



QBE General Insurance (Hong Kong) Limited

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昆士蘭保險（香港）有限公司

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賠償部電話：+852 2828 3133 賠償部傳真：+852 2537 1384 www.qbegihk.com

賠償申請表

CLAIM FORM

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，以免延緩索償進度。

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.

日期

Date: _____

甲項 保戶資料 SECTION A INSURED'S INFORMATION

姓名

Name _____

職業

Occupation _____

地址

Address _____

保單編號

Policy No. _____

流動電話號碼

Mobile Phone No. _____

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

Has Police/Fire Services been reported?

是

Yes

否

No

若然，何區警署/消防局

If yes, which Police/Fire Station? _____

報案日期

Date Reported _____

案件編號

Case No. _____

2. 保戶是否失物/損毀物品之唯一主人

Is Insured the sole owner of lost/damaged property?

是

Yes

否

No

3. 是否有其他保險保障該物品

Are there any other insurances upon the same property?

是

Yes

否

No

若然，請列明其他保險公司名稱

If yes, please state name of insurance company _____

4. 保戶過去有否遭遇同樣性質之損失

Has Insured sustained losses of the same nature before?

是

Yes

否

No

若有，請詳述之

If yes, please give full particulars _____

5. 保戶過去有否因同樣性質之損失向任何保險公司索償

Has Insured ever claimed on any insurance company for loss/damage of same nature?

是

Yes

否

No

若有，請列明保險公司名稱

If yes, please state name of insurance company _____

6. 保戶是否已經重新購置失物/損毀物品

Has Insured already replaced the lost/damaged property?

是

Yes

否

No

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／吾等確認本人／吾等已細閱昆士蘭保險(香港)有限公司的收集個人資料聲明(「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。

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 confirm that I/We have read the QBE General Insurance (Hong Kong) Limited's Personal Information Collection Statement ("Notice") and acknowledge and agree 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.

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昆士蘭保險(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 QBE General Insurance (Hong Kong) 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.



QBE General Insurance (Hong Kong) Limited

昆士蘭保險(香港)有限公司

A member of the worldwide QBE Insurance Group 澳洲昆士蘭保險集團成員

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

Insurance Services

The information you provide to QBE General Insurance (Hong Kong) Limited ("the Company") is collected to enable the Company to carry on insurance business and may be used for the following mandatory purposes of:

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. any alterations, variations, cancellation or renewal of any insurance and related services
3. any claims or investigation or analysis of such claims;
4. exercising any right under the insurance policy including right of subrogation, if applicable;
5. meeting the requirements under any law and regulation, requests from regulators, industry bodies, government agencies and court order;
6. any activities directly relating 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, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, 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; and
- 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. any party under a duty of confidentiality to the Company including a group company of the Company which has undertaken to keep such information confidential

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.

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, Suite 1608, 16/F, Devon 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 our Data Protection Officer.

MARCH 2013

昆士蘭保險(香港)有限公司 - 收集個人資料聲明

保險服務

閣下向昆士蘭保險(香港)有限公司(本公司)提供的資料,是收集作為本公司進行其業務所需,並可能用作下列強制性的用途:

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. 有關保險產品及服務的任何更改、變更、取消或續期;
3. 任何索償或該等索償的調查或分析;及
4. 行使有關保險單賦予的任何權利包括代位權,如適用;
5. 根據任何有約束力的法例及條例規定,監管機構、相關行業認可機構、政府機構及法庭頒令的要求;
6. 供作任何與上述事項有關的用途。

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、承包商或提供行政、電訊、電腦、付賬、債務追討、數據處理或儲存或有關服務的第三者服務供應商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商,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. 任何已向本公司承擔保密責任,並已承諾為資料保密的任何人士,包括本公司的集團公司。

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提供服務。

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,並須支付所需的行政費用。

有關查閱或更正的要求,可致函香港鰂魚涌英皇道979號太古坊德宏大廈16樓1608室,傳真:(852) 3607 0391 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。]

2013年 3月