CLAIM REPORT FORM

PROPERTY
BURGLARY-THEFT-ROBBERY
HOUSEHOLDERS

Blue Cross 藍十字
Member of BEA Group

29/F, BEA Tower, Millennium City 5,
418 Kwun Tong Road, Kowloon, Hong Kong
Tel: (852) 3608 2888 Fax: (852) 3608 2938

CLAIM NUMBER
(Office use)

POLICY NUMBER

INSURED : _____ CONTACT TEL NO _____

PRESENT ADDRESS : _____

CLAIM IS HEREBY PRESENTED TO _____

FOR $_____ LOSS, $_____ PROPERTY DAMAGE, TOTAL $_____ CAUSED BY _____

WHICH OCCURRED AT _____

ON_____, 20_____, AT ABOUT_____M., IN THE FOLLOWING MANNER :_____

_____

_____

_____

_____

FOR BURGLARY LOSSES ONLY

WERE THERE VISIBLE MARKS OF FORCIBLE ENTRY TO THE PREMISES ?_____ TO ANY SAFE OR VAULT INSURED ? _____

IF ANSWER IS "YES", DESCRIBE THESE MARKS IN DETAIL _____

POLICE REPORT

1. WHERE MADE_____ DATE _____

2. ANY POLICE ACTION TAKEN ? _____ REPORT REF NO. : _____
(N. B. PLEASE ATTACH COPY OF STATEMENT OF POLICE REPORT IF ANY)

FOR THEFT OR ROBBERY

NAMES AND ADDRESS OF CUSTODIAN, GUARDS, AND WITNESSES :

NAME	ADDRESS	CUSTODIAN, GUARD, OR WITNESS

THERE IS NO OTHER INSURANCE APPLICABLE TO THIS LOSS EXCEPT AS STATED HEREIN

NAME OF INSURANCE COMPANY	POLICY PERIOD	COVERAGE OR BOND FORM	AMOUNT OF INSURANCE
	FROM TO		
	FROM TO		
	FROM TO		

NO OTHER LOSS CAUSED BY THE PERILS COVERED UNDER THIS POLICY HAS BEEN SUFFERED DURING THE LAST FIVE YEARS EXCEPT AS FOLLOWS : (GIVE DATE OF PREVIOUS LOSSES AND, IF INSURED, NAME OF INSURING COMPANY)

SCHEDULE OF LOSS

DESCRIPTION OF ARTICLES	NAME AND ADDRESS OF OWNER	FROM WHOM ACQUIRED (NAME AND ADDRESS)	DATE ACQUIRED	ACTUAL COST	DEPRECIA-TION IN VALUE DUE TO OLD STYLE, US-AGE, OR SHOP WEAR	AMOUNT CLAIMED

(PLEASE SUBSTANTIATE WITH COPY OF SALES INVOICE OR RECEIPT OR VALUATION CERTIFICATE)
DESCRIBE ANY DAMAGE TO PROPERTY CAUSED BY THIS OCCURRENCE : GIVE ESTIMATED COST OR REPAIRS OR QUOTATION FOR REPAIRS

AUTHORIZATION/DECLARATION

I/We hereby authorize any person, party and/or authority to furnish to Blue Cross (Asia-Pacific) Insurance Limited or its authorized representative, any and all information with respect to my/our loss. A photostat copy of this authorization shall be considered as effective and valid as original.

I/We declare to the best of my/our knowledge and belief that the above statements and particulars to be true and correct. I/We further understand and agree that if I/We have made or shall make any false statement or concealment, all rights to recovery under the Policy shall be forfeited.

Personal Information Collection Statement

I/We hereby understand and agree that the any personal information is collected or held by Blue Cross (Asia-Pacific) Insurance Limited ("the Company") (whether contained herein or otherwise obtained) to enable the Company to carry on insurance business and may be used, stored, disclosed and transferred (whether within or outside Hong Kong) to any individuals/organizations associated with the Company or any selected third party as the Company may consider necessary including any other company carrying on insurance or reinsurance related business, any intermediary, claims investigator, medical facilities, other service provider providing services relevant to insurance business, professional advisor, government authority or industry association/federation for the purpose of: (1) any insurance or financial related product or service or any addition, alteration, variations, cancellation or renewal or reinstatement of them; (2) any scope of insurance coverage, claim processing/investigation, any analysis and data matching; (3) statistical or actuarial research; (4) promotion of financial products and services by the Company and its affiliated companies; and (5) communication with me/us/the insured or any relevant organization/person as the Company may consider necessary. I/We have the right to obtain the "Privacy Policy Statement", access to and to request correction of any personal information concerning myself/ourselves held by the Company. Such request can be made in writing to the Company's Corporate Data Protection Officer at 29th Floor, BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong.

DATE AT _____ _____

SIGNATURE OF INSURED