

Group Personal Accident Insurance for Students

Claim Procedure

Please note that it is required to submit the claim of Group Personal Accident Insurance to the insurer as soon as possible but in any case within 90 days of the happening of any event.

- 1) The injured students shall inform their corresponding departments for the accidents. Department shall report the same to HSO for record & issue the authorization letter, with approval signature & department chop to the student for their online claim submission.
- 2) Student should then submit their claim together with scanned copies/photos of medical receipts & other supporting document, including the signed authorization letter, to insurers, Chubb Insurance Hong Kong Limited (“Chubb”), via their Online Insurance Claim platform directly (www.chubbclaims.com.hk) not later than 90 days from the date of accident.

For PolyU’s students, please input “HGA0002291” in “Policy Number”.

- 3) The students can select the claims settlement method during online submission, either by ‘Bank Transfer’ or ‘Cheque’ to receive settlement accordingly.
- 4) Should there is any further enquiry from insurers, Chubb will contact the injured students directly.
- 5) For enquiry of claims, please use the enquiry function of claim status through online platform (www.chubbclaims.com.hk), or student can contact Chubb by phone at 3191 6800 or email at A&HClaims.HK@Chubb.com. FAQ section are also available on website (<https://apac.myaccount.chubb.com/myaccount/hk/default/default/default/en-HK/faqs>) for reference.

Remarks

- The insurer may contact the claimant directly to require further information / details if necessary, especially for fatal claims and permanent disability claims.
- All PRC citizens who reside and work in China would not be covered within the territory of China unless they are attending the activities including Work Integrated Education (“WIE”) &/or other types of placements (not forming part of WIE) or Community Service Learning Programme (“CSLP”) or Service Learning Activities (“SLA”) in China, which are organized or arranged or endorsed or recognized or approved by the University, or they are students of the University’s outpost programmes.

For "Repatriation of Remains", please note the following:

- The University registered students who participate in overseas activities organized or arranged or endorsed or recognized or approved by the University are under the

coverage of Repatriation of Remains.

- For local students participating in overseas activities organized or arranged or endorsed or recognized or approved by the University, their mortal remains will be repatriated to Hong Kong.
- For non-local students participating in activities organized or arranged or endorsed or recognized or approved by the University, either within Hong Kong or overseas, their mortal remains will be repatriated to their home countries.
- This coverage is not applicable to Outpost Students.

For details on the insurance claim procedure, please contact the Finance Office through email at fo.insurance@polyu.edu.hk.

Claim Procedure for Group Personal Accident Insurance

Reporting

Written notice of claim by or on behalf of the Insured Person or claimant must be given to the Insurer within ninety (90) 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 Accident Claim Form (Please be reminded to describe the date, time, location and the circumstance of the accident in detail)
- Policyholder's confirmation on the Insured Person's identity, such as employment information

Others:

1. Accidental Death/ Compassionate Death Benefits 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 the 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
- Document such as salary statement which shows the detailed income of the deceased for the period of 12 months immediately preceding of an injury which caused the death
- 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
- Document such as salary statement which shows the detailed income of the Insured Person for the period of 12 months immediately preceding of an injury which caused the Permanent Disability
- Medical report confirms the extent of Permanent Disability suffered

3. *Temporary Disability Claim*

- Medical report/ certificate confirming the diagnosis and the period when the Insured Person should prevent from engaging in his/ her usual occupation
- Official report issued by police or relevant authorities confirming the details of the circumstance or the fact of the incident
- Full set of lab test, x-ray, ultrasound, MRI, CT scan and pathology reports, if any
- Policyholder's confirmation on the leave application/ attendance during the claimed period
- Document such as salary statement which shows the detailed income of the Insured Person for the period of 12 months immediately preceding of an injury which caused the Disability

4. *Accidental Medical Expenses/ Accidental 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
- Full set of lab test, x-ray, ultrasound, MRI, CT scan and pathology reports, if any
- Referral letter from registered physician for x-ray, physiotherapy, etc.

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 student under the policy as stated below.

Information of the accident:

| | |
|-------------------------------|--|
| Date of accident: | |
| Time of accident: | |
| Name of Event / activity: | |
| Location of Event / activity: | |

Approval Signature: _____ (Position: _____)

Company/Institute's chop: _____

Date: _____