

家居保險索償表格 HOME INSURANCE CLAIM FORM

本公司專用 Office Use

賠案編號 Claim No. _____

請回答此表格上所有問題；發出此表格並不代表本公司已承認責任。
All questions must be answered; no liability is admitted by issuing this form.

保單資料 INSURANCE POLICY DETAILS	第一部份 Part 1
保險類別 Class of Policy : _____	保單號碼 Policy No. : _____
保戶名稱 Name of Insured : _____	
地址 Address : _____	
行業/職業 Trade / Occupation : _____	商業登記號碼/身份證號碼 B.R. No. / I.D. No. _____
聯絡人 Contact Person : _____	聯絡電話 Contact Tel No. : _____
電郵 E-mail / 傳真 Fax No. : _____	

意外及損毀或遺失詳情 CIRCUMSTANCES OF INCIDENT AND DAMAGE OR LOSS	第二部份 Part 2
索償種類為 Make a claim for : <input type="checkbox"/> 家居財物索償 Property(ies) / <input type="checkbox"/> 第三者責任索償 Liability / <input type="checkbox"/> 其他 Others : _____	
事故發生的日期 Date : _____	時間 time : _____ <input type="checkbox"/> 上午 A.M. / <input type="checkbox"/> 下午 P.M.
地點 Place : <input type="checkbox"/> 同上 As above / 或 or _____	
事故是由誰人在何時發現 When and by whom discovered : _____	
損毀或遺失性質 Nature of damage or loss : _____	
若損失是由第三方引致，請提供其姓名及地址 (如知道) Please state the name and address of person causing the damage (if known) : _____	
事故的詳情 Description of incident : _____	
受保地點的建築面積 Constructional area _____ / 受損面積 Approximate damaged area: _____	
如屬盜竊，請說明犯案者如何進出上述單位 In case of burglary, please state how the culprit entry to and exit from the premises: _____	
第三者損失/受傷情況及估計受損金額 Extent of damage / injury and estimated loss : _____	
備註：保戶必須採取即時措施以減低損失或損毀程度，否則保單之權益可能會受到影響 N.B. The Insured shall take immediate steps to minimize the loss or damage, otherwise, else your right under the policy may be prejudiced	

報案紀錄 POLICE RECORD	第三部份 Part 3
如已向警方報案，請提供以下資料 Please complete this section if the case is reported to Police:	
在那所警署報案 Which Police Station you reported to : _____	報案編號 Report No.: _____
已附上 Enclosed with <input type="checkbox"/> 報案紙複印本 Copy of Police Reporting Card / <input type="checkbox"/> 口供紙複印本 Copy of Policy Statement	
備註：如財物遺失、遭盜竊或惡意破壞，請立刻報警。 N.B. Police must be notified immediately for any theft, missing / stolen items or malicious damage incident.	

損失明細表 DETAILS OF LOSS					第四部份 Part 4	
財物的詳細資料 (包括品牌及型號) Description of Damaged Items (brand name and model)	損毀程度 Extent of Damage	購買日期 Date of Purchase	購買價值 Purchase Cost (HK\$)	索償金額 Amount Claimed (HK\$)	附上單據 Receipt Attached	
					<input type="checkbox"/> 有 Yes	
					<input type="checkbox"/> 有 Yes	
					<input type="checkbox"/> 有 Yes	
					<input type="checkbox"/> 有 Yes	
					<input type="checkbox"/> 有 Yes	
總索償金額 Total claimed Amount (HK\$)						

如位置不足夠填寫, 可使用附加紙張 Please use additional pages if there is insufficient space

一般查詢 GENERAL QUESTIONS		第五部份 Part 5
受損財物於意外時有否受其他保單保障? Is there any other insurance for the damaged property (ies)?	<input type="checkbox"/> 有 Yes / <input type="checkbox"/> 否 No	
如有, 請提供詳細資料 If yes, state details _____		
以往曾否遭遇同樣性質的損失? Do you have any similar loss in the past?	<input type="checkbox"/> 有 Yes / <input type="checkbox"/> 否 No	
如有, 請提供詳細資料 If yes, state details _____		
是否有財務公司或其他人事對受損財物擁有經濟利益? Does any mortgagee or other party have financial interest on the damaged property (ies)?	<input type="checkbox"/> 有 Yes / <input type="checkbox"/> 否 No	
如有, 請提供詳細資料 If yes, state details _____		

聲明及授權 DECLARATION AND AUTHORIZATION		第六部份 Part 6
1. 本人/吾等聲明上述所填報所有資料完整及正確無訛, 並無遺漏及本人/吾等並無其他保單補償或保障本人/吾等因此意外引起之損失。同時, 本人/吾等明白及同意保險公司提供此表格給本人/吾等並不構成保險公司放棄保單上條例所授予之權利。 I/We declare that the above information is complete and in all respect true 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 understand and agreed that the furnishing of this form to me/us by the insurance company shall not constitute a waiver of any of the conditions of the policy.		
2. 本人/吾等現授權亞太財產保險有限公司-香港分公司或其代表索取任何一切有關本人/吾等於上述索償項目中申報的財物損失的資料記錄, 並同意本授權書副本的法律效力等同於正本。 I/We, hereby authorize any party concerned to release to Asia-Pacific Property & Casualty Insurance Company Limited – Hong Kong Branch or its representative any and all information with respect to my claimed loss/damage and agreed that a copy of this authorization is deemed to have the same effect of the original.		
_____	_____	
保戶簽署 (如屬公司請蓋章) Signature (with company chop if applicable)	日期 Date	

一般索償要求文件 GENERAL REQUIRED CLAIM DOCUMENTS		第七部份 Part 7
<ul style="list-style-type: none"> 管理公司發出之事件報告 / 警方發出之一切文件及有關口供紙副本 Copy of Incident Report from Management Company / Police report, relevant documents and copy of statement 損失證明文件, 如損毀相片、財物購買單證、保用證、重置單據、維修報價單等 Supporting Documents to prove the loss / damage, such as photos, purchase receipt(s), warranties, replacement receipt, repair quotation, etc 		
以上為一般要求文件, 本公司保留權利就不同案件需求向閣下索取進一步文件/資料以處理上述賠案。 We reserve our right to request more document(s) or information in case of necessary.		

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT		第八部份 Part 8
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之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亞太財產保險有限公司-香港分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 Asia-Pacific Property & Casualty Insurance Company Limited – Hong Kong Branch Requests for such access can be made to our Data Protection Officer.		