



## 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) \_\_\_\_\_

### 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 警方資料 Police 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 \_\_\_\_\_

