

# HomeCare Insurance Claim Form

## [家居保]保險索償申請表

**FWD**

Completed Claim Form must be given to the Company within 30 days from the date of accident giving rise to such claim 請於意外發生後之三十天內填妥此申請表並交回本公司	You should notify the Police immediately for the following claims 以下索償必須先通知警方: 1. Theft / Robbery 盜竊或搶劫 2. Malicious Damage 遭惡意破壞 3. Loss of Personal Effect / Money 遺失個人財物 / 現金
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POLICY NUMBER 保單號碼	NAME OF AGENT 保險代理人

**INSURED'S INFORMATION 受保人資料**

Name of Insured 受保人姓名 \_\_\_\_\_ Occupation 職業 \_\_\_\_\_  
Correspondence Address 通訊地址 \_\_\_\_\_  
Tel No. 電話號碼 \_\_\_\_\_ Fax No. 傳真號碼 \_\_\_\_\_ E-mail Address 電郵地址 \_\_\_\_\_

**PROPERTY LOSS / DAMAGE 財物損失情況**

Date and time of incident 事故發生日期及時間 \_\_\_\_\_ Who discovered the incident 由誰人發現 \_\_\_\_\_  
Place where incident occurred 發生事故之地點 \_\_\_\_\_  
Description of incident and cause 事件之詳細經過及起因 \_\_\_\_\_  
\_\_\_\_\_

Have you reported the incident to the Property Management Office?  
你有否將事故報告物業管理處? Yes / No\* 是 / 否\*

Was another person responsible for the loss or damage?  
是次損失或損毀是否有其他人須要負上責任? Yes / No\* 是 / 否\*  
If "YES", please give details 若「是」, 請提供資料

Name 姓名 \_\_\_\_\_ Address 地址 \_\_\_\_\_

**FOR THEFT LOSS, PLEASE ALSO FILL IN BELOW QUESTIONS. 若是盜竊, 請填寫以下問題。**

Property Owner's Name 物主姓名 \_\_\_\_\_ Relationship with the Insured 與受保人之關係 \_\_\_\_\_  
How was the premises entered and exited?  
竊賊如何進出屋內? \_\_\_\_\_

Have you reported the incident to the Police?  
你有否將事故報告警方? Yes / No\* 是 / 否\*  
If "YES", which station 若有, 警署名稱 \_\_\_\_\_ Report Date 報案日期 \_\_\_\_\_ Report No. 報案編號 \_\_\_\_\_

\*Please delete whichever is applicable 請刪去不適用者

CL10 08/13



**DETAILS OF PROPERTY LOST OR DAMAGED 損失或損壞財物詳情**

(Please attach separate sheets if needed 如空位不足, 請另附紙張)

Note: Please attach all the supporting documents for the damaged items 請注意, 請付上有關損失項目之證明文件

Full description of items (including the brand name, model and serial no.) 財物的詳細資料 (包括牌子, 型號及產品編號)	Date of purchase 購買日期	Purchase price 購買價值	Claimed amount (HK\$) 索償金額 / 維修費	✓ If documents attached 如附上相關文件, 請 ✓
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

**GENERAL QUESTIONS 一般事項**

Are you the owner or the tenant of the insured premises?

你是受保樓宇業主還是租客? \_\_\_\_\_

If the tenant, are you responsible to the landlord for repairs?

若是租客, 你是否要負責業主物件之維修? \_\_\_\_\_

Were the premises unoccupied at the time of the incident?

在發生事故時, 該寓所是否空置? Yes / No\* 是 / 否\*

If "YES", please state when the premises were last occupied 若「是」, 請提供最後有人入住日期 \_\_\_\_\_

Are you the sole owner of the damaged/lost property(ies)?

你是否損壞/損失財物的唯一物主? Yes / No\* 是 / 否\*

If "NO", please give details 若「否」, 請提供資料 \_\_\_\_\_

Is there any other insurances covering the loss or damage? If "YES", please give details

是否有其他保險公司保障該財物? 若「有」, 請詳述有關之承保公司資料, 保額及保單種類 Yes / No\* 是 / 否\*

Name of Insurer 保險公司名稱 \_\_\_\_\_ Policy No. 保單號碼 \_\_\_\_\_

Have you ever sustained other losses of similar nature?

你是否遭受同樣性質的損失? Yes / No\* 是 / 否\*

If "YES", please give details 若「是」, 請詳述 \_\_\_\_\_

\*Please delete whichever is applicable 請刪去不適用者



**Sun Flower Insurance Brokers Limited**  
**c/o Sun Flower Insurance Agency Limited as the**  
**Underwriting Agent of FWD General Ins. Co. Ltd.**  
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**THIRD PARTY BODILY INJURY / PROPERTY DAMAGE 第三者身體受傷 / 財物損毀**

Note 請注意: 1. Please do not make any admission, offer or promise of payment or payment without the Company's prior written consent.  
 在沒有獲得本公司書面同意的情況下，不得作出任何承認、提議、承諾付款或付款。  
 2. Any third party correspondence, summons or writs should be forwarded to the Company immediately unanswered.  
 對於任何第三者的通告、傳票及書面命令，請不要回覆，並立即提交本公司，以便處理。

**Particulars of Third Party 第三者資料**

Nature of Incident 事件性質 \_\_\_\_\_ Bodily Injury 身體受傷  \_\_\_\_\_ Property Damage 財物損毀  \_\_\_\_\_

Date and time of incident \_\_\_\_\_ Place of incident \_\_\_\_\_  
 事故發生日期及時間 \_\_\_\_\_ 發生事故之地點 \_\_\_\_\_

Detail description of incident and cause \_\_\_\_\_  
 事件之詳細經過及起因 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Was another person responsible for the accident/injury? \_\_\_\_\_ Yes / No\*  
 是次意外或受傷是否有其他人須要負上責任? \_\_\_\_\_ 是 / 否\*  
 If "YES", please give details 若「是」，請提供資料

Name 姓名 \_\_\_\_\_ Address 地址 \_\_\_\_\_

Name of Claimant \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Occupation \_\_\_\_\_  
 索償人姓名 \_\_\_\_\_ 年齡 \_\_\_\_\_ 性別 \_\_\_\_\_ 職業 \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. / Mobile Phone \_\_\_\_\_  
 地址 \_\_\_\_\_ 電話號碼 / 手機號碼 \_\_\_\_\_

Description of property and extent of damage \_\_\_\_\_ Photo provided: Yes / No\*  
 財物的資料及受損程度 \_\_\_\_\_ 相片提供: 是 / 否\*

Where was the injured taken \_\_\_\_\_  
 受傷者被送往何處 \_\_\_\_\_

Nature and extent of injury \_\_\_\_\_  
 受傷之性質及情況 \_\_\_\_\_

Have you received any claim from third party? \_\_\_\_\_ Yes / No\*  
 你是否已接到第三者索償要求? \_\_\_\_\_ 是 / 否\*  
 If "YES", what is the amount? 若「是」，要求賠償金額? \_\_\_\_\_

**Particulars of Eye Witness 目擊証人資料**

Name \_\_\_\_\_ Tel. No. \_\_\_\_\_ Address \_\_\_\_\_  
 姓名 \_\_\_\_\_ 電話號碼 \_\_\_\_\_ 地址 \_\_\_\_\_

Name \_\_\_\_\_ Tel. No. \_\_\_\_\_ Address \_\_\_\_\_  
 姓名 \_\_\_\_\_ 電話號碼 \_\_\_\_\_ 地址 \_\_\_\_\_

\*Please delete whichever is applicable 請刪去不適用者



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## **CLAIM DOCUMENTS 索償文件**

1. Previous Decoration Invoice / Purchase Invoice / Official Receipt of any property to be claimed.  
索償財物於事發前的室內裝修發票 / 購買發票 / 單據。
2. Incident report from the building management or authority showing the date, circumstances of Incident and its cause of loss or damage.  
管業處或有關當局之事件報告以證明有關財物之遺失或損毀的事發日期、事件經過及其成因。
3. Photos showing the extent of damage to any property to be claimed.  
有關索償財物之相片以顯示損毀程度。
4. Original Repair or Replacement Quotation / Invoice / Receipt.  
維修或重置報價單 / 發票 / 收據正本。
5. Original Police Loss Memo / Copy of Police Statement.  
警方報告正本 / 警方所錄的口供副本。
6. Documentary proof on Relationship and Residence between the Policyholder and the owner of the property to be claimed.  
保單持有人與索償財物物主之關係及住址證明文件。
7. 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。

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。

## **DECLARATION 聲明**

I/We declare that these particulars are true to the best of my/our knowledge and belief.

本人聲明上列資料乃本人所知一切據實填報。

In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong, by signing below, I/we consent that the personal information collected or held by FWD General Insurance Company Limited (whether contained in this Application or otherwise obtained) is provided and may be disclosed to individuals or organizations within or outside of Hong Kong for the purpose of administration of claim or analysis of it.

根據香港個人資料（私隱）條例，本人／我們簽署如下，同意富衛保險有限公司得到或持有之本人個人資料（該等資料可能在此表格提供或從其他途徑得到）可透露予本港或海外之個人或組織機構以作為處理任何索償分析之用途。

\_\_\_\_\_  
Insured's Signature (& Company Chop, if applicable)  
受保人簽名（及公司蓋章，如適用）

\_\_\_\_\_  
H.K.I.D. Card No. / B.R. No.  
香港身份證號碼 / 商業登記號碼

\_\_\_\_\_  
Date  
日期



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