



英傑華保險有限公司
CGU International Insurance plc
Hong Kong Branch
9/F Cityplaza One 1111 King's Road
Taikoo Shing Hong Kong
Tel : (852) 2894 0555 Fax: (852) 2890 5741
Website : www.aviva.com.hk



PROPERTY CLAIM FORM

It is important that a complete answer to be given to every question. If insufficient space is provided for your answers please continue on a separate sheet.

Insured or Policyholder

Policy Number _____

Name of Insured _____

Contact Person _____ Contact Tel No. (day time) _____

Correspondence Address _____

IMPORTANT NOTE

To facilitate consideration of your claim, please ensure you have submitted the required basic supporting documents:

Please mark ✓ where applicable

Check List

Supporting documents:

- | | |
|---|------------------------------|
| (1) Photographs showing the extend of damage | 1. <input type="checkbox"/> |
| (2) For the damage to insured property claim | 2. <input type="checkbox"/> |
| 2.1 Repair quotation for the damage; | 2.1 <input type="checkbox"/> |
| 2.2 Repair invoice for the damage; | 2.2 <input type="checkbox"/> |
| (3) For the loss of insured property | 3. <input type="checkbox"/> |
| 3.1 Replacement quotation for the loss of any insured property; | 3.1 <input type="checkbox"/> |
| 3.2 Replacement invoice for a loss of any insured property; | 3.2 <input type="checkbox"/> |
| 3.3 A Copy of Police report | 3.3 <input type="checkbox"/> |

In case of necessity, this Company shall ask for more specific documents for consideration as to conclusion of this claim within a reasonable time subject to the terms and conditions of the relative Policy.

Any questions, please contact: _____ at telephone number 2894

Circumstances of loss or damage

Date and Time of loss or damage _____

Place where the event occurred _____

When and by whom discovered _____

If known, state name and address of person causing the loss or damage _____

Nature of loss or damage _____

State fully what happened including the cause of loss or damage _____

Police

Were particulars taken by or reported to the police? YES/NO*

If YES, (a) give name of Station _____

(b) attach a copy of their report _____

(c) Police Report No. _____

N.B. The Police must be informed immediately if the property has been lost, stolen or maliciously damaged

DETAILS OF PORPERTY LOST OR DAMAGED

Describe the property lost or damaged and the extend of the damage	Date acquired	Purchase Cost	Claim amount

Do you own the property? YES/NO*

If No, give name and address of the owner _____

Is the property subject to a hire purchase or loan agreement? YES/NO*

If YES, give name of the finance or lending company, their address and agreement number _____

Was the property on loan or hire to another party? YES/NO*

If YES, give name and address of party _____

Is any other party interested in the property? YES/NO*

If YES, give name of the party and extent of interest _____

Are you responsible by agreement for the property? YES/NO*

If YES, please forward a copy of the agreement.

GENERAL QUESTIONS

Is there any other insurance on the property YES/NO*

If YES, give details(including name of Insurance Company and Policy Number)_____

Have you ever made a claim of this nature on any insurer or underwriter? YES/NO*

If YES, give details_____

Additional questions if the premises are occupied for residential purpose:

Are you the owner of the Insured premises? YES /NO *

Are you the occupier of the Insured premises? YES /NO *

Were the premises occupied at the time of the loss? YES/NO*

If NO, give date and time they were last occupied?_____

Age of the building?_____

Additional question if you have decorated and / or renovated the premises:

When was it decorated and/or renovated?_____

Which part(s) was/were decorated and/or renovated: floor wall ceiling kitchen bath room

others _____ (please specify)

Please provide a copy of the decoration and / or renovation invoice.

Additional question if the claimant is not the Insured:

Name of claimant: _____ Relationship with the Insured _____

Contact telephone number (daytime)_____

*DELETE AS REQUIRED

DECLARATION & AUTHORIZATION

1. I/We declare that the above information's in all respect true and complete to the best of my/our knowledge and belief;
2. It is agreed that upon request by CGU International Insurance plc. I/We shall make a statutory declaration to re-affirm the genuines of all the information contained in this claim form; and
3. I, the undersigned claimant, hereby authorize any party concerned to disclose to CGU International Insurance plc or its representative any and all information with respect to my claimed loss/damage a photostat copy of this authorization shall be as effective and valid as the original

Signature of Insured
I.D. Card No.
Date

Signature of Claimant
I.D. Card No.
Date