



## Get **FREE Purchase Protect Insurance** Coverage with your **HSBC Platinum Visa Credit Card**

As an HSBC Platinum Visa (Qualified Card) cardholder, you can enjoy free Purchase Protect Insurance when you use your Qualified Card to pay for eligible new purchases. Your coverage is inclusive of the following:

BENEFIT	SUM INSURED
Accidental Death	<b>10,000</b>
Purchase Protection (30 Days)	
<i>Annual Cover</i>	<b>15,000</b>
<i>Limit per Event</i>	<b>5,000</b>

### Important details:

- A Minimum Value of Php 1,000 is required for the Eligible Item.
- The Insured must report to the police or relevant authority within forty-eight (48) hours of the incident occurring and submit the documentary evidence to support a claim such as a police report containing the necessary details (e.g. time incident took place among others).
- The Insured must report any claim to the company as soon as he/she can and within thirty (30) days of the incident occurring.
- The Insured must disclose the nature and circumstances of the incident in the claim form to be submitted to the insurance company.
- The Insured may be required to surrender the damaged Eligible item to the insurance company.
- If an Eligible Item has been partially paid for with the Insured's Qualified Card, then the insurance company will only pay such percentage of the purchase price that was paid with the Insured's Qualified Card up to the Benefit Amount stated in the Policy Schedule.
- Claims made for an Eligible Item belonging to a Pair or Set will be paid to the Insured up to the original purchase price of the Pair or Set, provided the items are not useable individually and cannot be replaced.
- Eligible Item left Unattended in a Public Place and which is not subsequently recovered shall not constitute Burglary or Theft.
- In the event of a Claim, the Insured must provide the Company with copies of invoices and/or receipts relating to the Eligible Item to verify that it was charged to the Insured's Qualified Card.
- If you need emergency assistance, please call the 24-hour Chubb Assistance at +63 2 864 0865.

## Claims

In case of a claim, please download and fill out the Travel Insurance Claim Form and submit along with the required documents indicated in the form to Insurance Company of North America (a Chubb Company).

You may send the complete documents to:

- The Claims Team at [purchaseprotect.PH@chubb.com](mailto:purchaseprotect.PH@chubb.com)
- Insurance Company of North America (a Chubb Company)  
24/F Zuellig Building, Makati Avenue corner Paseo De Roxas,  
Makati City, 1226 Philippines

You may also lodge a notice of claim using the Company's online claims portal at

<https://www.chubbclaims.com/ace/ph-en/welcome.aspx>

The Insurance Company of North America (a Chubb Company) must be notified within 30 days after date of any covered loss of the intention to claim. In the event of Accidental Death, immediate notice must be given.

For further inquiries, you may call the Chubb Customer Care Hotline at +632 849 6000 (Monday to Friday, 8:30am to 5:30pm)

[Purchase Protect Claim Form](#)

## FAQs

Q: What type of insurance is Purchase Protect?

A: This insurance provides cover for eligible Goods that you have bought using a Qualified HSBC Card from an authorized retailer, distributor, store. We will reimburse You for Your Insured Goods or will repair or replace with new or refurbished Goods of similar specification by our authorized repairers.

Q: Who is eligible for Purchase Protect?

A: The Insured must be a Philippine Resident, between the ages of eighteen (18) years and sixty-five (65) years on the Effective Date of the Group Policy.

Q: What is covered under Purchase Protect?

A: Insurance coverage includes Accidental Damage and/or Theft of eligible items purchased up to Php5,000 per event. The Insured is also covered with an Accidental Death benefit of up to Php10,000 per year.

Q: What items are eligible under Purchase Protect?

A: These are purchases solely for personal use and are new/haven't been used when bought from a Retailer or Seller. The items may be paid in full or on installment using your qualified HSBC Card. For installment, the company will only pay such percentage of the purchase price that was paid with the Insured's Qualified Card up to the Benefit Amount.

Q: What is insured?

A: Accidental Damage and/or Theft of eligible Goods purchased up to a 30 days after purchase.

Q: What is not insured?

A: The following are not covered by this insurance:

- For Accidental Death
  - self-inflicted injury
  - suicide
  - criminal or illegal act
  - being under the influence of alcohol or unprescribed drugs;
  - engaging in any professional sport
  - engaging in any motor sports as a rider, driver and/or a passenger
  - illness, disease, bacterial or viral infection
  - being a pilot or crew member
  - For full exclusion list, please see Annex below
- For Purchase Protect
  - Second Hand Goods
  - Normal Wear and Tear
  - Product Defects
  - Non- Delivery
  - Live Plants and Animals
  - Not taking reasonable care of items (or leaving unattended in a public place in case of loss covered)
  - Goods Confiscated or destructed by any government, customs or public authority
  - Motor Vehicles
  - Goods partially paid, paid by subscription or instalments
  - For full exclusion list, please see Annex below

### [Annex](#)

Q: Are there any restrictions of cover?

A: Eligible Goods must have a minimum value of Php1,000.

Q: Are below items included in the Purchase Protection Insurance?

- Items sent from overseas
  - This is not an issue as long as the item satisfies the criteria of proof of purchase with a Qualified Card and item is not excluded
- Item is damaged in transit/ during delivery
  - Damage in transit/delivery will be claimable to the logistics/delivery company
- If my daughter accidentally spilled water on a gadget/device, will it be covered?
  - Yes, if the item was purchased using a Qualified Card and it was damaged within 30 days of purchase.
- If my dog destroyed an article of clothing, will it be covered?
  - Yes, if the item was purchased using a Qualified Card and it was damaged within 30 days of purchase.

- I ordered a defective item from a merchant, will it be covered?
  - No, because this is not an accidental damage / theft incident. You may coordinate with the merchant for this based on the merchant's terms and conditions of purchase/returns.
- Parts for a motor cycle/vehicle/bicycle?
  - No, this is excluded.

Q: How can I claim for the Insurance?

A: For Purchase Protect, the Insured must provide the Insurance Company with copies of invoices and/or receipts of the Eligible Item which will be used to verify that the Eligible Item was charged to the Insured's Qualified Card within thirty (30) days of the incident occurring.

Benefits payable under this Group Policy shall be made to the Insured; or in the event of his death, to the person or persons then surviving in the following order of preference: (a) legal spouse; (b) children; (c) parents; (d) brothers and sisters; otherwise, to the estate of the Insured. Any payment made by the Company in good faith pursuant to this provision shall fully discharge it to the extent of the payment.

For further inquiries, you may call the Chubb Customer Care Hotline at +632 849 6000 (Monday to Friday, 8:30am to 5:30pm)

## **ANNEX**

### **A. Exclusions Applicable to Accidental Death Benefit**

This Group Policy will not apply to any Event arising, directly or indirectly, out of:

- deliberately self-inflicted injury, suicide, criminal or illegal act;
- being under the influence of alcohol or unprescribed drugs;
- engaging in any professional sport, meaning, Insured's livelihood is substantially dependent on income received as a result of Insured's playing sport;
- engaging in any motor sports as a rider, driver and/or a passenger;
- any consequences of, or the Insured taking part in, any war (whether declared or not), invasion, rebellion, insurrection, civil war, riot or civil commotion;
- engaging in military duty with any armed forces of any country or international authority or while on duty in any paramilitary, police, police auxiliary or firefighting organization;
- engaging in (or practicing for, or taking part in training particular to) aqualung or scuba diving, climbing or mountaineering necessitating the use of ropes or guides, pot holing, parachuting, hang-gliding, winter sports or racing other than on foot;
- being a pilot or crew member (on active duty) of any aircraft, or engaging in any aerial activity, including parachuting and hang-gliding, except as a passenger in any properly licensed aircraft;
- illness, disease, bacterial or viral infection, even if contracted by accident, other than bacterial infection that is the direct result of an accidental cut or wound or accidental food poisoning; or
- provoked or unprovoked murder & assault.

### **B. Exclusions Applicable to Purchase Protect Benefit**

This Group Policy will not apply to any Event arising, directly or indirectly, out of:

- loss other than Burglary or Theft of Eligible Items;
- any Claim for malicious damage;
- Theft of Eligible Item which is not reported to the police within forty-eight (48) hours;
- any wear and tear to the Eligible Item;
- any damage to Eligible Item caused by product defects or product recalls that are covered by manufacturer's warranty;
- any Theft or damage to Eligible Item in a vehicle where the items are on view regardless if the vehicle is locked or unlocked;
- Theft of electronic items and equipment, including but not limited to, personal stereos, MP3 players, iPods or equivalents, computers/ laptops or computer-related equipment (and software), PDAs and mobile phones and their accessories, while at Insured's place of employment;
- Any of the following items:
  - Counterfeit or pirated goods;
  - Motor vehicles, motor cycles or motor scooters, watercraft, aircraft and any equipment and/or parts necessary for its operation and/or maintenance;
  - jewellery, watches (unless worn by the Insured), precious metals and gemstones, art, antiques, firearms and collectable items;
  - Second hand/ used goods;
  - Cash or its equivalents, traveller's cheques, tickets or negotiable instrument;
  - Firearms, animals, living plants or perishable goods;
  - Sports equipment while in use;
  - Aircraft or aerial device, excluding non-pilotable model aircraft or toy kites;
  - Electronic data; or
  - Food items;
- Confiscation or destruction by any government, customs or public body;

- Any damage due to any modifications that have been made after purchase;
- Any tax, insurance cost or surcharge;
- Any loss that can be compensated from other sources;
- Any Eligible Item which is not under the name of Insured;
- Any future earned value or income of the Eligible item.

An Excess will be deducted for each and every successful Claim. The Excess due is shown in the Policy Schedule

**C. Exclusions Applicable to Both Benefit A and Benefit B**  
**Sanctions Exclusions Applicable to this Group Policy**

This Group Policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

The Company is a branch of a US company and Chubb Limited, a NYSE listed company. Consequently, the Company is subject to certain US laws and regulations in addition to EU, UN and local sanctions restrictions which may prohibit it from providing cover or paying claims to certain individuals or entities or insuring certain types of activities related to certain countries such as Cuba.

# HSBC

## Cardmember

### Claim Form



The information requested and supporting documents required for your claim are detailed below each section. Further documents or information may be required depending on the circumstances of your claim. Note that failure to provide supporting documentation may result in delays in the processing of your claim.

Your Policy may not provide cover under every section shown in this claim form, please tick [✓] according to the type of claim you are filing for and complete the relevant sections:

Claiming for	Sections to be completed
1. Accidental Death or Permanent Disablement	<input type="checkbox"/> A, B and C
2. Purchase Protection	<input type="checkbox"/> A, B and D

The issue and acceptance of this form does NOT constitute an admission of liability by Chubb Insurance Philippines Limited (Chubb) or waiver of its rights. The benefits that you are eligible for are based on the terms and conditions of the policy that is applicable to your HSBC card.

### Section A: Particulars of Policy and Claimant

Name of Cardmember

\_\_\_\_\_

Name of Claimant (As in Gov ID) - if different from above

\_\_\_\_\_

Address of Cardmember / Sponsoring Organization / Claimant

\_\_\_\_\_

Postal Code \_\_\_\_\_

Government ID No.	_____	Date of Birth	<u>DD / MM / YYYY</u>
Nationality	_____	Age	_____
Tel No. (Mobile)	_____	Tel No. (Residence)	_____
Tel No. (Office)	_____	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Residence	_____	Occupation	_____
Email	_____		
Type of HSBC Card held	_____		
HSBC Card No.	_____		

### Section B: Payment Details

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

I hereby authorize and request Chubb to pay benefit due in respect of this claim as follows (Name as per Identification Card and / or Bank Account):

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**Electronic Funds Transfer** (for payments in Php and to bank accounts in Philippines)

Payee Name (as per bank account name) \_\_\_\_\_

Name of Bank \_\_\_\_\_

Branch Code No. \_\_\_\_\_ Account No. \_\_\_\_\_

☐

**Cheque Payment**

Payee Name (as per bank account name) \_\_\_\_\_

If no name is provided, settlement will be affected to the policyholder as provided for under the terms of the policy.

### Section C: Accident Death Claim

Please provide the following documents for the processing of your claim:

- 1) Certified True Copy of Death Certificate, Medico Legal and Findings (if applicable), Autopsy, Toxicological Report — in the event of Death
- 2) Copy of Birth or Marriage Certificate — in the event where the person injured is not the Claimant
- 3) Police Report
- 4) Medical Reports
- 5) Affidavit of Witness
- 6) Proof of Relationship of Beneficiary to Insured

**Note:** Failure to provide these documents may result in processing delays.



Date of Accident / Loss / Illness DD / MM / YYYY

Time of Accident (24-Hour) HH:MM

Place of Accident \_\_\_\_\_ Cause of death (if applicable) \_\_\_\_\_

If accident occurred on a Public Transportation, kindly provide the details of its operator:

Name of Operator \_\_\_\_\_ Contact No. \_\_\_\_\_

Please describe in detail how the accident occurred (Please use supplementary sheet if necessary)

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Please provide details of Medico legal (in the case of Death):

Date of Investigation DD / MM / YYYY

Time of Investigation (24-Hour) HH:MM

Name of Investigator \_\_\_\_\_ Place of Investigation \_\_\_\_\_

Details of Usual Family Doctor:

Name of Doctor \_\_\_\_\_ Contact No. \_\_\_\_\_

Address of Clinic / Hospital

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How long has the Injured / Deceased known the doctor?

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#### Section D: Purchase Protection Claim

Please provide the following documents for the processing of your claim:

- 1) Original receipts or Proof of purchase
- 2) Original HSBC statement of purchase
- 3) Police Report(s) - in the event of Theft
- 4) Repair Quote - in the event where damaged item(s) were sent for repair
- 5) If replaced, letter from merchant that item is beyond repair
- 6) If repaired, original repair receipt

**Note:** Failure to provide these documents may result in processing delays

You must settle your HSBC Account in full in the normal way while your claim is being processed

(Please use supplementary sheet if necessary)

Description of Item(s) Including Make, Model and Serial Number	Date of Purchase (DD/MM/YYYY)	Original Purchase Price	Charged To HSBC Card (Yes / No)

Please describe in detail what happened to the item(s) listed above (Please use supplementary sheet if necessary)

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Date of Incident DD / MM / YYYY

Time of Incident (24-Hour)

HH : MM

Place of Incident \_\_\_\_\_

Date of Theft Reported (in the event of Theft) DD / MM / YYYY

Time of Theft Reported (24-Hour)

HH : MM

Theft reported to \_\_\_\_\_

#### Section E: Declaration

Did you remember to enclose the following? (where applicable)

Document	Yes	NA
Medical Bills ( <u>Original copy</u> need to be submitted for Reimbursement claim)	<input type="checkbox"/>	<input type="checkbox"/>
Written notes from Physician on type of injury sustained / Inpatient Discharge Summary or Medical Report	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Police Report (if involved in Road Accident)	<input type="checkbox"/>	<input type="checkbox"/>
Original purchase receipts and photographs (for Loss and / or Damage of eligible item claim)	<input type="checkbox"/>	<input type="checkbox"/>
Police or relevant authorities concerned Report (for Loss of eligible item claim)	<input type="checkbox"/>	<input type="checkbox"/>
Documents with relevant authorities concerned (for Damage of eligible item claim)	<input type="checkbox"/>	<input type="checkbox"/>
Letter from the third party concerned (for Legal Liability claim)	<input type="checkbox"/>	<input type="checkbox"/>
Death Certificate, Post Mortem Report, Autopsy Report, Police Reports, Letter of Administration (if involves Fatalities)	<input type="checkbox"/>	<input type="checkbox"/>
Documents to proof occurrences of the incident and amount claimed	<input type="checkbox"/>	<input type="checkbox"/>

## Chubb Privacy Statement

Insurance Company of North America (a Chubb Company) ("Chubb") is committed to protecting your privacy. Chubb collects, uses, and handles your personal information only in accordance with Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012", its Implementing Rules and Regulations, and other issuances of the National Privacy Commission. A copy of our Privacy Policy is available on our website at [www.chubb.com/ph](http://www.chubb.com/ph) or by contacting our Customer Service Hotline on +632 8849-6000.

Your personal information will be used by Chubb, or any third party that Chubb provides the information to, for the purpose of assessing your claim or your entitlement to benefits and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes.

Your personal information may include:

- (a) any information provided in relation to your claim;
- (b) any information that is sensitive personal information, including, without limitation, your Name, Date of Birth, Address, Phone Number, Email Address, IMEI/Serial Number;
- (c) any other personal information that you may provide to Chubb or its third-party contractors;
- (d) any information from third persons who may have information relevant to your eligibility to receive a benefit, or your entitlement to receive an ongoing benefit.

Chubb may disclose your personal information to other entities within the Chubb Group, other insurers, our reinsurers or third parties, including contractors and contracted service providers (such as assessors or investigators) who we, or those other Chubb Group entities, have engaged to provide a specific service. Those entities may be located overseas, for example the regional head office of Chubb in Singapore or third parties with whom we or those other Chubb Group entities have subcontracted to provide a specific service for us, which may be located outside of the Philippines. Chubb will keep this information for a reasonable period.

Chubb may record telephone calls to make sure it follows instructions correctly and for staff training purposes. When personal or sensitive personal information is supplied to Chubb about third parties other than the insured, both during the formation and performance of this policy, Chubb assumes that those third parties consent to the supply of this information to Chubb, to Chubb processing this personal data, and to the transfer of their information abroad. Chubb will also assume that the supplier of the information is authorized to receive, on their behalf, any data protection notices.

If you do not consent to the terms of this Privacy Consent or revoke your consent, Chubb may not be able to process or assess your claim.

If you would like to access a copy of your personal information, or to correct or update your personal information, please contact our Customer Service Hotline on +63 2 8849 6000 or email [CustomerService.PH@chubb.com](mailto:CustomerService.PH@chubb.com).

If you have a complaint or want more information about how Chubb is managing your personal information, please contact the Data Protection Officer, Insurance Company of North America (a Chubb Company), 24th Floor Zuellig Building, Makati Avenue corner Paseo de Roxas, Makati City 1226 on +63 2 8849 6080 or email [DPO.PH@Chubb.com](mailto:DPO.PH@Chubb.com).

## Declaration

I declare that I understand that by investigating my claim or by accepting proof of my claim, Chubb has made no acceptance of liability, or waived any of its rights in defense of any claim arising under the policy.

I agree to Chubb using the information supplied during the formation and performance of my policy for policy administration, customer services, paying claims and fraud prevention.

I agree to Chubb using and disclosing my personal information pursuant to Chubb's Privacy Policy and this document. In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to Chubb.

I authorize any person or entity, including but not limited to the parties referred to above, to provide to Chubb such personal information as Chubb in its absolute discretion considers relevant for its assessment of my claim.

I confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim. I understand that my claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts.

I authorize Chubb to do whatever is necessary or expedient to give effect to the transactions contemplated by this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent.

I have read, understood and accept the Claims Privacy Statement and Declaration.

\_\_\_\_\_  
Name of Claimant

\_\_\_\_\_  
Name of Witness  
(to the above signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Witness  
(to the above signature)

\_\_\_\_\_  
Gov ID No. of Witness  
(to the above signature)

\_\_\_\_\_  
Date

## Fraud Warning

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Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim

## Contact Us

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Insurance Company of North America  
A Chubb Company  
24<sup>th</sup> Floor Zuellig Building  
Makati Avenue corner Paseo de Roxas  
Makati City 1226 Philippines  
**O +63 2 8849 6000**  
F +63 2 8325 1675  
[PurchaseProtect.PH@Chubb.com](mailto:PurchaseProtect.PH@Chubb.com)  
[www.chubb.com/ph](http://www.chubb.com/ph)

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