

19/F., Lincoln House, Taikoo Place, 979 King's Road, Island East, Hong Kong. Telephone: (852) 2831 9980 Fax: (852) 2573 2072 Website: www.sompojapan.com.hk

For Office Use Only

Claim No .:

Policy No .:

CLAIM REPORT FORM

Class of Insurance, please mark (X)	() Fire		()	Householder	()	Burglary
	() All Risks		()	Public Liability	()	C.A.R.
	() Golfer's		()	Movables All Risks	()	Others :
The Insured	Name :							
	Address :							
The Policy	Policy No. :							
	Period of From Insurance To	:						
	Date and Time	:						
	Situation/Place	:						
The Accident	Police Station Reported at	:						
	Name and Address							
	of the Witness, if any.	:						
	Detailed Account	:						
	of the Accident							

	The following	The following items were found loss or damage as a result of the accident:									
	Item No.	Description	<u>Quantity</u>	Cost Price	Claimed Amount						
Details of the Claims											
ule Claims											
	2. If the dama	aged item needs repa	air, please submit u	the details in a separa as an estimation from bstantiate the cost prio	the competent repair shop.						
Additional											
Information, if any			· · · · · · · · · · · · · · · · · · ·	N <i>A</i>							
		sufficient, please giv		<u> </u>							
	requested t	to notify the Compar	my by telephone and		m under the Policy, you are letion of this Claim Form to us, so as soon as possible.						
Important Remarks		(b) In case of burglary, robbery, theft and bodily injury, you must report the case to the nearest Police Station immediately, so that we could verify the case and note our interest with them.									
		eive any communicat them to our Compar		nected with the accid	dent, please leave it unanswered and						
	PERS(<u></u>	ATION COLLE(CTION STATEME	ENT						
 any insurance or i any claim or inve exercising any rig 	financial related product of estigation or analysis of su ight of subrogation; and	or service or any alteratio		may be used for the purpos tion or renewal of such pro							
 service provider p any association, f related purposes 	pany or any other compa providing services relevar federation or similar orga or to enable the "Federa	int to insurance business for anization of insurance co- ation " to carry out its reg	for any of the above or re ompanies "Federation " egulatory functions or su	related purposes : " that exists or is formed fi	liary or a claims or investigation or other from time to time for any of the above or hay be assigned to the "Federation" from n"; and						
 any members of t Moreover, Sompo Ja 	the "Federation" by the '	"Federation" for any of t Kong) Co., Ltd. is here	the above or related pur	rposes.	ify any of your data with the information						
You have the right to	o obtain access to and to re	equest correction of any p			Sompo Japan Insurance (Hong Kong) . 2831-9980 or Fax No. 2573-2072.						
	of insurance in		in respect of this acc	cident and I/We unde	and that I/We have no other policy ertake to give the Company all						
Declaration											
	Date:		Signature of	Insured:							
1				Please sign	n with company chop if incorporated						