



## Property Insurance Claim Form 財產保險索償申請表

Please submit this Claim Form with all necessary original supporting documents within 30 days after occurrence of accident.  
索償申請表連同所有相關證明文件之正本必須於意外發生後 30 天內 遞交。

### Personal Details 個人資料

Policy no. 保單號碼 \_\_\_\_\_ Name of Insured 保戶姓名 \_\_\_\_\_  
Address 地址 \_\_\_\_\_  
Occupation 職業/Business 經營業務 \_\_\_\_\_  
Tel. no. 電話號碼 \_\_\_\_\_ (Office 公司) \_\_\_\_\_ (Residence 住宅) \_\_\_\_\_  
Fax no. 傳真號碼 \_\_\_\_\_ E-mail address 電郵地址 \_\_\_\_\_

### Circumstances of incident and loss / damage 遇事及損失 / 損壞情況

Date of loss 事發日期 \_\_\_\_\_ Time 時間 \_\_\_\_\_ am 上午 / pm 下午  
Place 地點 \_\_\_\_\_ Witness 目擊證人 \_\_\_\_\_  
Description of incident 事件描述 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other insurance covering the loss / damage? 閣下之財物損失是否同時投保於其他公司?

NO 否  YES 是  Please state name of insurance company & relevant policy number 請註明保險公司名稱及有關之保單號碼

Does any other party have interest in the property such as Owner, Mortgagee, Trustee or otherwise? 有否第三者對該物品有權益例如合夥、抵押、信托等?

NO 否  YES 是  Please give details 請詳述 \_\_\_\_\_

Has anyone reported this incident to the police? 曾否有人向警方報告此次意外事件? NO 否  YES 是

Date 報案日期 \_\_\_\_\_ Time 時間 \_\_\_\_\_ am 上午 / pm 下午

Name of police station 警署名稱 \_\_\_\_\_ Police report number 警方報告號碼 \_\_\_\_\_

Name of informant 報案人姓名 \_\_\_\_\_

**\*Please attach a copy of the police statement / loss memo. \*請附上口供紙 / 報失紙副本**

Were the premises unoccupied at the time of the incident? 事件發生時該樓宇是否空置?

NO 否  YES 是  Since when? 從何時開始? \_\_\_\_\_

Have you sustained a similar loss before? 閣下曾否蒙受同類損失?

NO 否  YES 是  Please give details 請詳述 \_\_\_\_\_

Can you identify any parties who may be responsible for the incident? 閣下是否認為任何人士必須對事件負責?

NO 否  YES 是  Please give details 請詳述 \_\_\_\_\_

**For theft or burglary only 只適用於行竊或爆竊**

Who discovered the incident? 由誰發現? \_\_\_\_\_ Time 時間 \_\_\_\_\_ am 上午 / pm 下午

How did the culprit(s) gain entry to the premises? 匪徒如何進入該樓宇? \_\_\_\_\_

Is there any sign of forcible entry or exit at the premises? 是否有任何強行進入或退出該樓宇之痕跡?

NO 否  YES 是  Please give details 請詳述**Details of property lost or damaged 損失或損壞財物詳情**

Full description of articles (including the brand name & model number) 物品之詳細資料 (包括牌子及產品號碼)	Date of purchase 購買日期	Name and address of the vendor 出售物品之商號名稱及地址	Purchase price 購買價錢	Amount claimed 索償金額
Total amount claimed 總索償額				

N.B. Original purchase receipts and warranties (if applicable) of the articles described above or repair quotation should be submitted with this form 注意：請將本表格連同上述列明物品之購貨收據及保用證正本或報價單一并呈上

What was the total value of all your insured property at this location at the time of loss? 意外發生時受保財物的總值若干?

Building 屋宇 \$ \_\_\_\_\_ Stock 貨物 \$ \_\_\_\_\_ Plant, Machinery etc 機器設備 \$ \_\_\_\_\_ Other property 其他財物 \$ \_\_\_\_\_

## Note

- By furnishing this form the Company makes no admission of liability.  
呈上此表格非視為本公司承認有關責任。
- Claims will not be processed unless declaration and authorization are signed by the claimant.  
本公司只接受已簽署聲明及授權書的索償申請表。

**Declaration and Authorization 聲明及授權書**

1. I/We declare that the above information is in all respects true and complete to the best of my/our knowledge and belief;  
本人 / 我們就此作出聲明，就本人 / 我們等所深知及確信，上述資料均屬真確無訛。
  
2. It is agreed that upon request by CMB Wing Lung Insurance Company Limited, I/we shall make a statutory declaration to re-affirm the genuineness of all information contained in this claim form; and  
若招商永隆保險有限公司提出有關要求，本人 / 我們將同意作出重申本索償申請表內資料均屬真確的法定聲明；及
  
3. I, the undersigned Insured/informant, hereby authorize the parties concerned to disclose to CMB Wing Lung Insurance Company Limited or its representative or its authorized loss adjusters any and all information with respect to my medical history regarding illness or injuries, my claimed loss/damage under the above Section(s) and my full claim history with other insurance companies. A photocopy of this authorization is as valid as the original.  
本人（下述簽署的保戶 / 報案人）現授權有關人士向招商永隆保險有限公司或其代表或其授權的公證行提供任何一切有關本人於上述索償項目中申報本人患病、受傷和財物損失 / 損毀的資料記錄及本人於其他保險公司的所有索償紀錄。本授權書的影印本與正本同樣有效。
  
4. I/We believe that the facts stated in this claim form are true and correct. I/We acknowledge that the Insurers will rely upon the information supplied by me/ the policyholder/ the Insured, which I/we verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory/ the policyholders/ the Insured under the Policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.  
本人 / 我們確認此索償申請書內之事實均為真實及正確。本人 / 我們確認貴保險公司會依靠本人 / 保單持有人 / 受保人所提供的資料（本人 / 我們誠實地相信該等資料是真實和正確），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人 / 保單持有人 / 受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。
  
5. I/We confirm that I/we have read and understood the CMB Wing Lung Insurance Company Limited *Notice to Customers relating to the Personal Data (Privacy) Ordinance* attached in this Claim Form.  
本人 / 我們確認已閱讀並清楚明白附於本意外報告書內之招商永隆保險有限公司《關於個人資料（私隱）條例致客戶的通知》。

Date  
日期

\_\_\_\_\_

Insured's signature /  
Company chop  
保戶簽署 / 公司蓋章

\_\_\_\_\_

Signature of informant  
報案人簽署

\_\_\_\_\_

Name of informant  
(Block letter)  
報案人姓名（正楷）

\_\_\_\_\_