



財物保險索償表格
PROPERTY INSURANCE CLAIM FORM

本公司專用 Office Use
賠案編號
Claim No.

保單資料 Insurance Policy Details	
保戶名稱 Name of Insured _____	保單編號 Policy No. _____
商業登記證號碼/身份證號碼 Business Registration No. / Identity Card No. _____	行業 / 職業 Trade / Occupation _____
地址 Address _____	聯絡電話 Contact Tel No. _____
	電郵 E-mail _____
保單類別 Type of Policy	
<input type="checkbox"/> 財產全險 Accidental Damage (property)	<input type="checkbox"/> 建工全險 Contractors' All Risk
<input type="checkbox"/> 盜竊險 Burglary	<input type="checkbox"/> 火險 Fire
<input type="checkbox"/> 樓宇管理綜合險 Building Management Comprehensive	<input type="checkbox"/> 玻璃險 Glass
	<input type="checkbox"/> 家居綜合險 Home Comprehensive
	<input type="checkbox"/> 現金險 Money
	<input type="checkbox"/> 其他 Others _____
索償資料 Particulars of Claim	
(1) 事故發生的日期及時間 Date and time of incident	日 月 年 時間 上午 下午 _____ DD _____ MM _____ YY Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm
(2) 事故發生的地點 Place of incident	_____
(3) a. 事故的詳情 Description of incident	a. _____ _____ _____ _____
b. 如屬盜竊，說明竊匪如何進出單位 In case of burglary, state mode of entry to and exit from the premises by the culprit.	b. _____
c. 您是否已向警方報案? Have you reported the incident to police? 如“是”，列明報案的警署及報案編號 If “Yes”，state which Police Station and the police report number.	c. <input type="checkbox"/> 否 <input type="checkbox"/> 是 <input type="checkbox"/> No <input type="checkbox"/> Yes
(4) 受保處所的建築及/或實用面積 Total gross floor area/saleable area of the insured premises	建築面積（平方尺） Gross Floor Area(square feet) _____
	實用面積（平方尺） Saleable Area (square feet) _____
(5) a. 您是否損毀/損失財物的唯一物主? Are you the sole owner of the damaged/lost Property(ies) ?	a. <input type="checkbox"/> 否 <input type="checkbox"/> 是 <input type="checkbox"/> No <input type="checkbox"/> Yes
b. 如“否”，說明其他物主包含借款人的姓名及地址 If “No”，state the name(s) and address(es) of the other owner(s) including the hire-purchase owner.	b. _____
(6) a. 您是否就是次意外向其他保險公司索償? Are you entitled to claim under any other insurance policies in respect of this incident?	a. <input type="checkbox"/> 否 <input type="checkbox"/> 是 <input type="checkbox"/> No <input type="checkbox"/> Yes
b. 如“是”，列明保險公司的名稱、相關保單編號及保障項目 If “Yes”，state the name of insurance company(ies), respective policy numbers and details of coverage.	b. _____
(7) a. 您以往是否曾蒙受類似性質的損失? Have you ever sustained losses of similar nature?	a. <input type="checkbox"/> 否 <input type="checkbox"/> 是 <input type="checkbox"/> No <input type="checkbox"/> Yes
b. 如“是”，列明詳情及何時發生 If “Yes”，state details and date(s) of incident(s).	b. _____
(8) a. 您以往是否曾就其他保險單索償? Have you ever made claim under any other insurance policy(ies)?	a. <input type="checkbox"/> 否 <input type="checkbox"/> 是 <input type="checkbox"/> No <input type="checkbox"/> Yes
b. 如“是”，列明詳情 If “Yes”，state details.	b. _____

損失或損毀財產詳情**Details of lost or Damage Property**

受損財物的詳細資料 (包括品牌、型號及產品編號) Full description of damaged items (including brand name, model and serial no.)	購買日期 Date of Purchase	購買價值 Purchase price	索償金額 Claimable amount	備註 Remarks
1.				
2.				
3.				
4.				
5.				

總索償金額 **Total claimable amount****賠款發放方式 Claim Payment Method :**

祇適用於發放HK\$10,000.00 或以下的賠款 (For settlement amount below HK\$10,000.00 only)

請在適當的方格內填上“✓” Please tick the appropriate box:

 本人同意以支票方式發放賠款。 I agree that the claim payment be made by cheque. 本人同意以自動轉帳方式發放賠款(只適用於HK\$500,000或以下的賠款), 並提供以下資料。 I agree that the claim payment be made by auto-pay (only applicable for claim amount equivalent to or less than HK\$500,000) and provide the following information:

銀行名稱

戶口號碼

Name of Bank _____

Bank Account No. _____

戶口持有人名稱(必須與被保人名稱相符)

Name of Account Holder (Must be same as Insured Person) _____

一般所需索償文件**General Required Claims Documents**

- 物業管理處發出的事故報告
Incident Report issued by the Estate Management Office
- 警方報告
Police report
- 證人向警方錄取的口供紙副本
Copy of statement made to the Police by the witness
- 有關文件證明損失, 如照片、財物購買單據正本、保用証、重置單據、維修報價單等
Relevant supporting documents to prove the loss or damage, such as photos, original purchase receipt(s), Warranties of items claimed, replacement receipt, repair quotation, etc.
- 其他相關保險單副本
Copy(ies) of any other insurance policy(ies) effected to cover the same loss

注意事項**Important Note**

保戶必須採取即時措施以減低損失或損毀, 否則有關保單之保障權益將會受到影響。

The Insured shall take immediate steps to minimize the loss or damage, otherwise, your right of indemnity under the insurance policy may be prejudiced.

聲明及授權
Declaration and Authorization

本人聲明上述資料完整及正確無訛，並無隱瞞任何重要資料。

本人明白本人提供的資料，為中銀集團保險有限公司(“貴公司”)提供保險業務所需，並可能使用於下列目的：

- (i) 處理及審批本人的保險申請或本人將來提交的保險申請；
- (ii) 執行本人保單的行政工作及提供與本人保單相關的服務；
- (iii) 分析或調查、處理及支付本人保單有關的索償；
- (iv) 發出繳交保費通知及向本人收取保費及欠款；
- (v) 任何與保險有關的產品或服務的任何更改、變更、取消或續期；
- (vi) 就以上用途聯絡本人；
- (vii) 貴公司行使任何代位權；
- (viii) 其它與上述用途有直接關係的附帶用途；及
- (ix) 遵循適用法律，條例及業內守則及指引。

貴公司亦可因應上述用途將本人的個人資料移轉予下列各方：

- (a) 就上述用途，向 貴公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- (c) 追討欠款的收數公司或索償代理；
- (d) 保險資料服務公司及信貸資料服務公司；
- (e) 再保公司及再保經紀；
- (f) 本人的保險經紀（若有）；
- (g) 貴公司的法律及專業業務顧問；
- (h) 貴公司的關連公司(以《公司條例》內的定義為準)；
- (i) 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，以達到任何上述或有關目的，或以使「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；
- (j) 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的；
- (k) 任何有關的公司，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，以達到任何上述或有關目的；
- (l) 保險索償投訴局及同類的保險業機構；及
- (m) 法例要求或許可的政府機關。

本人在此授權 貴公司可向「聯會」從保險業內收集的資料中查閱及/或核對本人任何資料。

此外，經本人同意，貴公司可能會以其它方式使用及披露本人的個人資料。

本人有權查閱及要求更正由 貴公司持有有關本人的個人資料。如有需要，可向 貴公司法律與合規部提出（電話：2867 0888，傳真：3906 9939）。

I declare that the above information is complete and true to the best of my knowledge and belief and I have not withheld any material information connected with this claim.

I understand that the information I provide to Bank of China Group Insurance Company Limited ("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of:

- (i) processing and evaluating my insurance application and any future insurance application I may make;
- (ii) administering my insurance policy and providing services in relation to my insurance policy;
- (iii) analysis or investigating, processing and paying claims made under my insurance policy;
- (iv) invoicing and collecting premiums and outstanding amounts from me;
- (v) any alterations, variations, cancellation or renewal of any insurance related product or service;
- (vi) contacting me for any of the above purposes;
- (vii) exercising any right of subrogation;
- (viii) other ancillary purposes which are directly related to the above purposes; and
- (ix) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose my personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) my insurance broker (if I have one);
- (g) the Company's legal and professional advisors;
- (h) the Company's related companies (as that term is defined in the Companies Ordinance);
- (i) any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- (j) any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- (k) any related company 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 for any of the above or related purposes;
- (l) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (m) government agencies and authorities as required or permitted by law.

The Company is hereby authorized to obtain access to and/or to verify any of my data with the information collected by the Federation from the insurance industry.

Moreover, the Company may also use and disclose my personal data otherwise with my consent.

I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Requests for such access can be made to the Company's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

保戶簽署 (如屬公司請蓋章)

Signature of Insured (with company chop if applicable)

日期

Date:

