

PROPERTY CLAIM FORM	
It is important that a complete answer be given to every question. If insufficient space is provided for your answers, please continue on a separate sheet.	
POLICY NUMBER	NAME OF AGENT

WHAT TO DO IN THE EVENT OF A CLAIM

1. Attach all quotations obtained for replacement or repair to the damaged or missing property.
2. Attach valuations and receipt for purchases whenever possible.
3. Advise Police immediately in the event of loss by Burglary, Housebreaking, Theft, Suspected Malicious Damage or Baggage Loss.
4. Attach any letter of demand or other correspondence that you may receive from any Third Party.
5. Do not make any admission of liability for loss or damage caused by you to Third Parties.

INSURED OR POLICYHOLDER

Full Name _____

Private Address _____

_____ Tel No. _____ Fax No. _____

Business Address _____

_____ Tel No. _____ Fax No. _____

Occupation / Business _____

CIRCUMSTANCES OF LOSS OR DAMAGE

Nature of loss or damage _____

Date and time _____

Place where the event occurred _____

State fully what happened _____

When and by whom discovered _____

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

POLICE

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

If YES, (a) give name of Station _____ (b) Police report no. _____

(c) attach a copy of their report.

*DELETE AS REQUIRED

CL-1 06/06

GENERAL QUESTIONS

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

If YES, give details _____

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

If YES, give details _____

Additional Questions if the loss occurred indoors

State the nature of the occupancy of the premises _____

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

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

If entry was illegal, how was it obtained? _____

Additional Questions for glass breakage claims only

Size of broken glass _____

Type of glass _____

Situation (e.g. door, window, showcase, etc.) _____

Was the glass sound before the breakage? YES/NO*

Do you wish the reglazing to be deferred until further notice? YES/NO*

*DELETE AS REQUIRED

DECLARATION

I/We declare that these particulars are true to the best of my/our knowledge and belief.
In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong, by signing below, I/we consent that the personal information collected or held by ING General Insurance Company Limited (whether contained in this Application or otherwise obtained) is provided and may be disclosed to individuals or organisations within or outside of Hong Kong for the purpose of administration of claim or analysis of it.

Signature & Company Chop

HKID Card No.

Date