



HOUSEHOLD INSURANCE CLAIM FORM

家居保險賠償申請表

Please complete and sign this Claim Form, and provide the relevant documents listed on the next page to avoid delay in claim process.

請填寫並簽署此賠償申請表，連同背面所列相關文件交回，以免延誤索償進度。

The Company is entitled to request for other specific claim form be completed, more information or assign an insurance adjuster for investigation

本公司有權要求索償者填寫其他專用表格或提供更多資料，或委派保險理算人進行調查。

Requesting completion and submission of this Claim Form is not construed as admission of liability on the part of the Company.

要求填寫及遞交此賠償申請表並不表示本公司承擔賠償責任。

POLICY NO. 保單編號

CLAIM NO. 索償編號
(Office use) (本公司專用)

I. Policyholder/Insured's information 保單持有人/受保人資料

| | | |
|---------------------------------|---|-----------------------|
| Name of Policyholder 保單持有人姓名 | Occupation 職業 | Telephone No. 電話號碼 |
| E-mail Address 電郵地址 | Landlord's Name of Insured Premises 受保單位業主姓名 | |
| Correspondence Address 通訊地址 | | |

II. Claim Information 索償資料

| | | |
|--|---------------------------|------------------|
| Date/Time of Incident 事發日期/時間 | Place of Incident 事發地點 | |
| Full Description of Incident (Cause of Manner) 事發詳細經過 (起因及情況) | | |
| | | |
| | | |
| | | |
| Has it been reported to Police/Fire Services/ Building Management? 有否向警方/消防/管理處報案? Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/> | | |
| If yes, which station/ Mgt. Office 如有，何區警署/消防局/管業處 | Report Date 報案日期 | Case No. 案件編號 |

III. Property Loss/Damage 財物遺失/損毀

(Please complete the Schedule of Loss below) (請填寫以下損失列表)

| | | |
|---|--|--|
| 1. Property Owner's Name (If not Policyholder, please sign on Page 3) 物主姓名 (如非保單持有人，請於第 3 頁簽署) | Relationship 關係 | Occupation 職業 |
| 2. Are you the owner or the tenant of the premises? 你是單位的業主、或是單位的租客? If you are the owner, is the premises occupied by you or your family? 如你是業主，該單位是否由你或你的家人居住? | Owner 業主 <input type="checkbox"/> Tenant 租客 <input type="checkbox"/> | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |
| 3. Is the same property under the coverage of other insurers? 該物品是否受保於其他保險公司? If yes, please state insurers' name 如是，請列明其他保險公司名稱 | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> | |
| 4. Has the Policyholder ever claimed on any insurers for loss of the same nature? 保單持有人過去有否因同樣性質的損失向任何保險公司索償? If yes, please state insurers' name 如有，請列明保險公司名稱 | Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/> | |
| 5. Prior to the incident, was the damaged interior decoration carried out by you? 事件發生前，損毀的室內裝修是否由你自行添置? | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> | |
| 6. Has the lost/damaged property already been replaced? 失物/損毀物品是否已經重新購置? | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> | |

Schedule of Loss 損失列表

| Description of Lost Articles (including cash) 失物種類 (包括現金) | From Where Acquired 從何購買 | Date of Purchase 購置日期 | Original Cost (HK\$) 原價 (港幣) | Replacement Cost (HK\$) 原價 (港幣) | Amount Claimed (HK\$) 索償金額 (港幣) |
|---|-----------------------------|--------------------------|---------------------------------|------------------------------------|--|
| | | | | | |
| (Please use a separate sheet if insufficient space) (若空位不足，請另頁詳加說明) | | | | | TOTAL AMOUNT CLAIMED 索償總額 HK\$ 港幣 |

IV. Third Party Bodily Injury/Property Damage 第三者身體受傷／財物損毀

| | | | |
|---|--|--|--|
| 1. Nature of Incident 事件性質 | | Bodily Injury 身體受傷 <input type="checkbox"/> | Property Damage 財物損毀 <input type="checkbox"/> |
| 2. Name of Injured/Property Owner 傷者／物主姓名 | Age 年齡 | Sex 性別 | |
| 3. Nature & extent of injuries/damage 受傷／損毀性質及程度 | | | |
| 4. Has the third party claimed? 第三者有否要求賠償? | Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/> | If Yes, what is the amount? 如有，要求賠償金額? | _____ |
| 5. Has the Policyholder/anyone admitted liability to the third party? 保單持有人／任何人有否向第三者承認責任? | Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/> | If Yes, who admitted? 如有，誰人承認? | How? 什麼方式? _____ |

V. Claim Documents 索償文件

- 1 Previous Decoration Invoice/Purchase Invoice/Official Receipt of any property to be claimed.
索償財物於事發前的室內裝修發票／購買發票／單據。
- 2 Incident report from the building management or authority showing the date, circumstances of Incident and its cause of loss or damage.
管業處或有關當局之事件報告以證明有關財物之遺失或損毀的事發日期、事件經過及其成因。
- 3 Photos showing the extent of damage to any property to be claimed.
有關索償財物之相片以顯示損毀程度。
- 4 Original Repair or Replacement Quotation/Invoice/Receipt.
維修或重置報價單／發票／收據正本。
- 5 Original Police Loss Memo/Copy of Police Statement.
警方報告正本／警方所錄的口供副本。
- 6 Documentary proof on Relationship and Residence between the Policyholder and the owner of the property to be claimed.
保單持有人與索償財物物主之關係及住址證明文件。
- 7 Please do not commence any repair work or dispose of any salvage items without the Company's prior written consent.
如未有本公司預先的書面同意，請不要開始任何維修工程或丟棄任何殘餘物件。
- 8 Please do not make any admission, offer or promise of payment or payment without the Company's prior written consent.
在沒有獲得本公司書面同意的情况下，不得作出任何承認、提議、承諾付款或付款。
- 9 Any third party correspondence, summons or writs should be forwarded to the Company immediately unanswered.
對於任何第三者的通告、傳票及書面命令，請不要回覆，並立即提交本公司，以便處理。

This Claim Form must be submitted immediately, even if any of the claim documents is not readily available.
如未能即時提供任何索償文件，此賠償申請表亦必須立即呈遞。

VI. Authorisation and Declaration 授權及聲明

I/We hereby authorise any person, party and/or authority to disclose to Blue Cross (Asia-Pacific) Insurance Limited ("the Company") or its authorised representative, any and all information with respect to my/our loss for the purpose of assessing my/our claim request(s). A photocopy of this authorisation shall have the same effect as the original.

本人／我們謹此授權任何人士、有關人等、及／或有關當局，向藍十字(亞太)保險有限公司(「貴公司」)或其授權代表提供任何或所有有關本人／我們之損失作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information may render the Company unable to accept or process this application and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this Claim Form does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

本人／我們謹此聲明，上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此索償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討此保單之權利。本人／我們明白此索償表格之發出及填妥並不代表貴公司確認責任或保證賠償。

I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form. 本人／我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。

Signature of Policyholder

(with company chop if appropriate)

保單持有人簽署

(並公司蓋章，如適用。)

Name 姓名

Date 日期

(dd/mm/yy 日/月/年)

Signature of Property Owner

(if not Policyholder)

財物物主簽署 (如非保單持有人)

Name 姓名

Date 日期

(dd/mm/yy 日/月/年)

The Chinese version of this Form is for reference only. In case of any discrepancy between the Chinese and English versions, the English version shall prevail. 此表格的中文譯本僅供參考之用，文義如與英文本有歧異，概以英文為準。