



MSIG Insurance (Hong Kong) Limited
9/F Cityplaza One 1111 King's Road
Taikoo Shing Hong Kong
Tel: (852) 2894 0555 Fax: (852) 2902 9109
Website: www.msig.com.hk

Macau Branch
Avenida Da Praia Grande No. 693
Edif Tai Wah, 13th Andar A & B, Macau
Tel: (853) 2892 3329
Fax: (853) 2893 3349

Property Claim Form 物業索償表格

(Please complete in BLOCK letters)

(請以正楷填寫)

Procedures and Notes:

1. Please submit the Claim Form to us within 30 days from the date of accident/ discovery.
2. Please submit a completed Claim Form, together with original copies of all relevant documents to:

MSIG Insurance (Hong Kong) Limited
Claims Division
9/ F Cityplaza One
1111 King's Road
Taikoo Shing Hong Kong

3. Incomplete Claim Form cannot be accepted for processing of payment.
4. Further information may be needed.
5. It is important that a complete answer be given to every question. If insufficient space is provided for your answers, please continue on a separate sheet.
6. For inquiry, please call our Claims Services Hotline at 2894 0660.

程序及備註:

1. 請將索償表格於事發/發現後之 30 天內呈交本公司。
2. 請將填妥之索償表格連同有關證明文件之正本寄回:

三井住友海上火災保險(香港)有限公司
理賠部
香港太古城
英皇道 1111 號
太古城中心一期 9 樓

3. 未經填妥之索償表格, 將不獲接受索償處理。
4. 稍後可能需要提供進一步資料。
5. 請回答所有問題, 若需要, 請另附紙張繼續填寫。
6. 如有任何查詢, 請致電我們的賠償服務熱線 2894 0660。

Insured's or Policyholder's Information 受保人或保單持有人資料

Name of Insured 受保人姓名		Policy No. 保單號碼	
Correspondence Address 通訊地址			
Contact Person 聯絡人		Daytime Contact No. 日間聯絡電話號碼	
Additional information if the claimant is not the Insured: 如索償人並非受保人, 請提供以下資料:			
Name of claimant 索償人姓名		Daytime Contact No. 日間聯絡電話	
Relationship with the Insured # 與受保人之關係 #			
# Please provide document for proof of relationship. E.g. Copy of Marriage Certificate or Birth Certificate etc. # 請提供關係證明文件。例如: 結婚證書、出生證書等			

Claim Settlement Method 賠償方法

To quicken our settlement for any valid claim, please provide your banking details if you prefer direct credit. We must stress that this request should not be treated as an admission of our liability whatsoever means by law. Finally, we hereby reserve all rights for assessing your claim subject to terms, conditions and exclusions of the related policy.

在成功審批賠償後, 本公司可以將賠款直接過戶。如閣下選擇此項服務, 敬請提供銀行名稱和戶口號碼。本公司特此聲明, 此項要求並不代表閣下之索償現正獲成功審批。有關決定, 本公司在收齊證明文件後, 將根據保單一切條款才作最後審批, 敬請留意。

For claim payment (if any) direct credit to Policyholder's bank account, please complete all of the following:

本公司將賠償款項(如有)直接存入閣下之戶口, 請填寫以下資料:

Account Holder's Name (Must be the same as the Policyholder 必須與保單持有人相同)

戶口持有人姓名

Bank Name 銀行名稱		Bank Code 銀行編號	Branch No. 分行號碼	Bank A/C No. 銀行帳戶號碼

Please put a ✓ in the appropriate box of your claim below, please list item & indicate the amount of your claim in details.

請在格內用✓選擇索償之項目及詳細列出索償之內容及數目。

(If there is insufficient space on the claim form, please specify the details on a separate sheet clearly and indicate which section the information relates to. 如空位不足，請另附紙張填寫，並列明所述之項目名稱。)

Circumstances of Loss or Damage 有關遺失或損毀詳情	
Date and time of loss or damage 遺失或損毀日期及時間 _____	
Place where the event occurred 事發地點 _____	
When and by whom discovered 何時及由誰人發現 _____	
If known, state name and address of person causing the loss or damage 若知道由誰人引致是項遺失或損毀，請列明其姓名及地址 _____	
Nature of loss or damage 遺失或損毀性質 _____	
State fully what happened including the cause of loss or damage 請列明有關詳情，包括遺失或損毀原因 _____ _____	
To facilitate consideration of your claim, please ensure you have submitted the required basic supporting documents: 請確定閣下於呈交索償表時，一併提交索償所需的基本證明文件，以便本公司辦理閣下的索償事宜：	
Documents Attached 附加文件	
For the damage to insured property claim : 適用於一般損毀索償：	For the loss of insured property : 適用於一般遺失財物索償：
<input type="checkbox"/> Repair quotation for the damage with repairer's confirmation on the cause of the damage 由維修商詳列損毀原因之修理費用估價單	<input type="checkbox"/> Replacement quotation for loss of any insured property 重置物品之估價單
<input type="checkbox"/> Repair invoice for the damage 修理費用之發票	<input type="checkbox"/> Replacement invoice for loss of any insured property 重置物品之發票
<input type="checkbox"/> Photographs showing the extent of damage 可引證有關損毀程度的照片	<input type="checkbox"/> Original police memo 警署報案備忘正本
	<input type="checkbox"/> A copy of police statement 警署報案記錄副本

Police Report 報案記錄	
Were particulars taken by or reported to the police? 有否通知警方? <input type="checkbox"/> YES 是 / <input type="checkbox"/> NO 沒有	
If YES, 若有	
(a) give name of Police Station 請註明警署名稱 _____	
(b) attach a copy of their report 及附上有關證明 _____	
(c) Police Report No. 警署檔案編號 _____	
N.B. Police must be informed immediately if the property has been lost, stolen or maliciously damaged. 備註：若財物遺失、被竊或遭人為破壞，請立刻報警。	

Details of Property Lost or Damage 遺失或損毀項目詳情			
Describe the Property Lost or Damaged and the Extent of the Damage 請列明有關遺失或損毀程度	Date Acquired 購買日期	Purchase Cost 購買金額	Claim Amount 索償金額

Do you own the property? 該財物是否屬於索償人? <input type="checkbox"/> YES 是 / <input type="checkbox"/> NO 否	
If NO, give name and address of the owner 若不是，請提供物主姓名及地址 _____	
Is the property subject to a hire purchase or loan agreement? 該財物是否以分期付款或貸款合約下購入? <input type="checkbox"/> YES 是 / <input type="checkbox"/> NO 否	
If YES, give name of the finance or lending company, address and agreement number 若是，請提供有關財務或貸款公司名稱、地址及合約號碼 _____	
Was the property on loan or hire to another party? 該財物會否按揭或租用給其他人仕? <input type="checkbox"/> YES 是 / <input type="checkbox"/> NO 否	
If YES, give name of the party and extent of interest 若是，請提供有關人仕名稱及地址 _____	
Are you responsible by agreement for the property? 有否因合約而須承擔該財物之責任? <input type="checkbox"/> YES 有 / <input type="checkbox"/> NO 沒有	
If YES, please forward a copy of the agreement 若有，請提供該合約副本以茲證明	

General Question 一般事項

Is there any other insurance on the property?

該財物有否受保於其他保單之內？

YES 有 / NO 沒有

If YES, give details (including name of Insurance Company and Policy Number)

若有，請提供有關保險資料（如保險公司名稱及保單號碼等）

Have you ever made a claim of this nature on any insurer or underwriter?

曾否因該財物向任何保險公司或承保人索償？

YES 有 / NO 沒有

If YES, give details

若有，請提供有關保險資料

Additional questions if the premises are occupied for residential purpose

如果受保物業用作住宅，請提供以下資料

Remark: Please skip questions A to G if you are only applying claim for loss or damage item(s) outside the premises

註：如閣下只申請於家居以外遺失或損毀物品之索償，則不需要回答問題 A 至 G

A. Are you the owner of the insured premises?

閣下是否該受保物業的業主？

YES 是 / NO 否

B. Are you the occupier of the Insured premises?

閣下是否居住於該受保物業？

YES 是 / NO 否

C. Were the premises occupied at the time of the loss?

在事發時，住宅是否有人居住？

YES 是 / NO 否

If NO, give date and time they were last occupied?

若沒有，請提供最後有人居住的日期及時間？

D. Age of the building?

該受保物業的樓齡？

Additional questions if you have decorated and / or renovated the premises: 如閣下曾裝修受保住宅，請提供以下資料：

Please provide a copy of the decoration and / or renovation invoice. 請提供該裝修單據。

E. When was it decorated and/or renovated?

在何時裝修？

F. Which part(s) was/were decorated and/or renovated:

曾作裝修的位置：

Wall
牆

Ceiling
天花

Kitchen
廚房

Bath room
浴室

Floor -Floor replacement 更換

地板 -Floor polishing 打蠟

G. Others

其他

(please specify)

(請註明)

Declaration & Authorisation 聲明及授權

1. I/We declare that the above information is in all respect true and complete to the best of my/our knowledge and belief;

我/我們就此聲明，以上所述事項均根據我/我們所知及所信的情況下提供，並且為正確及並無遺漏

2. It is agreed that upon request by MSIG Insurance (Hong Kong) Limited. I/We shall make a statutory declaration to re-affirm the genuineness of all the information contained in this claim form; and

若三井住友海上火災保險（香港）有限公司提出有關要求，我/我們將同意作出重申本索償申請表內資料均屬真確的法定聲明；及

3. I, the undersigned claimant, hereby authorise any party concerned to disclose to MSIG Insurance (Hong Kong) Limited or its representative any and all information with respect to my claimed loss/damage a photostat copy of this authorisation shall be as effective and valid as the original.

本人為下方簽署之索償人。本人現授權有關人士向三井住友海上火災保險（香港）有限公司或其代表提供任何一切有關本人於上述索償項目中申報的財物損失的資料記錄。本授權書之影印本的法律效力等同正本。

4. I believe that the facts stated in this claim form are true and correct. I acknowledge that the Insurers will rely upon the information supplied by me / the policyholder / the insured, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory / the policyholders / insured under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.

本人確認此索償申請書內之事實均為真實及正確。本人確認貴保險公司會依靠本人/保單持有人/受保人所提供的資料（本人誠實地相信該等資料是真實和正確的），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人/保單持有人/受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。

Signature of Insured 受保人簽署

I.D. Card No. 身份證號碼

Date 日期

Signature of Claimant 索償人簽署

I.D. Card No. 身份證號碼

Date 日期

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read these terms and conditions carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

PERSONAL INFORMATION COLLECTION STATEMENT

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any document in relation to the Product or any claim made under the Product.

Your personal data may be used for the purpose of:

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- any sales, marketing, promotion of other general insurance services and products provided by us;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- our related, subsidiary or affiliated companies within the MSIG Group or MS&AD Insurance Group in or out of Hong Kong;
- any other company carrying out insurance or reinsurance related business in or out of Hong Kong;
- any association of federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to MSIG or any member of the MSIG Group or MS&AD Insurance Group.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the Hong Kong Personal Data (Privacy) Ordinance, you have the right to request access to and to request correction of your personal data held by us, and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer.

*The Data Protection Officer
MSIG Insurance (Hong Kong) Limited
9/F., Cityplaza One, 1111 King's Road,
Taikoo Shing, Hong Kong.*

Nothing in this statement shall limit your rights under the Personal Data (Privacy) Ordinance.

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、「我們」或「本公司」）請你仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，你須向我們不時供給與我們提供之一般保險服務及產品（下稱「產品」）相關的個人資料，讓我們可向你提供客戶服務及改善服務質素。當中包括但不限於你在申請表填寫或任何與產品有關之文件上或任何透過產品索償上所載之個人資料。

你的個人資料可被用於以下用途：

- 向你提供與產品及設施相關之日常運作及行政用途；
- 任何我們提供的其他一般保險服務及產品之銷售、市場營銷及推廣用途；
- 產品變動、取消或更新用途；
- 評估及處理透過產品索償及任何繼後法律訴訟之用途；或
- 由本公司行使代位權利之用途。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 在三井住友保險集團或 MS&AD 保險集團內，在本港或海外與本公司有關之機構、子公司或附屬公司；
- 任何其他在本港或海外經營有關保險或再保險業務之公司；
- 任何現存或不時成立的協會或保險公司聯會；或
- 任何提供行政服務、索償處理或其他與三井住友保險集團或 MS&AD 保險集團成員相關產品服務之代理、承辦商或第三者。

為了確保你的個人資料之準確性，你同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關你的個人資料。

根據香港個人資料（私隱）條例，你有權查閱及更正本公司所持的任何載有你的個人資料之記錄，以及要求選擇拒收任何本公司的直銷通訊。如你欲行使以上權利，請以書面形式通知我們的資料保護主任。

*資料保護主任
三井住友海上火災保險（香港）有限公司
香港太古城英皇道 1111 號
太古城中心第一期 9 樓*

此聲明所述之條文並不限制你就個人資料（私隱）條例可行使之權利。