

財物保險索償表

PROPERTY INSURANCE CLAIMS FORM

For Office Use Only

Claim No. _____

被保險人資料 INSURED INFORMATION		
1. 被保險人姓名 Name of Insured		2. 保險單編號 Policy No.
3. 保期期限 Period of Insurance	由 _____ 至 _____ From D M Y To D M Y	4. 電話號碼 Telephone No.
5. 聯絡地址 Contact Address		

損失報告 LOSS REPORT	
1. 意外發生日期及時間 Date & Time of Loss	
2. 意外地點 Location of Loss	
3. 意外詳情 Details of Loss	
4. 誰首先發現此意外? Who first discovered loss?	
5. 在何時發現? When this loss was discovered?	
6. 證人資料 Witness Information	
曾否通知警察或消防署? Have the Police Authorities / Fire Service Department been informed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
若有, 請填上報案之警署名稱及警方檔案紀錄號碼 If Yes, please give the Police Station name and record number: _____	
如意外屬於遺失財物、盜竊或惡意破壞, 被保險人必須立即報警。 Police must be notified immediately for any theft, missing / stolen items or malicious damage incident.	
以前曾否遭遇同樣性質的損失? 若有, 請詳述。 Do you have any similar loss in the past? If Yes, Please provide details. 是 Yes <input type="checkbox"/> / 否 No <input type="checkbox"/> _____	
是否有其他保險保障該財物? 若有, 請詳述有關之承保公司、保額及保單種類。 Is there any other insurance covering this loss? If Yes, Please provide insurance company name, sum insured & policy number. 是 Yes <input type="checkbox"/> / 否 No <input type="checkbox"/> _____	

是否有財務公司或其他人事對所索償財物擁有經濟利益？若有，請詳述。
 Does any lienholder / mortgagee or other party have financial interest on the claim item(s) ? If Yes, Please provide details.
 是 Yes / 否 No

財物損失或損壞細明表
SCHEDULE OF LOST / DAMAGED PROPERTY

財物損失或損壞詳細情況 Description of Lost / Damaged Property	購買日期與地點 When and Where Purchase	是否附上收據 Receipt Attached Yes / No	財物原來價值 Original Cost (HK\$)	購買價值 Replacement Cost (HK\$)	折舊 Depreciation (HK\$)	索償金額 Amount Claimed (HK\$)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

*請附上發票、估價單或付款收據
 Please attach any invoice, quotation or payment receipt

總數: Total:				
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聲明
DECLARATION

本人/本公司聲明上述各項全部屬實及本人/本公司並無其他保單補償或保障本人/本公司因此意外引起之損失。同時，本人/本公司明白及同意保險公司提供此表格給本人/本公司並不構成保險公司放棄保單上條例所授予之權利。本人/本公司並願意協助保險公司辦理一切有關之索償事宜。
 I/We hereby declare that the foregoing particulars are true and correct in every respect to the best of my/our knowledge and belief, and that I/We have no other policy indemnifying me/us in respect of this loss or accident. It is also understood and agreed that the furnishing of this form by the insurance company to me/us shall not constitute a waiver of any of the conditions of the policy. I/We undertake to give the Company all assistance in my/our power in dealing with the matter.

被保險人簽署及蓋章
 Insured Signature & : _____ 日期
 Date : _____
 Company Chop

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，並可能使用於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、續期、索償或索償分析；及可能移轉給現存或不時成立的任何與我們有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，或任何保險公司的協會或聯會。閣下有權要求查閱及更正由中國太平洋保險(香港)有限公司持有之閣下的個人資料，如有此項要求，請與我們的個人資料主任聯絡。
 The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variation, cancellation or renewal of them and any claim or analysis of it; and may be transferred to any of our related companies 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. You have the right to obtain access to and to request correction of any personal information concerning yourself held by China Pacific Insurance Co., (H.K.) Ltd. Requests for such access can be made to our Compliance Officer.