



中國交銀保險有限公司

CHINA BOCOM INSURANCE CO., LTD.

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ISO 9001 : 2000
Certificate No. 202608

財物保險索償表

For Office Use Only

PROPERTY INSURANCE CLAIMS FORM

Claim No.

被保險人資料 INSURED INFORMATION

被保險人姓名 Name of Insured		保險單編號 Policy No.
保期期限 Period of Insurance	由 From / / 至 To / /	電話號碼 Telephone No.
聯絡地址 Contact Address		傳真號碼 Fax No.

損失報告 LOSS DETAILS

意外性質 Nature of Accident: 火災 Fire 盜竊 Burglary 水浸 Water Damage 其他 Others:

意外日期及時間 Date & Time of Accident

意外地點 Location of Accident

意外詳情 Details of Accident

誰首先發現此意外及在何時發現 When and by whom this loss was discovered :

證人資料(如有) Witness Information, if any :

曾否通知警察或消防署? Have the Police Authorities /Fire Service Department been informed? Yes 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 / 否 NO

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 / 否 NO

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

損失或損壞財物細明表
SCHEDULE OF LOST / DAMAGED PROPERTY

損失或損壞財物詳細情況 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\$)	要求賠償數目 Amount Claimed (HK\$)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
總數						
Total :						

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

聲明 DECLARATION

本人/本司聲明以上所列之資料乃屬全部及真實並願意協助保險公司辦理一切有關之索償事宜。
I/We hereby declare the foregoing particulars to be true and correct in every respect to the best of my/our knowledge and belief and undertake to give the Company all assistance in my/our power in dealing with the matter.

被保險人簽署

日期

Insured Signature : _____

Date: _____

(請簽署及蓋章)
(PLEASE SIGN & STAMP)

收集個人資料聲明

Personal Information Collection Statement

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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 BOCOM INSURANCE CO., LTD. Requests for such access can be made to our Compliance Officer.