

Claim Procedure for Group Travel Insurance

Reporting

Written notice of claim by or on behalf of the Insured Person or claimant must be given to the Insurer within thirty (30) days from the date on which an event giving rise to a claim under this policy occurs (the "Relevant Date"). Such written notice given to the Insurer with information which the Insurer considers sufficient to identify the Insured Person shall be deemed proper notice to the Insurer.

The claimant shall at his/ her own expense provide to the Insurer such certificates, information and evidence as the Insurer may from time to time require in connection with any claim under this policy and in the form prescribed by the Insurer. Proof of all claims must be submitted to the Insurer within one hundred and eighty (180) days from the Relevant Date.

Documentary

Basic (Applicable for all sections):

- Completed Chubb Travel Insurance Claim Form
- Travel document to prove the travel period (e.g. boarding pass, travel ticket or itinerary)
- Policyholder's confirmation on the Insured Person's employment information, stationed country, trip nature and duration

Others:

1. Accidental Death Claim

- Death certificate
- Document showing the cause of death, such as autopsy report, post-mortem report, medical certificate for the cause of death, Coroner's report, etc.
- Medical report regarding medical history of the deceased
- Official report issued by police or relevant authorities confirming the details of the circumstance or the fact of the incident
- Proof of relationship between the Insured Person and Beneficiary
- Identity card copy of the Insured Person and Beneficiary
- Grant of Letters of Administration/ Probate

2. Permanent Disability Claim

- Medical report/ certificate confirming the diagnosis and treatment progress
- Official report issued by police or relevant authorities confirming the details of the circumstance or the fact of the incident
- Medical report confirms the extent of Permanent Disability suffered

3. *Medical Expenses / Hospital Cash Claim*

- Original receipts of relevant medical expenses with detailed breakdown (for Hospital Cash claim, copy is acceptable)
- Medical report/ certificate/ note confirming the diagnosis
- Official report issued by police or relevant authorities confirming the details of the circumstance or the fact of the incident, if any

4. *Personal Property / Money Claim*

- Loss/ Damage Report issued by police, airline, or relevant authorities
- Original purchase receipts of the lost or damaged items
- Photos showing the extent of damage
- Original repair receipt with the details and nature of damage and breakdown of charges
- Compensation breakdown from relevant parties
- Original payment receipts of relevant expenses (e.g. replacement cost of credit card / identity card / travel document)

5. *Baggage Delay Claim*

- Relevant carrier delay report confirming the reason and duration of delay
- Original receipt of the purchased essential clothing and toiletries
- Compensation breakdown from relevant carrier

6. *Curtailment Expenses Claim*

- Medical report (with diagnosis and Physician's recommendation) of the Insured Person, the Insured Person's relative or Partner or Direct of the Policyholder
- Identity card copy of the Insured Person's relative, with proof of relationship if the curtailment is due to unexpected death, Serious Bodily Injury or Serious Sickness of the Insured Person's relative, Partner or Direct of the Policyholder
- Original payment receipt for the pre-paid costs or deposits of the forfeited travel and/ or accommodation expenses
- Confirmation issued by the relevant parties on the cancellation/ curtailment and the refundable amount
- Original payment receipts of the additional travel and/ or accommodation expenses incurred
- Document showing the rescheduled itinerary

7. *Personal Liability Claim*

- Official report issued by police or relevant authorities confirming the details of the circumstance of the incident in detail
- Photos showing the environment of the scene and the extent of damage/ injury
- Full name and contact method of the third party claimant and witness(es)
- Any claim/ demand letter, lawsuit or proceeding of any type relating to the incident (should be forwarded to the insurer immediately without acknowledgement)

8. *Loss of Deposit Claim*

- Death certificate / Medical report (with Physician recommendation) of the Insured Person or the Insured Person's relative
- Identity card copy of the Insured Person's relative, with proof of relationship if the loss of deposit is due to unexpected death, Serious Bodily Injury or Serious Sickness of the Insured Person's relative
- Other documentary proof issued by relevant parties confirming the cause for loss of deposit
- Original payment receipt for the pre-paid costs or deposits of the forfeited travel and/ or accommodation expense
- Confirmation issued by the relevant parties on the cancellation and the refundable amount

9. *Travel Delay and Trip Re-route Claim*

- Relevant carrier delay report confirming the reason and duration of delay
- Original payment receipt of the relevant accommodation and/ or refreshment expenses incurred
- Original payment receipt of the additional traveling expenses (for trip re-route claim)

Important Notice

- Take all necessary action to prevent and minimize the property from further loss or continuing damage and / or secure the premises.
- It is recommended to furnish us the repair quotation for pre-approval prior to commencing the repair job
- It is most important that you DO NOT admit liability, negotiate or offer any payment to the third party claimant, otherwise your claim under the policy may be prejudiced.
- If you receive any claim, correspondence, writ or summons, please immediately forward it unanswered to Chubb Insurance Hong Kong Ltd.
- Work with insurers in the appointment of defense counsel, as may be required, in order to progress any claim or circumstance. Insurers shall have full discretion to conduct any proceedings, and you should give all such information and assistance as insurers may require.

The above information is for reference only, all terms and conditions shall subject to the policy and subsequent endorsement(s), if any. The Insurer reserves the right to request the Policyholder and/ or the Insured Person for any other information or documents which are not specified above, if necessary.

To. Chubb Insurance Hong Kong Limited

Policy number : _____

Name of Policyholder : _____

This is to verify that _____ , HKID: _____, is
(claimant's name) (claimant's HKID)

one of the insured staff / student under the policy as stated below:

(Date of accident : _____)

His / Her trip from _____ to _____ , to _____,
(trip commencing date) (trip ending date) (trip's destination)

is authorised by the company/institute.

Approval Signature : _____(Position : _____)

Company/Institute's chop : _____

Date : _____