊地址: _____

Mailing Address of Claimant

郵遞區號: _____

Postal Code

電話(手機): _____

Tel No. (Mobile)

職業: _____

Occupation

電子郵件: _____

Email

乙部：理賠支付(僅限電匯方式)**Section B: Payment of Claims (Telegraphic Transfer Only)**

請提供有關理賠支付的詳情, 以供 Chubb 在您的理賠申請成功批核後作賠償之用。

Please provide details for payment of your claim in the event that the claim is deemed payable by Chubb.

我在此授權並要求 Chubb 支付與此理賠申請相關的金額, 詳情如下:

I hereby authorise and request Chubb to pay benefit due in respect of this claim as follows

受款人姓名(需與銀行帳戶戶名相同): _____

Name of Payee (As per bank account name)

銀行名稱: _____

Name of bank

銀行代碼: _____

Swift code

帳號: _____

Account No.

丙部：意外事故/遺失事故/受傷詳情

(請附上由 Beam 提供的事務報告副本及醫療費用發票正本)

Section C: Details of the Accident/Loss/Injury

(Please enclose a copy of the incident report from Beam and the original medical invoices)

意外事故發生日期: DD / MM / YYYY

Date of Accident

意外事故發生時間 (24 小時時間格式): HH : MM

Time of Accident (24-Hour)

意外事故發生國家/地區: _____

Country of Accident

意外事故發生地點: _____

Place of Accident

意外事故/遺失事故的發生時間順序和描述,以及受傷詳情(若本申請書不敷使用,請自行補充附加頁)

Chronology and description of the accident/loss and detail the injuries sustained (Please use supplementary sheet if necessary)

被保險人是否曾遭受同樣意外傷害、類近情況或先前傷患復發?

Has the insured person previously suffered this or a similar condition or a recurrence of a previous injury?

是 否
Yes No

如果選擇「是」,請提供詳情: _____

If Yes, please provide details

意外事故發生時,被保險人是否受到酒精、藥物、藥品或任何其他致醉物的影響?

Was the insured person under the influence of alcohol, medication, drugs or any other intoxicating substance at the time of accident?

是 否
Yes No

如果選擇「是」,請提供有關酒精、藥物、藥品或致醉物的名稱/類型。

If Yes, please provide details of name/type of alcohol, medication, drugs or intoxicating substances.

是否已就意外事故報警?

Was the accident reported to the police?

是 否
Yes No

如果選擇「是」,請附上警方報告副本。

If Yes, please enclose a copy of the police report.

丁部：因遭受襲擊而丟失或損壞的個人物品

(請附上證明損失的警方報告,以及因遺失或損壞而購買物品的收據正本)

Section D: Loss of or Damage to Personal Belongings due to Assault

(Please enclose the police report evidencing the losses and the original purchased receipts for the damaged or lost items)

理賠金額詳情 (若本申請書不敷使用,請自行補充附加頁)

Details of amount claimed (Please use supplementary sheet if necessary)

物品描述 Description of item	購買物品的時間和地點 When and where were the items purchased	原價 Original purchase price	從其他來源收復的金額 (請提供收款詳情) Amount recovered from other sources (Please provide details of settlement)	向 Chubb 申請的理賠金額 Amount claiming against Chubb

是否曾嘗試收復您的財物?

Any actions taken in attempt to recover your property?

是 否
Yes No

如果選擇「是」,請提供有關嘗試採取行動的詳情。如果選擇「否」,請提供有關未嘗試收復的詳情。

If Yes, please provide details on the actions taken. If No, please provide details for not attempting recovery.

戊部：聲明
Section E: Declaration

您是否已附上下列文件？(如適用)
Did you remember to enclose the following? (Where applicable)

文件 Document	是 Yes	不適用 N/A
Beam 應用程式的螢幕擷取畫面，其中包含預訂參考和行程的詳細資訊 Screenshots of the booking reference and trip details from the Beam app	<input type="checkbox"/>	<input type="checkbox"/>
醫療費用收據 Medical receipts	<input type="checkbox"/>	<input type="checkbox"/>
由 Beam 提供的事務報告 Incident report from Beam	<input type="checkbox"/>	<input type="checkbox"/>
由醫生撰寫關於受傷類型的書面報告/住院病人出院總結或醫療報告 Written notes from the physician on the type of injury sustained/inpatient discharge summary or medical report	<input type="checkbox"/>	<input type="checkbox"/>
警方報告 Police report	<input type="checkbox"/>	<input type="checkbox"/>
因遺失或損壞而購買物品的收據 Purchased receipts for the loss or damage of items	<input type="checkbox"/>	<input type="checkbox"/>
死亡證明和遺產管理委任書/遺囑檢驗 (如適用) Death certificate and letters of administration/probate (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>

簽署此申請書，即表示我/我們同意 Chubb 在制定和履行我的保單時使用此處提供的資料，以執行保單管理、保戶服務、理賠處理和欺詐分析及預防，以及 Chubb 可能會根據上述目的向其服務供應商、代理商、有關當局和其他方披露此類資料。

我/我們在此授權任何醫院、醫生及任何其他曾經為我提供治療或檢查服務的人士或實體，向 Chubb 或其授權代表提供有關任何疾病或傷害或損失、病歷、諮詢、處方或治療、所有醫院、醫療或其他記錄副本、調查情況和結果的任何和所有資料，以及 Chubb 酌情決定在評估我的理賠時所需的個人資料。此授權的影本應視為與原本具有同等效力。

我/我們鄭重和真誠地聲明，上述任何部分的資料均為真實和正確，並且我/我們同意，如果我/我們已作出或在任何進一步的聲明或陳述中作出任何虛假或欺詐性陳述，或隱藏、隱瞞或虛假陳述任何事實，保單將被視為無效，並且就過去、現在或將來的理賠申請中所有損失收復的權利均應予沒收。

By signing this form, I/We agree that Chubb will use the information supplied here and during the formation and performance of my policy, for policy administration, customer services, claims handling and fraud analysis and prevention, and that Chubb may disclose such information to its service providers, agents, authorities and other parties for these purposes.

I/We hereby authorise any hospital, physician, and any other person or entity who has attended to or examined me, to furnish to Chubb or its authorised representatives, any and all information with respect to any illness or injury or loss, medical history, consultation, prescriptions or treatment, copies of all hospital, medical or other records, investigation status and results, and such personal information as Chubb in its absolute discretion considers relevant for its assessment of my claim. A photostatic copy of this authorisation shall be considered as effective and valid as the original.

I/We do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I/We agree that if I/We have made or in any further declaration or representation shall make any false or fraudulent statements or suppress, conceal or falsely state any fact whatsoever the Policy shall be void and all rights to recover thereunder in respect of past, present or future claims shall be forfeited.

被保險人姓名
Name of Insured Person

被保險人簽名
Signature of Insured Person

日期
Date

理賠申請人姓名 (如非被保險人本人)
Name of Claimant (If different from Insured Person)

理賠申請人簽名 (如非被保險人本人)
Signature of Claimant (If different from Insured Person)

日期
Date

聯絡我們
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