

# Marine Cargo Claim Form

## 貨物運輸保險索償申請表格

### Important Information:

#### 注意事項：

- This form should be completed as fully and accurately as possible and be returned to us immediately, whether a claim has been made on the Insured or not. If there is insufficient space or no applicable field is available, please supplement information by attachment.  
請在此申請表上盡可能填寫準確完備的資料，無論有否就受保人提出索償，均務請立即交回此申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。
- The documents required under each section are general requirements only, we reserve the right to request any additional information and documentation from you, as necessary.  
各部份所需之「證明文件」只是概括要求，本公司保留權利在有需要時要求閣下提供更多文件以處理有關的索償申請。
- The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.  
如所遞交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請有可能會受到延誤或遭拒絕。

### Part I - General Information 第一部份：一般資料

Certificate Number 證書號碼：	Policy Number 保單號碼：
Claimant Name 索償人姓名 / 名稱：	Role of Claimant 索償人身份： <input type="checkbox"/> Shipper 託運人 <input type="checkbox"/> Consignee 收貨人 <input type="checkbox"/> Others 其他：
Insured 受保人：	
Contact Name 聯絡人姓名：	
Telephone 電話：	E-mail Address 電郵地址：

### Part II - Details of the Loss 第二部份：損失詳情

Date of Arrival 抵達日期：	When was the loss discovered 甚麼時候發現損失：
Nature of Loss 損失性質： <input type="checkbox"/> Wet Damage 受潮 <input type="checkbox"/> Rust 生鏽 <input type="checkbox"/> Leakage 滲漏 <input type="checkbox"/> Others 其他：	<input type="checkbox"/> Dent 凹陷 / Crushed 破碎 / Torn 撕裂 <input type="checkbox"/> Missing 丟失 / Non-Delivery 未能送達 <input type="checkbox"/> Shortage 短缺

### Part III - Details of the Transit 第三部份：運送詳情

Voyage 航程： (From 出發點)	(To 目的地)
On Board / Flight Date 裝船 / 裝載上機日期：	Vessel Name / Flight Number 船隻名稱 / 航班編號：
Types of Transport 運輸類型： <input type="checkbox"/> Road Carrier 路面運輸 <input type="checkbox"/> Air 空運	<input type="checkbox"/> Rail 鐵路 <input type="checkbox"/> Sea 海運 <input type="checkbox"/> Courier 快遞
INCOTERMS 國際貿易術語： <input type="checkbox"/> CIF <input type="checkbox"/> FOB <input type="checkbox"/> Others 其他：	<input type="checkbox"/> CFR <input type="checkbox"/> DDU

**Part IV – Detailed Statement of Claim (if insufficient space, please attach a separate schedule)**  
**第四部份：索償陳述書詳情（如欄位空間不足，請另以附件補充）**

Name & Product 名稱及產品	Quantity 數量	Unit Price 單位價格	Amount Claimed 索賠金額

**Part V – Claim Payment Details (for fast payment of claims, please provide your bank account details)**  
**第五部份：索償付款詳情（請提供銀行戶口資料，以便迅速支付索償）**

Name of Bank 銀行名稱：

Account Name 賬戶名稱：

Swift Code SWIFT 代碼：

Account Number 賬戶號碼：

Bank Address 銀行地址：

Account Currency 賬戶貨幣：

**Part VI – Declaration & Authorization 第六部份：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. 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 ("Chubb"), whether contained in this claim form or otherwise obtained, may be used by Chubb or disclosed to any individual or organization such as legal firms, accountants, actuaries, loss adjudicators and claims investigators, doctors and other medical service provider within or outside Hong Kong and as particularly set out in the Personal Information Collection Statement for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers 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 may not be able to process or assess my / our claim. A copy of the Personal Information Collection Statement can be found at [www.chubb.com/hk](http://www.chubb.com/hk).

Any person who provides Chubb with the above information shall have the right to access and request correction of any personal information concerning themselves held by Chubb. A request for such access may be made to the Personal Data Privacy Officer of Chubb at 39/F, One Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

本人／我們僅此聲明，本人確信以上所填報之資料及所列各項之事件乃屬真確完備，並無作任何資料之保留。此授權書之副本亦屬有效，效力與原件無異。

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向安達保險提供上述資料的任何人士，均有權查閱及要求更改由安達保險所持有有關他們的任何個人資料。有關之要求可向安達保險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 & Company Chop  
受保人簽署及公司印章：

Name of Insured 受保人姓名：(in BLOCK CAPITALS)

Date Signed 簽署日期：

## Part VII - Required Documents 第七部份：所需文件

Please enclosed the following documents (if applicable):

請附上以下文件 (如適用)：

1. Certificate of Insurance/ Insurance Policy  
保險證書 / 保單
2. Bill of lading/ Air waybill  
提單 / 空運單
3. Commercial Invoice (with INCOTERMS between seller and buyer)  
商業發票 (包括買賣雙方之間的國際貿易術語)
4. Packing list  
包裝清單
5. Photos showing the damaged goods  
顯示受損貨物的照片
6. Confirmation letter issued by forwarder (for non-delivery cargo only)  
貨運公司出具的確認書 (僅適用於未能送達的貨物)

Chubb. Insured.<sup>TM</sup>

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