

**GENERAL PROPERTY
CLAIM FORM
綜合財物賠償請求書**



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The Tokio Marine and Fire
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27th Floor, United Centre,
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Name of Insured in full 投保人名稱		
Policy No. 保單號碼	Tel No. 電話	Fax No. 傳真
Address 通訊地址		

1. (a) State whether the property was stolen, lost or damaged 詳述財物是被盜竊、遺失 或 損害。 (b) If stolen, do your suspicions rest on anyone, and, if so, whom? 如屬盜竊, 閣下有否懷疑可疑人物, 如有, 是誰? (c) When and where was the property last seen by you? 閣下在何時和在那裡最後看見有關的財物。	
2. On what date and time was the theft, loss or damage discovered and by whom? 在哪天和何時發現財物被盜竊、遺失 或 損害, 及被誰人發現。	
3. a) State the circumstances under which the theft, loss or damage took place. 詳述財物是在怎樣的情況下被盜竊、遺失 或 損害。 b) Incident place 意外地點	
4. Are you the sole owner of the property? If not, give name of owner. 閣下是否財物的持有人, 如果不是, 請填寫有關持有人的資料	
5. If the claim is in respect of any article not separately mentioned, give the number of the policy item and the present value of all the property to which that item applies. 若有關財物並沒有個別獨立投保, 請填寫保單上的財物項目號碼及其價值, 以及損失數量。	
6. If the property was stolen or lost give the date the Police were advised, name of Station and Police report number 如果財物是被盜竊及遺失, 請填寫報案日期, 警局名稱及報案號碼。	
7. Are there other insurances on the same property? 被盜竊、遺失 或 損害的財物, 是否同時有其他保險受保, 請說明。	
8. Have you previously sustained any theft or loss or damage to property? 閣下是否曾遇到財物被盜竊、遺失 或 損害。 Was a claim made upon any Company or Underwrites? If so, give name, date, nature of loss and amount paid 曾否向其他公司或保險公司要求賠償? 如有, 請告知公司名稱, 損失日期, 損失性質和賠償金額。	

Declaration & Authorization 聲明及授權書

I/We hereby declare that to the best of my/our knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. I/We authorize any individuals or entity holding any records or knowledge of me/us, to furnish to The Tokio Marine and Fire Insurance Company (Hong Kong) Limited ("the Company") or its authorized representative, any and all information relevant to the settling of this claims and/or the Insurer's right of recovery. The information provided by me/us to the Company is collected to enable the Company to carry on insurance business and may be used for the purpose of: (i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of the said products or services; (ii) any claim or investigation or analysis of such claim; and (iii) exercising any right of subrogation; and may be transferred to: (iv) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; (v) 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 (vi) any members of the Federation by the Federation for any of the above or related purposes.

本人/我們現聲明上述所填報的一切資料均屬正確無訛, 並無任何保留。本人/我們茲授權持有本人任何資料之人士或團體, 可以將部份或全部有關本案債事或與保險公司的追償權有關之記錄或資料給與東京海上火災保險(香港)有限公司(「貴公司」)或其代理人。本人/我們明白本人/我們提供的資料為 貴公司提供保險業務所需, 並可能使用於下列目的: (i) 任何與保險或財務有關的產品或服務, 或該等產品或服務的任何更改、變更、取消或續期; (ii) 任何索償, 或該等索償的調查或分析; 及 (iii) 行使任何代位權; 可能轉移予: (iv) 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, 或與保險業務有關的中介人或索償或調查或其他服務提供者, 以達到任何上述或有關目的; (v) 現存或不時成立之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, 或以使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 (vi) 或透過聯會轉移予任何聯會的會員, 以達到任何上述或有關目的。

Moreover, the Company is hereby authorized to obtain access to and/or to verify any data provided by me/us with the information collected by the Federation from the insurance industry. I/We understand that I/we have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by the Company. Requests for such access can be made in writing to the Compliance Officer, 27th Floor, United Centre, 95 Queensway, Hong Kong. A photostat copy of this authorization shall be considered as effective and valid as the original.

此外, 本人/我們授權 貴公司向聯會從保險業內收集的資料中查閱及/或核對本人/我們任何資料。本人/我們明白本人/我們有權查閱及要求更正由 貴公司持有有關本人/我們的個人資料, 如有需要查閱, 本人/我們可用書面寄香港金鐘道 95 號統一中心 27 樓, 向 貴公司條例主任提出。此授權書之影印本具同等效力。

Date: _____ Signature: _____
日期 簽名 with company chop 公司蓋印

Note: The following page of "particulars of claim" must be completed
注意: 請必須填寫下頁的賠償請求項目

《PARTICULARS OF CLAIM》

賠償請求的項目

Description of articles lost, stolen or damage 詳明被盜竊、遺失 或 損害的財物	From where purchased /whom obtained (Name and Address) 購買地方或商店名稱和地址 或從可處獲得此物品	Date purchased or acquired 購買或獲得的日期	Net Cost Price 價值	Quantity 數目	Total cost Price 合計金額

TOTAL CLAIM AMOUNT: _____

要求賠償總額

Note: 1. Please attach the Invoice/Receipt of the damaged/lost properties to support the claim amount.

請提交有關此要求賠償的有關文件, 如發票, 收據和相片。

2. The issue of this form is not to be taken as an admission of liability by the insurers.

這表格的內容並不表示本公司承認任何責任。