

賠償申請表

CLAIM FORM

致：恒生財險(香港)有限公司  
 香港九龍灣宏照道 38 號企業廣場第五期第二座 32 樓  
 To: Hang Seng General Insurance (Hong Kong) Company Limited  
 L32 Tower 2 Enterprise Square V 38 Wang Chiu Road Kowloon Bay Hong Kong  
 Tel: (852) 2198 7800 Fax: (852) 2537 1384

日期  
 Date: \_\_\_\_\_

根據保單條款，此賠償申請表應詳細填妥並簽署，及遞上表格背面所列之相關索償文件，以免延緩索償進程。  
 According to Policy Conditions, this form should be fully completed and signed, and the relevant claim documents listed on next page be furnished, to avoid delay in claim process.  
 保險公司可要求填寫其他專用之賠償申請表。  
 The Company may request other specific claim form be completed.  
 呈遞此賠償申請表，並不表示保險公司承擔賠償責任。  
 By furnishing this form the Company makes no admission of liability.

甲項 保戶資料 SECTION A INSURED'S INFORMATION	
姓名 Name	保單編號 Policy No.
職業 Occupation	流動電話號碼 Mobile Phone No.
地址 Address	

閣下是否願意以手機短訊(SMS)接收索償通知?  
 Do you agree to receive SMS claim notification via your mobile phone?      是 Yes       否 No

乙項 索償資料 SECTION B CLAIM INFORMATION		
失物/事發日期 Date of Loss/Incident	時間 Time	地點 Place
失物/事件之詳細經過 Detailed Circumstances of Loss/Incident		

索償項目 Item(s) Claimed	索償總額 Total Amount Claimed	港幣 HK\$

如財物損失：  
 For Property Loss:

- |   |                       |                  |                                |                               |
|---|-----------------------|------------------|--------------------------------|-------------------------------|
| 1. 有否向警方/消防報案<br>Has Police/Fire Services been reported?<br>若然，何區警署/消防局<br>If yes, which Police/Fire Station?   | 報案日期<br>Date Reported | 案件編號<br>Case No. | 是 Yes <input type="checkbox"/> | 否 No <input type="checkbox"/> |
| 2. 保戶是否失物/損毀物品之唯一主人<br>Is Insured the sole owner of lost/damaged property?  |                       |                  | 是 Yes <input type="checkbox"/> | 否 No <input type="checkbox"/> |
| 3. 是否有其他保險保障該物品<br>Are there any other insurances upon the same property?<br>若然，請列明其他保險公司名稱<br>If yes, please state name of insurance company                                     |                       |                  | 是 Yes <input type="checkbox"/> | 否 No <input type="checkbox"/> |
| 4. 保戶過去有否遭遇同樣性質之損失<br>Has Insured sustained losses of the same nature before?<br>若有，請詳述之<br>If yes, please give full particulars  |                       |                  | 是 Yes <input type="checkbox"/> | 否 No <input type="checkbox"/> |
| 5. 保戶過去有否因同樣性質之損失向任何保險公司索償<br>Has Insured ever claimed on any insurance company for loss/damage of same nature?<br>若有，請列明保險公司名稱<br>If yes, please state name of insurance company |                       |                  | 是 Yes <input type="checkbox"/> | 否 No <input type="checkbox"/> |
| 6. 保戶是否已經重新購置失物/損毀物品<br>Has Insured already replaced the lost/damaged property?   |                       |                  | 是 Yes <input type="checkbox"/> | 否 No <input type="checkbox"/> |

聲明及授權書  
 DECLARATION AND AUTHORISATION

本人/吾等聲明上述資料完整及正確無訛。本人/吾等並無隱瞞任何重要資料。本人/吾等明白保險公司可要求更多資料或填寫專用之索償表格。本人/吾等亦已閱讀及明白表格背面之有關收集個人資料的聲明。  
 I/We declare that the above information is true and complete to the best of my/our knowledge and belief and I/we have not withheld any material information connected with this claim. I/We understand that the Company can request for more information or specific claim form be completed. I/We also have read and understand the Personal Information Collection Statement overleaf.

本人/吾等現授權任何機構可將本人/吾等之索償或財物損失報告等資料給予恒生財險(香港)有限公司或其代表以作為評估現有賠償申請之用途。此授權書之副本與正本同等有效。  
 I/We hereby authorize any authorities or organization that has any records or knowledge of me/us or my/our property loss, to furnish to Hang Seng General Insurance (Hong Kong) Company Limited or its authorized representative, any and all information with respect to my/our claim or report of property loss for the purpose of assessment of my/our present claim. A photostat copy of this authorization shall be considered as effective and valid as the original.

保戶簽署 (並蓋章，如適用)  
 Signature of Insured (with company chop if appropriate)

## 索償文件 Claim Documents

1. 若財物損失，購物賬單或收據之副本。  
Copies of purchase invoices or receipts for property loss or damage.
2. 若失物，警方報告書。若行李遺失，航空公司之行李遺失報告。  
Police report for property loss. Airline's Baggage Irregularity Report for baggage loss.
3. 若財物損毀，修理報價單及展示損毀情況之照片。  
Repair quotation and photos showing the extent of damage for property damage.
4. 若索償醫療費用，正本醫療單據及病假紙或醫療報告。  
Original medical receipts and sick leave certificates or medical report for claim for medical expenses.
5. 若旅程延誤，機票、登機證及航空公司之證明信。  
Airticket, boarding pass and airline's confirmation letter for travel delay.
6. 其他相關之索償文件。  
Other relevant claim documents.

如未能即時提供任何索償文件，此賠償申請表亦必須立即呈遞。

This Claim Form must be submitted immediately, even if any of the claim documents is not readily available.

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## 收集個人資料聲明

閣下提供的資料，為本公司及相關聯公司提供業務所需，並可能使用於下列目的：

- 任何與保險、銀行、公積金計劃或財務有關的產品或服務，或該等產品或服務的任何銷售或推廣，或任何更改、變更、取消或續期；
- 任何索償，或該等索償的調查或分析；
- 行使任何代位權，如適用；

閣下提供的資料亦可能移轉(無論在香港特別行政區以內或以外)予：

- 任何恒生集團的公司用作與保險、銀行或相關聯公司之其他業務；
- 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或中介人或索償或調查或其他與保險業務有關的服務提供者，以達到任何上述或有關目的；
- 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)以達到任何上述或有關目的，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；及
- 或透過聯會移轉予任何聯會的會員，以達到任何上述或有關目的

此外，本公司亦據此獲授權由聯會從保險業內收集的資料中查閱及/或核對閣下任何資料。

閣下有權查閱及要求更正由本公司持有有關閣下的個人資料，如有需要查閱，可用書面寄香港九龍灣宏照道 38 號企業廣場第五期第二座 32 樓(電話：2198 7800，圖文傳真：2629 5163) 向本公司資料保護主任提出。

# 中文譯本僅供參考，文義如與英文本有歧異，概以英文為準。

## Personal Information Collection Statement

The information you provide to us is collected to enable us and any of our affiliated companies to carry on business and may be used for the purpose of:

- any insurance, banking, provident fund scheme or financial related products or services or any sale or marketing, or any alterations, variations, cancellation or renewal of such products or services;
- any claims or investigation or analysis of such claims;
- exercising any right of subrogation, if applicable;

Further the information you provide to us may be transferred (in and outside the Hong Kong Special Administrative Region) to:

- any of the company or companies within the Hang Seng Group for the purpose of insurance, banking or other business of the affiliated company concerned;
- any related company, or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
- any association, federation or similar organisation of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- any members of the Federation by the Federation for any of the above or related purposes.

Moreover, we are hereby authorised to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Requests for such access can be made in writing to the Data Protection Officer, L32 Tower 2 Enterprise Square V 38 Wang Chiu Road Kowloon Bay Hong Kong. (Telephone: 2198 7800, Fax: 2629 5163).