

永隆保險有限公司

WING LUNG INSURANCE CO LTD

INCORPORATED IN HONG KONG WHOLLY OWNED SUBSIDIARY OF WING LUNG BANK LTD  
45 DES VOEUX ROAD CENTRAL HONG KONG TEL : 2826 8223 FAX : 2840 0769

財物損毀索償申請表

CLAIM FORM FOR PROPERTY LOSS OR DAMAGE

本人(等)現在報告以下財物所引致損失的原因是

I/We wish to report that loss/damage to the property described below was caused by .....

發生地點在 ..... 時間是 ..... 日期是 .....  
and occurred at ..... on or about ..... a.m./p.m. on .....

姓名 Policy Name .....	職業 Occupation .....
地址 Address .....	就職地點 Place of employment .....
	電話 (住宅) (流動) Phone ..... (Home) ..... (Mobile)
	(辦事處) (傳真) ..... (Business) ..... (Fax)
	承受抵押者/銀行 Mortgagee (if any) .....

請詳述意外發生之情形

Description of how the loss / damage occurred (if known) .....

此意外已向警局報告

This happening was reported to ..... 在 ..... 警署 (如已報警)

報告人姓名 ..... 報告日期 ..... 時間 .....  
by (full name) ..... on (date) ..... at (time) .....

報案號碼 .....  
Police Report No. ....

我/我們現在要求賠償總數是

I/We hereby submit for the consideration a claim for the sum of ..... in full and final settlement.

或 我/我們同意 貴公司賠償 ..... 之總數, 並於接納。

I/We agree that payment of ..... repair account/s by the Company is acceptable to

OR me/us in full and final settlement of my/our claim.

\* 請詳細列明賠償項目於後頁

Please detail your claim by completing the reverse of this claim form.

1 意外發生時財物的總值若干?

What was the total value of all your property at this location at the time the loss occurred?

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

2 請詳述已採取何種措施以尋回損失之財物或追討責任。

Please state what other action you have taken to recover the lost property. ....

3 你是否物主, 如不是, 請列明。

Are you the sole owner of the property? If not, please give details. ....

4 財物是否向其他保險公司投保, 如有, 請列明。

Is there any other insurance in force on the property? If so, please give details. ....

5 受保財物是否曾經遭受損失, 如有, 請列明。

Have you ever previously sustained loss or damage to the insured property? If so, please give details. ....

DECLARATION

I SOLEMNLY DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE FOREGOING PARTICULARS ARE TRUE AND CORRECT IN EVERY RESPECT.

聲明: 茲立宣言據我所知, 以上所報資料, 均屬事實。

簽署及蓋印

Signature & Chop .....

保單號碼

Policy No. ....

投保額

Sum Insured .....

日期

Date .....

保單屆滿日期:

Expiry Date .....

保費已付

是/否

Premium Paid ..... Yes/No .....

