亞 洲 保 險 有 限 公 司
ASIA INSURANCE CO., LTD.
A Member of Asia Financial Group

® **Sun Flower Insurance Brokers Limited**
Room 1108, Hing Yip Commercial Centre
282 Des Voeux Road Central, Hong Kong
Tel: (852) 2521-1881   Fax: (852) 2521-1919
Web: www.sunflowervip.com www.sunflowermpf.com

CLAIM FORM (GENERAL)

This Form is issued without prejudice to any of the Stipulations or Constitutions of the Company's Policy, and is not to be taken as an admission of liability on the part of the Company.   This Form should be completed and returned within **SEVEN** days of its receipt by the insured.   It is essential that each Question should be answered as fully accurately as possible.

PARTICULARS   OF   CLAIM

Name of Insured in full_____

Policy No._____ Period_____

Address_____ Tel. No._____

1.   (a) State whether the Property was stolen, lost or damaged
    (b) If stolen, do your suspicions rest on anyone, and, if so, whom?
    (c) When and where was the Property last seen by you?	

2. On what date and time was the theft, loss or damage discovered and whom?	
3. State the circumstances under which the theft, loss or damage took place	
4. If access to the property lost is by forcible and violent means	
5. If the premises containing the property lost or its adjacent/adjoining building/units was undergoing renovation, decoration, maintenance works or the like	
6. Total value of all properties insured at time of accident.	
7. Are you the owner of the Property? If not, give name of owner. What is your interest in this property?	
8. If the claim is in respect of any article not separately mentioned, give the number of the policy item and the present value of all the Property to which that item applies	
9. If the Property was stolen, or lost give the date the Police were advised, and name of Station and the case number	
10. Are there other insurances on the same Property?	
11. Have you previously sustained any theft or loss of or damage to Property? Was a claim made upon any Company or Underwriters? If so, give name, date, nature of loss and amount paid	

I HEREBY WARRANT the truth of the foregoing statements.

Date_____

_____
Authorized Signature

C38 1000 0191

Full description of articles Lost stolen or damaged (please supply photo and invoice, if available)	From whom obtained (Name and Address)	Date purchased or acquired	Nett cost price	Deduction of age (use or wear & tear)	Sum claimed	R E M A R K S