

Property Claim Form 財產保險索償申請表

QBE Hongkong & Shanghai Insurance Limited 昆士蘭聯保保險有限公司
QBE General Insurance (Hong Kong) Limited 昆士蘭保險(香港)有限公司



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香港鰂魚涌英皇道 979 號太古坊濠豐大廈 33 樓

**Claims
理賠**
Hotline 熱線
Fax 傳真
Email 電郵

**Hang Seng Bank Customers
恒生銀行客戶**
852 2828 3133
852 2537 1384
claims.gihk@qbe.com

**Other Customers
其他客戶**
852 2877 8608
852 3607 0530
qbehksiclaims@qbe.com

www.qbe.com/hk

A. NOTES 注意事項

- All questions must be answered. If not applicable, please write "n/a".
所有部份的問題必須作答。如不適用者，請填上「不適用」。
- Please send the completed claim form together with the supporting document(s), if any, to us by email, fax or post.
請將填妥之表格以電郵、傳真或郵寄至本公司。
- The issue of this claim form is not an admission of liability by QBE Hong Kong.
發出此索償申請表並不代表昆士蘭保險香港承認任何責任。
- We may contact you for further information / document if necessary
如有需要，本公司將要求閣下提供額外資料 / 文件以處理索償事宜。

B. DETAILS OF THE INSURED 保戶資料

How did you purchase the insurance policy?
閣下從何處購買此份保單?

- Hang Seng Bank Insurance agents / brokers Manulife Others
恒生銀行 保險代理 / 經紀 宏利 其他

Policy No.
保單號碼：

Name of the Insured
保戶名稱：

Address
地址：

Contact Person
聯絡人姓名：

Tel. no.
電話：

Email
電郵：

C. DETAILS OF THE INCIDENT 意外資料

Date & time of loss / damage
損失 / 損毀日期及時間：

Date
日期

/

/

Time
時間

am / pm
上午 / 下午

Place of accident
意外地點：

Detailed description of the incident
事件之詳情：

Did the same type of incident or similar incident happen before?
過往是否曾經發生同類或相類似事件?

Yes 是

No 否

If "Yes", please provide details.
如「是」，請提供詳情。

Was another person responsible for the loss or damage?
是次損失或損毀是否有其他人須要負上責任?

Yes 是

No 否

If "Yes", please provide details as below.
如「是」，請提供詳情如下。

Name
姓名：

Tel. no.
電話：

Email
電郵：

Address
地址：

D. DETAILS OF THE POLICE OR OTHER AUTHORITY 警方或其他有關政府機構資料

If the case was reported to the police or other authority, please provide the following information.

若事件已報告警方或其他有關政府機構，請填寫下列資料。

Please attach the following document(s) with this claim form 請連同以下文件與此索償申請表一併遞交：

- Letter of consent 同意書
- Copies of report / statement from the police / authority, if applicable 警方或有關政府機構之報告文件及口供副本（如適用）

Name and address of the police station / other authority reported to

報案警署或其他有關政府機構及地址：

Report no.

案件號碼：

Date of report

報案日期：

/

/

E. PROPERTY DETAILS 物業資料

Are you the landlord (Self use)/(Lease out) or tenant ?

閣下是業主(自住)、業主(出租)、租客？

Landlord (Self use)

業主(自住)

Landlord (Lease out)

業主(出租)

Tenant

租客

Is the insured property with mortgages?

該物業是否抵押予財務機構？

Yes 是

No 否

If "Yes", please provide details of mortgagee 如「是」，請提供財務機構名稱：

If you are tenant, please provide the correspondence address (if applicable):

如閣下是租客，請提供通訊地址（如適用）：

F. DAMAGE / LOSS OF PROPERTY 財物損毀 / 損失

Please submit the following document(s), 請遞交下列文件：

- Original photographs depicting the damaged item(s) 損毀物件照片
- Competitive quotation(s) of repair of the damaged item(s) 損毀物件之維修報價單
- Original purchase invoice(s) and payment receipt(s) of the lost or damaged item(s) 損失或損毀物件發票及正式收據
- Report issued by Management Company, if applicable 管理處報告(如適用)

Was / Were there any visible mark(s) of forcible entry and / or exit at the insured premises ?

投保處所是否有任何被人強行進入或離開之可見痕跡？

Yes 是

No 否

Lost / Damaged Items 損失 / 損毀項目

Description of article(s) (including cash)

物件名稱（包括現金）

Name of vendor

提供物件之商號名稱

Make & model

牌子及型號

Date & Price of purchase

購買日期及價錢

Pre-accident market value

意外前之市價

Extent of damage

損毀程度

Claim Amount 索償金額（維修費用或更換費用）

Repair cost or

維修費用 或

Replacement cost

更換費用

If the property is not owned by the insured, please provide the owner's name & with your relationship

如該物品並非屬於保戶本人，請提供物主姓名及與保戶關係

If there is insufficient space on this Section, please attach additional page(s) with the additional information.

若填報資料的位置不足，請填寫於附加紙上。

Total Claim Amount HK\$

總索償金額港元

G. OTHER INSURANCE DETAILS 其他保險資料

Was there any other insurance covering this accident at the time of occurrence?

Yes 是

是次意外發生時是否同時享有其他保險之保障？

No 否

If "Yes", please provide details.

如「是」，請提供以下資料。

Name of insurer (QBE or other insurance companies)

保險公司名稱（昆士蘭保險或其他保險公司）：

Type of insurance

保險種類：

Policy no.

保單號碼：

Claim no.

索償號碼：

H. PAYMENT MODE 收取賠償款項方式

Subject to the terms and conditions of your policy, you may select to receive the claim payable amount by way of direct credit or cheque. Normally, you will receive your payment 3-5 working days earlier if you choose the direct credit option. If you do not provide your payment preference, a cheque will be issued for any claim payment.

在保單條款許可情況下，閣下可選擇以銀行轉賬或支票方式收取賠償款項。一般情況下，選擇銀行轉賬收取賠償款項較支票快 3-5 個工作天。如閣下沒有選擇收取賠償款項方式，將會視作選擇以支票收取賠償款項。

Important Note for Direct Credit 銀行轉賬重要事項

a. The claim payment shall be credited to the bank account in the name of the Insured Person in accordance with the terms and condition of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.

有關之賠款將按其保單條款，存入該受保人名下之銀行賬戶。請確保賬戶號碼及賬戶持有人名稱正確，以免引致不必要之延誤。

b. If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and/or account holder name, we shall not be liable to make any further payment and any other additional banking handling charges regardless of whether the claim payment can be recovered.

如索償人提供之銀行賬戶號碼及 / 或戶口持有人名稱不正確，而導致本公司錯誤將賠款存至第三者戶口，無論有關賠款能否取回，本公司無任何責任再支付該賠款及其引致之相關銀行手續費用。

Option (1)

選擇（一）

By direct credit – for HKD account only

銀行轉賬 – 只限港元戶口

Please provide your bank account details 請提供相關銀行資料

Bank Name Hang Seng Bank 恒生銀行

銀行名稱 Others, please specify 其他，請列明：

Name of Account Holder (in English & block letter)

賬戶持有人姓名（英文及以大楷書寫）：

Bank Account Information

銀行賬戶資料：

Bank Code 銀行編號

Bank A/C No. 銀行賬戶號碼

Option (2)

選擇（二）

Hong Kong Dollar Cheque

港幣支票

I. DECLARATION & AUTHORIZATION 聲明及授權

Please read the explanatory notes to this form about Statement of Truth before signing.

在簽署前，請參閱隨此表格附上的有關屬實申述的註釋。

1. I / We hereby declare that the foregoing particulars are true in all respects, that I / we have not withheld from QBE Hongkong & Shanghai Insurance Limited or QBE General Insurance (Hong Kong) Limited (the Companies) any information within my / our knowledge connected with the accident and apart from the insurance policies mention in the form, I / we do not have other policy indemnifying me / us in respect of this accident. I / We understand that the Companies can request for more information.
2. I / We understand the information provided herein is provided on the basis that the same may be used to draw up pleadings on my / our behalf in the event that court proceedings are resulted from the accident / incident concerned. Any false or incorrect information provided by me / us in this form may prejudice the conduct of such proceedings and my / our entitlement to be indemnified under the Policy. I / We also understand where a Statement of Truth is signed on my / our behalf based on false or incorrect information provided by me / us may subject me / us to being found in contempt of court and I / we will be subject to punishment by the Court.

3. I / We confirm that I / We have read the Personal Information Collection Statement and acknowledged and agreed that all personal data and information with respect to me / us which are provided by me / us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Notice.
4. I / We understand and agree that the furnishing of this form to me / us, requesting me/us to complete this form and requesting for the authorization herein by the Companies, does not constitute a waiver of any of their right entitled under the terms and conditions of policy.
1. 本人 / 吾等謹此鄭重聲明上述各項資料全部屬實，本人 / 吾等並無對昆士蘭聯保保險公司或昆士蘭保險（香港）有限公司（「保險公司」）隱瞞本人 / 吾等所知有關該意外之任何資料。除於本表格提及的保險單外，本人 / 吾等並無其他保單同時就此意外提供賠償。本人 / 吾等明白保險公司可要求本人 / 吾等提供更多資料。
2. 本人 / 吾等明白本人 / 吾等就本意外 / 事件提供的資料，有可能於日後有關本事件的訴訟中用作草擬狀書。任何失實或不正確資料將可能影響相關訴訟及損害本人 / 吾等就保單索償的權利。本人 / 吾等亦明白當保險有限公司或其代表會代表本人 / 吾等簽署跟據本人 / 吾等所提供的資料所撰寫的「屬實申述」，而當所提供資料有所失實 / 不正確，本人 / 吾等將可能被視為蔑視法庭及受到法庭的懲處。
3. 本人 / 吾等確認本人 / 吾等已細閱收集個人資料聲明（「通知」），並知悉及同意有關於本人 / 吾等於是次申請由本人 / 吾等提供的所有個人資料及其他資料將可能被持有、使用、處理或披露予有關各方以用作「通知」上所載的用途上。
4. 同時，本人 / 吾等明白及同意向本人 / 吾等提供此表格，或要求本人 / 吾等完全及提交此表格，及要求本人 / 吾等聲明及授權等，並不構成保險公司保單之條款及條款授予之任何權利。

AUTHORIZATION 授權

By submitting this form, I / We authorize the insurance company and its legal representative to sign on my / our behalf, in any related court proceedings, a statement of truth relating to the facts provided by me / us.

在提交表格，本人 / 我等授權保險公司及其法律代表，代表本人 / 我等簽署一份，就有關法庭訴訟，根據本人 / 我等提供的事實而立的「屬實申述」。

Signature of the insured / insured person

保戶簽署：

Date

(Please sign with company chop, if incorporated 如屬法團請蓋章)

日期： / /

J. EXPLANATORY NOTES 註釋

STATEMENT OF TRUTH 屬實申述

- As from 2, April 2009, Rules of the High Court and Rules of the District Court require the contents of pleadings be verified by a "Statement of Truth" signed by, or on behalf of a party to court proceedings.
由 2009 年 4 月 2 日起，高等法院及區域法院條例要求所有訴訟狀（包括簽辯書）須由訴訟人或其代表簽署「屬實申述」確實其陳述。
- The Statement of Truth takes the form of a declaration of belief that the facts stated in the relevant pleadings are true. The standard wordings read:
「屬實申述」以相信的事實形式聲明在有關的訴訟狀內陳述的事件均為真確，其標準字句為：
"I believe that the facts stated in this (name of the document) are true".
「本人相信在（文件名稱）內的陳述皆為事實及正確無訛。」
- A person who verifies a pleading without honest belief in the truth of the facts pleaded is liable to proceedings for contempt of court and may be punished.
任何人士在未能誠實相信事實情況下對訴訟狀（包括答辯書）的內容作出屬實聲明，須視作蔑視法庭及被懲罰。
- The Statement of Truth may be signed by a party himself, his legal representative if authorized, or where an insurance company which has a financial interest in the result of the proceeding brought by / against its insured, may sign in its name.
「屬實申述」可由訴訟人，或其授權的律師代表，或為其提供保險的保險公司，如該公司當就訴訟結果在財務上負責，均可代表訴訟人簽署。

IMPORTANT 重要事項

In each case, even if the Statement of Truth is signed on behalf of the party, it remains a statement made by the party, and he / she remains liable for the consequences. In other words, if you provide false or incorrect information to the Companies, and the Companies or their legal representative, or legal representative instructed to represent you in the proceedings, sign a statement of truth based on the false or incorrect information you provided, you may be liable to contempt of Court. It is therefore important that you make sure you only provide information which, to your best knowledge and belief, is true and correct.

在每件訴訟案，即使「屬實申述」是代表訴訟人簽署，該「屬實申述」仍繼續是訴訟人的聲明。所以，訴訟人仍須負責其後果。換言之，如閣下提供非真實或不正確的資料予保險公司或其代表律師或保險公司為閣下聘請的律師，而他們基於閣下所提供的非真實或不正確的資料代閣下簽署該「屬實申述」，閣下須負責有關蔑視法庭控罪。因此，閣下須查明所提供之資料是閣下所知及相信確為真實及正確無訛。

PERSONAL INFORMATION COLLECTION STATEMENT

QBE General Insurance (Hong Kong) Limited - Personal Information Collection Statement

QBE General Insurance (Hong Kong) Limited ("the Company") may use the personal data the Company collect about you for the following purposes:

Insurance Services (mandatory)

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. any alterations, variations, cancellation or renewal of any insurance and related services;
4. investigating, analyzing, processing and paying claims made under your insurance policy;
5. invoicing and collecting premiums and outstanding amounts from you;
6. exercising any right under the insurance policy including right of subrogation, if applicable;
7. complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order.
8. contacting you for any of the above purposes;
9. other ancillary purposes which are directly related to the above purposes;

The information you provide to the Company may be provided or transferred to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:

- a. any agent, advisor, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services 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;
- b. any association, federation or similar organization 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;
- c. any members of the Federation by the Federation for any of the above or related purposes;
- d. regulators;
- e. lawyers;
- f. auditors; and
- g. other insurance companies within the QBE Group which have undertaken to keep such information confidential and solely for the purposes set out in the above paragraph.

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services. Direct Marketing of Products and Services To provide a more comprehensive range of financial and insurance services, the Company may use your name, mobile phone number, residential phone number, office phone number, residential address, correspondence address, email address, age, gender and occupation (the "Marketing Personal Data") in direct marketing. Save in the circumstances exempted in the Personal Data (Privacy) Ordinance, the Company cannot so use your Marketing Personal Data without your consent (which includes an indication of no objection).

In this connection, please note that the Company may use your Marketing Personal Data for the following purposes:

- 1) any sales or direct marketing of insurance, banking, financial services, provident schemes products or related services of the Company or of the financial services providers engaged by the Company.
- 2) to conduct research, insurance survey and analysis for the purpose of product design and development and improvement of our services to you and such data may be transferred to third party service provider in Hong Kong or overseas who provides administrative, data processing, marketing services, consulting services and storage services.

You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company subject to payment of an administrative fee. Requests for such access or correction can be made in writing to the Data Protection Officer, QBE General Insurance (Hong Kong) Limited, 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. Fax: (852) 3607 0391. If you do not want to receive any sale or marketing of any of the products or services from the Company at any time, you may also contact the Company's Data Protection Officer.

Sep 2016

收集個人資料聲明

昆士蘭保險（香港）有限公司（本公司）將所收集閣下的個人資料，可能用作下列的用途：

保險服務（強制）

1. 處理及評估任何保險產品之申請，及有關服務之日常運作；
2. 管理閣下的保單及為閣下的保單提供相關服務；
3. 有關保險產品及服務的任何更改、變更、取消或續保；
4. 閣下保單索償的調查、分析、處理及賠償；
5. 保費通知、收集保費和款項；
6. 行使有關保險單賦予的任何權利包括代位權，如適用；
7. 遵守及合乎任何法例及條例規定的要求、行業手則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求；
8. 為上述任何用途與閣下聯絡；
9. 與上述用途直接有關之其他附帶的目的。

閣下向本公司提供的資料可能會提供或轉送予下列各方在香港或海外單位作前段所述的用途：

- a. 任何代理人、顧問、諮詢人、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應人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提供與保險業務有關的服務供應人，以達到任何上述或有關的用途；
- b. 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的用途，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；
- c. 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；及
- d. 監管機構；
- e. 執業律師；
- f. 認可核數師及
- g. 昆士蘭保險集團內的其他保險公司已承諾將資料保密並純粹用作上述的用途。

如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下之申請及為閣下提供服務。

直接市場推廣產品及服務 為提供更全面的金融和保險服務，本公司可能會使用閣下的姓名、手提電話號碼、家居電話號碼、辦公室電話號碼、居住地址、郵寄地址、電子郵件地址、年齡、性別及職業（「市場推廣用途的個人資料」）作直接促銷。除非本公司已取得閣下的同意（包括表示不反對），否則本公司不可以如此使用閣下的市場推廣用途的個人資料，但個人資料（私穩）條例下所指明的豁免情況除外。

就此，本公司可能會使用閣下的市場推廣用途的個人資料作下列用途：

1. 任何銷售或市場推廣有關本公司或本公司之業務伙伴的保險、銀行、金融服務、公積金計劃或有關服務。
2. 進行研究、保險調查及分析以供產品設計及發展及提升本公司提供予閣下的服務質素的用途上，閣下該等資料將轉移到香港或海外的第三方的服務供應商以提供行政、資料處理、市場推廣、諮詢及儲存服務。

閣下有權查明本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，並需支付行政費用。有關查閱或更正的要求，可致函香港魚涌英皇道 979 號太古坊濠豐大廈 33 樓，傳真：(852) 36070391 向昆士蘭保險（香港）有限公司資料保護主任提出。如閣下於任何時間不欲收取本公司的任何產品或服務的任何銷售或推廣，閣下亦可聯絡上述資料保護主任。

[中文譯本僅供參考，文義如與英文本有歧異，概以英文版為準。]

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