

美好家居保險索償書

Homesafe insurance claim form



(Please fill in this claim form in Block Letter 請用正楷填寫)

I. Personal information 個人資料

Name (Mr./Mrs./Ms.): Policy no.:
姓名(先生/太太/女士): 保單號碼:
Correspondence address:
通訊地址:
Telephone no.: (Day) (Night) (Fax)
電話號碼: (日) (夜) 傳真號碼:

II. Description of accident and damage/loss 意外詳情及損壞情況

(If accident is severe, please contact us immediately on tel. 2903-9388 如遇上嚴重意外, 請即致電本公司: 2903-9388)

Date Time Location
日期 時間 地點
Who discovered the accident Witness
由誰發現 證人
Details of accident and cause(s)
意外的詳情/成因

Total claimed amount (HKD) Settlement by: Cheque Cash (less than HKD500)
索償總數(港幣) 賠償方法: 支票 現金 (只適用於少於港幣伍佰元)

III. Particulars of damaged / lost properties 財物損失索償細節

(Please attach separate sheets if needed 如空位不足, 請另附紙張)

Note: Please attach the relevant invoices, receipts, repair quotations, photographs, if possible.

請注意: 請盡量附上有關之發票、收據、維修報價單及相片以加快賠償批核

Items 物件	Owner 物主	Date of purchase 購買日期	Purchase price (HKD) 購買時價值(港幣)	Claimed amount(HKD) 索償金額/維修費(港幣)	✓ If documents attached 如附上相關文件, 請✓
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

IV. Particulars of injury / Hospitalization 受傷/住院索償細節 (Please attach separate sheets if needed 如空位不足, 請另附紙張)

Note: Please attach original medical receipts 請注意: 請盡量附上有關之門診收據及住院收據正本以加快賠償批核

Name of injured 傷者姓名	Details of injury 受傷情況	Medical expenses (HKD) 醫療費用(港幣)

賠償金額 批核 日期

備註

WE CARE.....

全情為您 關懷備至

Inquiry Hotline 查詢熱線 2903-9388

V. Other Information 其他資料

Have you sustained a loss of this nature before? 閣下以前是否有遭受同類損失?

No 否 Yes/Details 是/請詳述

Is the property for which you are claiming insured elsewhere? 索償之物品、費用是否有其他保險公司承保?

No 否 Yes/Details 是/請詳述

Does any other person/ party has interest in the property such as owner, mortgagee or trustee? 是否有其他人對索償之物品、費用有權益?

No 否 Yes/Details 是/請詳述

Have you reported this accident to the Police? 閣下是否有向警方報告此次意外事件?

No 否 Yes/Details: 是/請詳述:

Date 日期 Time 時間 Name of Police Station 警署名稱.....

Informant 報案人姓名 Police Report No. 警方報告號碼

(If a statement has been made by you, your family or your employee, please attach a copy of the statement)

(如閣下/閣下的家庭成員/家庭傭工曾錄取口供請附副本)

(For theft, burglary only 只適用於失竊/爆竊)

Is there any sign of forcible entry into or out of the premises? 居所是否有留下任何匪徒強行進入/出痕跡? No 否 Yes 是

How did the culprit(s) entered into the premises? 匪徒如何進入/出該寓所?

Were the premises unoccupied at the time of theft? 行竊發生時該寓所是否空置?

No 否 Yes/ Please state the period of unoccupancy 是/請說明從何時開始至那時

(For injury / hospitalization only 只適用於受傷/往院)

Have you fully recovered from the Injury? 閣下是否已痊癒? No 否 Yes/When? 是/何時?

Declaration 聲明

I/We declare that, to the best of my/our knowledge the statements made above are true.

本人/余等在此聲明，本人/余等已盡一切能力保證上述各節均屬實情。

I/We hereby declare and agree that any personal information in this claim form or otherwise obtained is provided by me/us and may be held, used and disclosed to enable the Company to carry on insurance and financial services business; and may be transferred to any individuals, related companies, any other organizations, any independent third party and other service providers for the purpose of (i) processing this application and providing subsequent services for this or other products and services, and or (ii) direct marketing, and/or (iii) data matching, and/or (iv) communication with me/us for such purposes.

本人/余等同意一切由貴公司在索償書或以其他方式獲取而所收集或持有本人/余等的個人資料均由本人/余等提供，並可由貴公司持有、使用及披露作其保險及金融服務業務上所需，並可能轉予任何個人、與貴公司關連公司、其他的組織、其他獨立第三者及其他服務提供者(i)能夠處理本人/余等此項申請及提供與此項申請或其他產品有關之服務，(ii)用作直銷，(iii)用作資料配合，並(iv)就任何事宜與本人/余等聯絡，直至本人/余等作出書面指示為止。

I/We understand that I/we have the right to obtain access and request correction of any personal information concerning myself/ourselves held by the Company. Request for such access can be made to the Data Protection Officer of the Company.

本人/余等明白本人/余等有權查閱及要求更正由貴公司持有有關本人/余等的個人資料，如有此項要求，可向貴公司的資料保護主任提出。

Date
日期 _____

Claimant's Signature
索償人簽署 _____

HKID Card No.
身份證號碼 _____

WE CARE.....

全情為您 關懷備至

Inquiry Hotline 查詢熱線 2903-9388

蘇黎世保險有限公司(於瑞士註冊成立之公司)

理賠部：香港港島東華蘭路 18 號港島東中心 24 - 27 樓

電話：29039388 圖文傳真：29681660

Zurich Insurance Company Limited (a company incorporated in Switzerland)

Claims dept.: 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong

Tel : 29039388 Fax : 29681660

Ref HSA A9812

(If you like us to obtain the police statement, please complete and return this form. The process will take four to six weeks)
(閣下亦可選擇由本公司向警方索取口供副本，請填寫及寄回此授權書。索取口供程序將需四至六星期完成)

Letter of authorization
索取口供紙授權書

Your ref.:
Our ref.:

Dear sirs,
敬啟者:

Date of incident :
遇事日期
Location of incident :
遇事地點
Nature of incident :
事件:

I/We _____, holder of HKID card no. _____, hereby authorize Zurich Insurance Company Limited to obtain a copy of the statement/report I/We made to you following the captioned incident.

本人 _____，香港身份證號碼為 _____，現授權蘇黎世保險有限公司向貴警署索取有關之口供報一份。

Informant's signature
報案人簽署

Date
日期

Name (Block letter)
姓名 (正楷)

註: 如遇爭執 以英文為準