CLAIM REPORT FORM

PROPERTY BURGLARY-THEFT-ROBBERY HOUSEHOLDERS



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 :					
FOR \$LOSS, \$					
WHICH OCCURRED AT					
				G MANNER :	
		FOI	R 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

_____ DATE _____

_____ REPORT REF NO. : _____

1. WHERE MADE

2. ANY POLICE ACTION TAKEN ?

(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.

I/We understand and agree that any personal information collected or held by the Company may be used, stored, disclosed and transferred (within or outside of Hong Kong) to such individuals/organizations associated with the Company or any selected third party for the purposes of processing this application and providing subsequent services for this, and promotion of financial products or services by the Company and its affiliated companies, and communicating with me/us for such purpose. I/We have the right to obtain access to and to request correction of any personal information held by the Company. Such request could be made to the Company's Corporate Data Protection Officer at 29/F, BEA Tower, Millennium City 5, 418 Kwun Tong, Kowloon, Hong Kong.

DATE AT _____

SIGNATURE OF INSURED