



**Blue Cross 藍十字**  
An AIA Company 友邦保險成員公司



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Personal Information  
Collection Statement



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Blue Cross HK App

## PROPERTY INSURANCE CLAIM FORM

### 財物保險賠償申請表



**Sun Flower Insurance Brokers Limited**  
Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong  
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com  
Thank you for considering Sun Flower to be one of your selected intermediaries.  
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

Please complete and sign this Claim Form, and provide the relevant documents listed in Part V to avoid delay in claim process.

請填妥並簽署此賠償申請表，連同第五部分所列相關文件交回，以免延誤索償進程。

The Company is entitled to request for further information or other specific claim form to be completed, and assign an insurance adjuster for investigation.

本公司有權要求索償者提供更多資料或填寫其他專用索償表格，以及委派保險理算人進行調查。

All submitted documents to the Company will not be returned.

所有遞交予本公司之文件將不獲發還。

Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.

填寫及遞交此賠償申請表並不表示本公司承擔賠償責任。

Claim No. (Office use)  
索償編號 (本公司專用)

### I. Policy and Personal Particulars 保單及個人資料

Policy No. 保單編號	Name of Policyholder 保單持有人姓名
HKID Card / Passport No. 香港身分證 / 護照號碼	Contact Phone No. 聯絡電話
Correspondence Address 通訊地址	
E-mail Address 電郵地址	

### II. Claim Information 索償資料 (Please complete where applicable 請填寫適當項目)

Are you the sole owner of the loss/damaged property in this Claim? 閣下是否全權擁有是次損失／損毀的財物？ Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If "No", please provide details of other interested parties (e.g. financing / lending company). 如“否”，請提供其他物主(例如:財務/租賃公司)的資料	Place of Loss/Damage 損失／損毀地點
	Date & time of Loss/Damage 損失／損毀日期和時間
Full description of Loss/Damage (cause and manner) 損失／損毀詳情 (怎樣發生及細節)	

ME512/08.2022

**FOR BURGLARY CLAIM 爆竊保險索償適用**

Were there visible marks of forcible entry to the premises, safe and/or vault? 受保物業、保險箱及／或保險庫有否被人強行進入之可見痕跡?

Yes 有  No 沒有

If "Yes", please describe the marks in detail and provide with coloured photos.

如“有”：請詳細形容該可見痕跡及提供彩色相片

**III. Police, Authority & Other information 警方、政府機構及其他資料** (Please complete where applicable 請填寫適當項目)

Reported to Police? 有否向警方報案?

Yes 有  Police Report No. 報案編號 \_\_\_\_\_ Police Station 警署 \_\_\_\_\_ Date of Report 報案日期 \_\_\_\_\_

No 沒有

Please attach copy of statement and/or police report, if any

請附上警方報告及／或口供紙，如有

Has it been notified to other Authority/Building Management? 有否通知其他政府機構／物業管理處?

Yes 有  Case No. 案件編號 \_\_\_\_\_ No 沒有

Name of Authority/ Building Management 政府機構／物業管理處名稱 \_\_\_\_\_

Address 地址 \_\_\_\_\_

Please attach copy of statement/report from other Authority and/or Building Management, if any

請附上政府機構報告及／或口供紙及物業管理處證明文件，如有

Any other insurance covering this incident? 有否其他保險承保是次事件? Yes 有  No 沒有

Name of insurance company 保險公司名稱: \_\_\_\_\_

Policy No 保單編號: \_\_\_\_\_ Benefit Type 保障類別: \_\_\_\_\_ Amount of Sum Insured 保額: \_\_\_\_\_

Any previous loss involving same / similar cause of incident? 以往曾否發生過與是次事件同類型或相似情況以致損失?

Yes 有  No 沒有

If "Yes", please provide details.

如“有”，請詳細列明

**IV. Schedule of Loss 索償保障項目** (Please use separate sheet if insufficient space 如空位不足，請另頁說明)

Description of Lost/Damaged Articles 失物／損毀物品種類	Name & Address of Owner 物主姓名及地址	From Where Acquired 從何購買	Date of Purchase 購置日期	Original Cost (HK\$) 原價 (港幣)	Estimate Repair or Replacement Costs (HK\$) 估計維修或更換費用 (港幣)	Amount Claimed (HK\$) 索償金額 (港幣)

**V. Claim Documents 索償文件**

This Claim Form must be submitted immediately, even if any of the claim documents is not readily available.  
如未能即時提供任何索償文件，此賠償申請表亦必須立即呈遞。

Claim documents to be submitted to the Company must include, but are not limited to the following documents. The Company may reasonably further request you to provide supplementary information or evidence. For details of the Claims Conditions, please refer to the Terms and Conditions of the Policy.

閣下須提交包括但不限於以下列明的索償文件致本公司。本公司可能會在合理的情況下要求閣下提供補充資料及證明。有關詳細索償條件，閣下可參閱保單條款及細則。

1. Police report and statement to police, if any  
警方報告及警方口供記錄 (如有)
2. Statement/report from other Authority, if any  
政府機構報告及／或口供紙 (如有)
3. Statement/report from Building Management showing the date, circumstances of Incident and its cause of loss or damage  
物業管理處之事件報告／證明文件列明有關財物之遺失或損毀的事發日期、事件經過及其成因
4. Coloured photos showing the visible marks of forcible entry to the premises, safe and/or vault, if any  
有關受保物業、保險箱及／或保險庫被強行進入顯示可見痕跡的彩色相片 (如有)
5. Coloured photos showing the extent of damage to any property to be claimed  
有關索償財物之彩色相片以顯示損毀程度
6. Any valuation proof for lost property  
損失物品的價值證明
7. Purchase Invoice/ Official Receipt of any property to be claimed  
索償財物的購買發票／單據
8. Original Repair or Replacement Quotation/ Invoice/Receipt  
維修或重置報價單／發票／收據正本
9. Other supporting documents  
其他證明文件

Please do not commence any repair work or dispose of any salvage items without the Company's prior written consent.  
如未有本公司預先的書面同意，請不要開始任何維修工程或丟棄任何殘餘物件。

## VI. Authorisation and Declaration 授權及聲明

I/We hereby authorise any person, party and/or authority to disclose to Blue Cross (Asia-Pacific) Insurance Limited ("the Company") or its authorised representative, any and all information with respect to my/our loss for the purpose of assessing my / our claim request(s). A photocopy of this authorisation shall have the same effect as the original.

本人／我們謹此授權任何人士、有關人等、及／或有關當局，向藍十字(亞太)保險有限公司(「貴公司」)或其授權代表提供任何或所有有關本人／我們之損失作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information may render the Company unable to accept or process this application and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this Claim Form does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

本人／我們謹此聲明，上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此索償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討此保單之權利。本人／我們明白此索償表格之發出及填妥並不代表貴公司確認責任或保證賠償。

I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form. 本人／我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。

### Signature of Policyholder

(with company chop if appropriate)

保單持有人簽署

(並公司蓋章，如適用)

:

\_\_\_\_\_

### Signature of Property Owner

(if not Policyholder)

財物物主簽署 (如非保單持有人)

:

\_\_\_\_\_

Name 姓名

:

\_\_\_\_\_

Name 姓名

:

\_\_\_\_\_

Date 日期

(dd/mm/yy 日/月/年)

:

\_\_\_\_\_

Date 日期

(dd/mm/yy 日/月/年)

:

\_\_\_\_\_

The Chinese version of this Form is for reference only. In case of any discrepancy between the Chinese and English versions, the English version shall prevail.

此表格的中文譯本僅供參考之用，文義如與英文本有歧異，概以英文為準。