

# 永隆保險有限公司

WING LUNG INSURANCE CO LTD

45 Des Voeux Road Central Hong Kong 香港中環德輔道中 45 號  
Tel (電話): 2826 8474 Fax (傳真): 2840 0769 E-mail (電郵): enquiry@wlins.com

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

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 .....

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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

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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 .....

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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

Which police station? 那間警署? ..... 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? 從那時開始? .....

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 .....

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

NO 否  YES 是  Please give details 請詳述 .....

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### 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? .....

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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 .....

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## 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
<b>Total amount claimed</b> 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 \$.....

- Notes
1. 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。
  2. Claims will not be processed unless authorization and declaration are signed by the claimant.  
本公司只接受已簽署的授權書及聲明書之索償申請表。

## DECLARATION AND AUTHORIZATION 聲明及授權書

I/We hereby declare that to the best of my/our knowledge and belief the above statement and particulars contained herein are in all respects true and complete and are made without reservation of any kind. I/We agree that any of my/our/the Insured's personal information collected or held by Wing Lung Insurance Company Limited (whether contained in this claim form or otherwise obtained) is provided and may be held, used and disclosed by the Company to individuals/organization associated with the Company or any selected third party (within or outside Hong Kong, including reinsurance and claim investigation companies and industry associations/federations and other service provider providing services relevant to insurance business) for the purpose of processing this claim. You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Request for such access can be made in writing to Wing Lung Insurance Company Ltd. at 45 Des Voeux Road Central Hong Kong (Telephone: 2826 8474 Fax: 2840 0769).

I/We further authorize individual or entity holding any records (including any statements taken) or knowledge of me/us which is/are relevant to the settling of this claim and/or the insurer's rights of recovery thereunder to furnish such records or knowledge to Wing Lung Insurance Company Limited or its authorized representatives. A photostat of this authorization shall be considered as effective and valid as the original.

本人 / 我們聲明此表格內填報的資料，就本人 / 我們所知所信，全部正確無訛，並無任何保留，本人 / 我們同意如為處理有關本索償事宜，永隆保險有限公司可使用所收集及持有關於我 / 我們 / 受保人的個人資料 (包括在此索償表格內或其他地方之資料) 或將該等資料給予有關人士或機構 (包括在香港境內或境外之再保公司、賠償調查公司、保險業協會 / 聯會及其他提供保險業有關服務之公司等)。閣下有權查閱及要求更正由本公司持有有關閣下的個人資料。如有需要查閱，可用書面寄中環德輔道中 45 號 (電話：2826 8474 圖文傳真：2840 0769) 向本公司提出。

本人 / 我們並授權持有本人 / 我們的任何記錄或資料之人士或團體，向永隆保險有限公司或其代理人，提供與本索償事宜或與保險公司的追償權有關之記錄或資料。此授權書之影印本將與正本具有同等效力。

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) \_\_\_\_\_