



安盛保險有限公司

AXA General Insurance Hong Kong Limited

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## 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

Policy/Certificate number \_\_\_\_\_

索償編號

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 ☐  
Yes

否 ☐  
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)

IV 一般事項 **General Questions** (請於適當的地方加上 ✓ 號 Please ✓ as appropriate )

閣下之財物損失是否同時受其他保險之保障？  
Is there any other insurance covering the loss/damage?

有 ☐  
Yes

否 ☐  
No

如選擇“有”請註明 ( a ) 保險公司名稱  
If so, please state name of the insurance company

( b ) 有關之保單號碼  
relevant policy number

( c ) 投保金額 (如適用者)  
amount insured (if applicable)

( d ) 會否向該公司提出索償  
whether claim will be submitted to them

有 ☐  
Yes

否 ☐  
No

閣下是否損失或損壞財物的物主？  
Are you the sole owner of the property?

是 ☐  
Yes

否 ☐  
No

如選擇“否”請詳述  
If not, please give details

閣下是否認為任何人仕必須對事件負責？  
Can you identify any parties who may be responsible for the incident?

是 ☐  
Yes

否 ☐  
No

如選擇“是”請註明其姓名及地址  
If yes, please state the name(s) and address(es)

閣下是否蒙受過同樣性質的損失？如選擇“是”請詳述  
Have you ever sustained other losses of similar nature?  
If yes, please give details.

是 ☐  
Yes

否 ☐  
No

V 損失或損壞財物詳情 **Details of property lost or damaged**

物品之詳細資料 (包括牌子及產品號碼) Full description of articles (including the brand name & model number)	購買日期 Date of purchase	出售物品之商號名稱及地址 Name and address of the vendor	購買價錢 Purchase price	索償額 Amount claimed
			總索償額 Total amount claimed	

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一并呈上  
N.B. Original purchase receipts and warranties (If applicable) of the articles described above should be submitted with this form

**聲明及授權書**  
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，安盛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之人士或機構 (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)。

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，向安盛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。

**DECLARATION AND AUTHORIZATION**  
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 AXA General Insurance Hong Kong 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.

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 AXA General Insurance Hong Kong Limited or its authorized representatives. A photostat of this authorization shall be considered as effective and valid as the original.

日期  
Date

投保人簽署  
Insured's signature