

中國交通保險有限公司
CHINA COMMUNICATIONS INSURANCE CO., LTD.

地址: 香港灣仔告士打道231-235號交通銀行大廈16樓 電話: 2591 2938 傳真: 2831 9192
Address: 16/F., Bank of Communications Tower, 231-235 Gloucester Road, Wan Chai, Hong Kong. Tel: 2591 2938 Fax: 2831 9192

申請理賠表格
CLAIMS FORM

一. (甲) 保戶/索償者姓名
(a) Name of Insured/Claimant: _____

聯絡電話
Telephone No.: _____

(乙) 保單號碼
(b) Policy Number: _____

Office No. : _____

二. (甲) 意外或損失發生日期
(a) Date of accident or loss: _____

(乙) 此宗意外或損失之發生地點
(b) Where did loss or damage occur? _____

三. (甲) 意外發生時之詳情
(a) Circumstances of loss or damage: _____

四. (甲) 曾否通知警察或消防署? 若有, 請填上報案之警署名稱及警方存案紀錄
(a) Have the police Authorities /Fire Service Department been informed?
If yes, please give the Police Station name and record number.
是YES () / 否 NO () _____

(乙) 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
(b) Are there any other insurance upon the same property? If Yes, please give full particulars.
是YES () / 否 NO () _____

(丙) 以前曾否遭遇同樣性質的損失? 若有, 請詳述之
(c) Has the claimant sustained other losses of the same nature? If Yes, please give full particulars.
是YES () / 否 NO () _____

五. 損失或損壞詳情
Details of loss or damage.

損失或損壞詳細情況 (請附上發票, 估價單或付款收據) Full Description of loss or damage (please attach any invoice, quotation or payment receipt)	購買或據有財物日期與財物 原來價值 Date of purchase of acquisition and original cost	要求賠償數目 Amount Claimed HK\$	附註 Remarks

聲明 Declaration:

以上所列乃屬真實並願協助辦理一切

I/We hereby declare the foregoing particulars to be true in every respect and undertake to give the Company all assistance in my/our power in dealing with the matter.

申請人簽署

Applicant : _____

日期

Date: _____