



安盛保險有限公司
AXA General Insurance Hong Kong Limited
21/F, Manhattan Place, 23 Wang Tai Road,
Kowloon Bay, Kowloon, Hong Kong
Tel: 2523 3061 Fax: 2810 0706 Direct Fax: 2537 3437
Email: axahk@axa-insurance.com.hk
Website: www.axa-insurance.com.hk

索償表格 CLAIM FORM

請填妥此索償表格上之所有資料。倘若表格不敷應用，請另加紙張填寫。
Please complete this claim form in full. If space provided for your answers is insufficient, please continue on a separate sheet.

此表格並不代表本公司會承認任何責任
The issue of this claim form is not an admission of liability on the part of the Company

保單 / 保險證書編號 _____ 索償編號 _____
Policy/Certificate number _____ Claim number _____
(本欄由保險公司填寫 For office use only)

I 投保人資料 Insured details (請於適當的地方加上 ✓ 號 Please ✓ as appropriate)

投保人姓名 先生 女士 太太 公司
Name of Insured Mr Ms Mrs Company _____

通訊地址
Correspondence address _____

日間聯絡電話
Contact phone number (Day-time) _____

電郵地址
Email address _____

II 損失或損壞情況 Circumstances of loss or damage

事發日期及時間
Date and time of loss _____

事發地點
Location of the loss _____

意外描述
Description of the incident _____

意外目擊證人
Witness of the incident _____

III 報失資料 Loss Report details (請於適當的地方加上 ✓ 號 Please ✓ as appropriate)

閣下有否向警方或其他機構報告失事情況？
Have the police or other authorities been informed? 有 否
Yes No

如選擇“有”請提供 (a) 報案警署或機構
If yes, please give name of the police station or authority _____

(b) 報案日期及時間
time and date _____

(c) 警方或該機構之檔案編號
police or authority reference number _____

(請轉下頁 Please turn over)

