

**中國太平保險(香港)有限公司**  
China Taiping Insurance (HK) Company Limited

香港銅鑼灣新寧道8號民安廣場19字樓  
19/F, Ming An Plaza, 8 Sunning Road, Causeway Bay, Hong Kong.

Tel: (852) 2815 1551 Fax: (852) 2541 6567 E-mail: [info@hk.cntaiping.com](mailto:info@hk.cntaiping.com) Website: [www.hk.cntaiping.com](http://www.hk.cntaiping.com)

**申請理賠表格**  
**CLAIM FORM**

1. (A) 保戶 / 索償者姓名：  
Name of Insured / Claimant : \_\_\_\_\_
- (B) 聯絡電話號碼：  
Telephone No. \_\_\_\_\_
- 手提電話號碼：  
Mobile Phone No. : \_\_\_\_\_
- (C) 保單號碼：  
Policy Number : \_\_\_\_\_
2. (A) 意外或損失發生日期：  
Date of accident or loss : \_\_\_\_\_
- (B) 此宗意外或損失之發生地點？  
Where did loss or damage occur ? \_\_\_\_\_
3. (A) 意外發生時之詳情：  
Circumstances of loss or damage : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. (A) 曾否通知警察或消防處？若有，請填上報案之警署名稱及警方存案紀錄。  
Have the police Authorities / Fire Services Department been informed? If yes, please give name of Police Station and record number.  
是 Yes  / 否 No  \_\_\_\_\_
- (B) 是否有其它保險保障該財物？若有，請詳述有關之承保公司，保額及保單種類。  
Are there any other insurance upon the same property? If yes, please give full particulars.  
是 Yes  / 否 No  \_\_\_\_\_  
\_\_\_\_\_
- (C) 以前曾否遭遇同樣性質的損失？若有，請詳述之。  
Has the claimant sustained other losses of the same nature? If yes, please give full particulars.  
是 Yes  / 否 No  \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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5. 損失或損壞詳情：  
Details of loss or damage :

損失或損壞詳細情況 (請附上發票、估價單或付款收據) Full description of loss or damage (please attach any invoice, quotation or payment receipt)	購買或據有財物日期與財物 原來價值 Date of purchase or acquisition and original cost.	要求賠償數目 Amount claimed HK\$	附注 Remarks

**收集個人資料聲明 Personal Information Collection Statement**

閣下提供的資料，為本公司提供保險業務所需，并可能使用于下列目的：  
The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；  
any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them;
- 任何索償或索償分析；及可能轉移予：  
any claim or analysis of it; and may be transferred to:  
現存或不時成立的任何有關的公司，或任何其他從事與保險或再保險有關的公司，或與保險業務有關的中介人或索償或調查或其它服務提供者，或任何保險公司的協會或聯會。  
any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.

閣下有權查閱及要求更正本公司持有有關閣下的個人資料。如有任何要求或查詢，請來函或聯絡本公司總經理辦公室經理。  
You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Should you have any requests or enquiries, please contact or write to our Manager of the Office of the General Manager.

**聲明 Declaration**

以上所列乃屬真實并願協助辦理一切。  
I/We hereby declare the foregoing particulars to be true in every respect and I/we undertake to give the Company all assistance in my/our power in dealing with the matter.

保戶簽章(如屬公司請蓋章)：  
Signature of Insured :  
(with company chop if applicable)

日期：  
Date :