



Claim Form For Property Loss or Damage

Please print clearly and return to *Chong Hing Insurance Company Limited* 8/F., Western Harbour Centre, 181 Connaught Road West, Hong Kong.

保單號碼
Policy No.

Policy
In
Name of
Address
(Please
Print
Clearly)

保單持有人的姓名及地址

Occupation 職業

Name of Claimant 索償人姓名

I.D. Card No. 身份証號碼

與投保人之關係

Relationship with Insured

Place of Employment 就職地點

and name of Co. 及公司名稱

電話 (住宅)

Phone : (Pvt.)

(辦事處)

(Bus.)

承受抵押者/銀行

Mortgagee if any :

本人(等)現在報告以下財物所引致損失的原因是

I / We wish to report that loss / damage to the property described below was caused by _____

發生地點

and occurred at _____

時間是

on or about _____

日期是

a.m./ p.m on the day of _____

請詳述意外發生的情形

Description of how the loss/damage occurred (if known) _____

此意外已經向警局報告

The happening was reported to _____

警署 (如已報警)

Police Station (if applicable) _____

報案號碼

Police Report No. _____

報告人姓名/寶號

by (full name) _____

報告日期

on (date) _____

時間

at (time) _____

我/我們現在要求賠償總數是

I/We hereby submit for the consideration a claim for the sum of \$ _____ in full and final settlement.

或 我/我們同意 貴公司賠償之總數, 並於接納.

Or I/We agree that payment of _____

repair account/s by the Company is acceptable to me / us in full and final settlement of my / our claim.

請詳細列明賠償項目於後頁

Please detail your claim by completing the reverse of this claim form.

1. 意外發生時財物的總值若干 ?

What was the total value of all your property at this location at the time the loss occurred ?

2. 請詳述已採取何種措施以尋回損失之財物或追討責任.

Please state what other action you have taken to recover the lost property.

3. 你是否物主, 如不是, 請列明.

Are you the sole owner of the property ? If not, please give details.

4. 財物是否向其他保險公司投保, 如有, 請列明.

Is there any other insurance in force on the property ? If so, please give details.

5. 受保財物是否曾經遭受損失, 如有, 請列明.

Have you ever previously sustained loss or damage to the insured property ? If so, please give details.

投保額

Sum Insured

保單屆滿日期

Expiry Date

保費已付

Premium Paid

是 / 否

Yes / No

聲明 : 茲立宣言據我所知, 以上所報資料, 均屬事實.

Declaration : I solemnly declare that to the best of my knowledge and belief the foregoing particulars are true and correct in every respect.

簽名

Signature

日期

Date

