



QBE HONGKONG & SHANGHAI INSURANCE LIMITED

昆士蘭聯保保險有限公司

5/F., DCH Commercial Centre, 25 Westlands Road, Quarry Bay, H.K. Tel : (852) 2877-8488 Fax : (852) 2877-8366
香港鰂魚涌西蘭道25號六行商業中心6樓 電話 : (852) 2877-8488 傳真 : (852) 2877-8366

Claims Hotline Tel: 電話: 2877 8608
賠償部熱線 Fax: 傳真: 2164 8380

**索償申請表
CLAIM FORM**

此欄必須填寫

保單號碼 Policy No.	保戶姓名 Insured	職業 Occupation
日間聯絡電話 Daytime Tel. No.	聯絡地址 Correspondence Address	聯絡人 Contact Person
發生日期 Date of Loss	時間 Time	上午/下午 am / pm
發生地點 Location of Loss		
事件發生之經過及詳情 Detailed description of the loss occurrence		

損失明細表 CLAIM ITEMS

物件名稱 Description of Articles				
物主姓名及電話 Name & Phone No. of Property Owner				
購買日期 Date acquired				
牌子及型號 Make & model				
購買時價值 Purchase Price				
意外前之市值 Pre-Accident Market Value				
損壞程度 (請附相片證明) Extent of damage (please attach with photos)				
修理費之估計 Estimated cost of repairs				

**如屬搶劫或盜竊損失，請填寫此欄
FOR BURGLARY, ROBBERY OR THEFT LOSSES ONLY**

是否有被暴力進入之痕跡留於建築物或留於夾萬及或儲蓄室？
Were there visible marks of forcible entry to the premises or to any safe &/or vault insured? 有 YES 否 NO

如有，請詳述之
If answer is "YES", describe these marks in details _____

証人姓名
Name of witness (es) _____

地址及電話
Address(es) and Tel. No. _____

若案件已報告警方，請填寫隨附之同意書及下列資料
IF CASE WAS REPORTED TO POLICE, PLEASE COMPLETE THE ATTACHED
LETTER OF CONSENT AND PROVIDE THE FOLLOWING

向何處警署報案？ At which police station was the accident reported to? _____	報案日期 Date of report _____
警方檔案號碼 Police Report Book No. _____	

如在意外中涉及他人受傷或財物損壞，請填寫此欄 FOR LIABILITY LOSS ONLY

第三者受傷賠償 Third Party Bodily Injury Claim	
傷者之姓名 Name of injured person(s) _____	年齡 Age _____
地址及電話 Address & Phone No. _____	
受傷程度 Extent of Injury _____	
傷者是否合法進入事發現場？ Did the injured enter the accident scene legally? _____	
第三者財物損失賠償 Third Party Property Damage Claims	
財物有否損壞？ <input type="checkbox"/> 有 YES <input type="checkbox"/> 否 NO (如有，請填寫損失明細表 if "YES", please complete claim items)	
閣下認為此次意外由誰人引起？ In your opinion, who should be held responsible for causing this accident? _____	
証人姓名 Name of Witness(es) _____	
地址及電話 Address & Phone No. _____	

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的： - 任何與保險或財物有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期； - 任何索償或賠款價值的調查或分析； - 行使任何代位權；及 - 可能轉予： - 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； - 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」，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」的職權；及 - 或透過「聯會」轉予任何「聯會」的會員，以達到任何上述或有關目的。 此外，在此授權區士蘭聯保保險有限公司由「聯會」從保險業內收集的資料中查詢及/或核對 閣下任何資料。 閣下有權索閱及要求更正由區士蘭聯保保險有限公司持有有關 閣下的個人資料；如有需要，可向區士蘭聯保保險有限公司行政事務主任提出。 (電話：2877 8488 或傳真：2877 8365)	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, variations, cancellation or renewals of such product or service; - any claim or investigation or analysis of such claim; and - exercising any right of subrogation may be transferred to: - 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; - any association, federation or similar organisation of insurance companies "Federation" 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"; and - any members of the "Federation" by the "Federation" for any of the above or related purposes. Moreover, QBE HONGKONG & SHANGHAI INSURANCE LTD. is hereby authorized to obtain access to check or verify any of your data with the information collected by the "Federation" from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by QBE HONGKONG & SHANGHAI INSURANCE LTD. Requests for such access can be made to The General Administration Officer of QBE HONGKONG & SHANGHAI INSURANCE LTD. on Telephone No. 2877 8488 or Fax No. 2877 8365.
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聲明及授權 DECLARATION AND AUTHORIZATION

本人/本公司藉此鄭重聲明上述各項資料屬實及本人/本公司並無其他保單補償保障本人/本公司因此意外引起之損失，同時，本人/本公司明白及同意供給此表格本人/本公司並不構成保險公司放棄保單上條例所授予之權利。
 I/We hereby declare that the foregoing particulars are true in every respect, and that I/We have no other policy indemnifying me/us in respect of this loss or accident. It is also understood and agreed that the furnishing of this form to me/us shall not constitute a waiver of any of the conditions under the policy.

日期 Date _____	受保人及申索人簽署 Signature of Insured & Claimant _____ (Please sign with company chop, if incorporated)
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