

Private & Confidential 私人及保密文件



財產保險索償申請表

Property insurance claim form

Policy no. 保單號碼 : _____
Name of Insured 保戶姓名 : _____
Address 地址 : _____
Occupation 職業/Business 經營業務 : _____
Tel. no. 電話號碼 : _____ (Office 公司) _____ (Residence 住宅)
Fax no. 傳真號碼 (Optional) : _____
E-mail address 電郵地址 (Optional) : _____

閣下是否選擇以短訊形式通知確定收到索賠申請，以及賠款通知。 是，請以中文通知 是，請以英文通知 不是
Do you prefer to receive SMS messages for claim acknowledgement and notification of payment status? If yes, in English or Chinese?
 Yes, in Chinese Yes, in English No

遇事及損失/損壞情況 Circumstances of incident and loss / damage

Date 日期 : _____ Time 時間 : _____
Place 地點 : _____ Witness 證人 : _____
Description of incident 過程描述 : _____

Details of Damage / Loss 損壞/損失詳情 : _____

Was the property insured elsewhere at the time of loss/damage? 該物品有否投保於其他公司?
e.g. under an All Risks, Baggage, Motor, Golfers Policy etc.? 例如：綜合保險，旅遊保險，汽車保險或高爾夫保險
NO 否 YES 是 Please give details 請詳述 _____

Does any other party have interest in the property such as Owner, Mortgagee, Trustee or otherwise? 有否第三者對該物品有權益例如合夥、抵押、信托等?
NO 否 YES 是 Please give details 請詳述 _____

Has anyone reported this accident to the Police? 曾否有人向警方報告此次意外事件? NO 否 YES 是

Date 日期 : _____ Time 時間 : _____
Which Police station? 那間警署? _____ Police Report No. 警方報告號碼 _____
Name of informant 報案人姓名 : _____

***Please attach a copy of the police statement/ loss memo. 請附上口供紙/報失紙副本**

For theft or burglary only 只適用於行竊或爆竊

Who discovered the case? 由誰發現? _____ Time 時間 : _____
How did the culprit(s) entry to the premises? 匪徒如何進入該樓宇? _____

Is there any sign of forcible entry or exit at the premises? 是否有任何強行進入或退出該樓宇之痕跡
NO 否 YES 是 Please give details 請詳述 _____

Were the premises unoccupied at the time of the theft / burglary? 行竊發生時該樓宇是否空置?
NO 否 YES 是 Since when? 從那時間開始? _____

Have you sustained a similar loss before? 閣下曾否蒙受同類損失?
NO 否 YES 是 Please give details 請詳述 _____

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Payment details (付款資料):

在保單條款許可的情況下，閣下可選擇以支票或銀行轉帳方式收取賠償款項。

Subject to policy liability, you are given an option for settlement by claims cheque or by direct credit.

By cheque 支票

By direct credit/ wire transfer 銀行轉帳 (只適用於以下列出之銀行及少於港幣貳萬元之賠償 limited to listed banks below and for claim less than HKD20,000)

如閣下選擇銀行轉帳，請提供相關銀行資料。此服務必須得到銀行安排下進行。本公司特此聲明，上述要求並不代表閣下之索賠現正獲成功審批。有關決定，本公司在收妥全部證明文件後，將根據保單一切條款才作最後審批。敬請留意。

Please provide your banking details if you prefer payment by direct credit. However this is subject to the bank's arrangement. Furthermore, the supply of any information or documents under this section is not construed as an admission of liability under your policy. We hereby reserve all our rights for assessing your claim subject to terms and conditions of your policy.

戶口持有人姓名 (必須與保單持有人相同) Account Holder's Name (Must be the same as the Policyholder): _____

銀行名稱: 匯豐銀行 The Hongkong and Shanghai Banking Corporation Limited 渣打銀行 Standard Chartered Bank

Bank Name: 中國銀行(香港) Bank of China (Hong Kong) 恆生銀行 Hang Seng Bank

銀行帳戶號碼

戶口持有人簽署

Bank A/C No. _____

Signature of Account Holder: _____

Declaration 聲明

1. I/We declare that, to the best of my/our knowledge the statements made above are true.
本人/余等在此聲明，本人/余等已盡一切能力保證上述各節均屬實情
2. I/We hereby declare and agree that any personal information in this claim form or otherwise obtained is provided by me/us and may be held, used and disclosed to enable the Company to carry on insurance and financial services business; and may be transferred to any individuals, related companies, any other organizations, any independent third party and other service providers for the purpose of (i) processing this application and providing subsequent services for this or other products and services, and or (ii) direct marketing, and/or (iii) data matching, and/or (iv) communication with me/us for such purposes.
本人/余等同意一切由貴公司在本索償書或以其他方式獲取而所收集或持有本人/余等的個人資料均由本人/余等提供，並可由貴公司持有、使用及披露作其保險及金融服務業務上所需，並可能轉予任何個人、與貴公司關連公司、其他的組織、其他獨立第三者及其他服務提供者(i)能夠處理本人/余等此項申請及提供與此項申請或其他產品有關之服務，(ii)用作直銷，(iii)用作資料配合，並(iv)就任何事宜與本人/余等聯絡，直至本人/余等作出書面指示為止。
3. I/We understand that I/we have the right to obtain access and request correction of any personal information concerning myself/ourselves held by the Company. Request for such access can be made to the Data Protection Officer of the Company.
本人/余等明白本人/余等有權查閱及要求更正由貴公司持有有關本人/余等的個人資料，如有此項要求，可向貴公司的資料保護主任提出。

日期
Date _____

保戶簽名/公司蓋章
Insured's signature/Company chop _____

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(If you like us to obtain the police statement, please complete and return this form. The process will take four to six weeks)
(閣下亦可選擇由本公司向警方索取口供副本，請填寫及寄回此授權書。索取口供程序將需四至六星期完成)

Letter of authorization
索取口供紙授權書

Your ref.:

Our ref.:

Dear sirs,

敬啟者:

Date of incident :

遇事日期

Location of incident :

遇事地點

Nature of incident :

事件:

I/We _____, holder of HKID card no. _____, hereby authorize Zurich Insurance Company Limited to obtain a copy of the statement/report I/We made to you following the captioned incident.

本人 _____，香港身份證號碼為 _____，現授權蘇黎世保險有限公司向貴警署索取有關之口供/報一份。

Informant's signature

報案人簽署

Date

日期

Name (Block letter)

姓名 (正楷)

註: 如遇爭執 以英文為準

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索償申報表
Statement of claim

Description of article 物品描述	Name and address of owner 物主姓名及地址	Date of purchase or installation 購買或裝置的日期	Name and address where purchased 購入之商號名稱及地址	Original purchased price 購買時價錢	Deduction for age, use or wear and tear 折舊	Repair / replacement (if applicable) 修理 / 更換費用(如適用)	Claim amount 索償金額

N.B. – In all cases the Statement must be furnished in details.