



QBE HONGKONG & SHANGHAI INSURANCE LIMITED
A member of the worldwide QBE Insurance Group
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昆士蘭聯保保險有限公司
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CLAIMS HOTLINE 賠償部熱線: (852) 2877 8608
CLAIMS FAX 賠償部傳真: (852) 3607 0530

FOR AGENT USE:

Agent name:

Tel no.:

PROPERTY CLAIM FORM 財物索償申請表

A. NOTES 注意事項

- All questions must be answered. If not applicable, write "n/a".
所有問題必須作答。如不適用者，請填上「不適用」。
- The issue of this claim form is not an admission of liability by QBE Hongkong & Shanghai Insurance Ltd.
發出此索償申請表並不代表昆士蘭聯保保險有限公司承認任何責任。
- If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
若填報資料的位置不足，請填寫於附加紙上。

B. DETAILS OF THE INSURED 保戶資料

Policy no. 保單號碼:	Name of the insured 保戶姓名:	
Address 地址:		
Home tel. no. 住宅電話:	Office tel. no. 辦公室電話:	Mobile tel. no. 流動電話:
Contact person 聯絡人姓名:	Email 電郵:	
Occupation / business 職業 / 行業:		
Address of property insured 受保財物之地址:		

C. PROPERTY DETAILS 財物資料

Are you the sole owner of the property subject to this claim? YES 是
閣下是否是次索償財物之唯一物主? NO 否
If "No", please state in details.
如「否」，請提供資料。

Was there any other insurance covering this loss or damage at the time of occurrence? YES 是
是次損失或損毀發生時是否同時享有其他保險之保障? NO 否
If "Yes", please give details.
如「是」，請提供資料。

Name of insurer
保險公司名稱:

Policy no.
保單號碼:

Name & address of other interested part(ies) (e.g. finance company, lease company)
其他有關機構之名稱和地址 (例如: 財務公司、租借公司):

D. INCIDENT DETAILS 事件資料

Date & time of loss / damage 損失 / 損毀日期和時間:	Date 日期:	Time 時間:	am / pm 上午 / 下午
Detailed description of incident 事件之詳情:			
Did the same type of incident or similar incident happen before? <input type="checkbox"/> YES 是 是否曾經發生同類或相類似事件? <input type="checkbox"/> NO 否 If "Yes", please give details. 如「是」，請詳細列明。			
Was another person responsible for the loss or damage? <input type="checkbox"/> YES 是 是次損失或損毀是否有其他人須要負上責任? <input type="checkbox"/> NO 否 If "Yes", please give details. 如「是」，請提供資料。 Name 姓名: Address 地址:			

E. BURGLARY / THEFT / ROBBERY / MALICIOUS DAMAGE 爆竊、盜竊、搶劫或惡意破壞

Was / Were there any visible mark(s) of forcible entry and / or exit at the insured premises, safe and / or vault? YES 是
 投保處所、保險箱及 / 或保險庫是否有任何被人強行進入或離開之可見痕跡? NO 否

If "Yes" please describe these marks in details and provide with photos.
 如「是」，請詳細描述和提供照片。

Who discovered the incident?
 由誰人發現事件?

Relationship with the insured:
 發現事件者與保戶關係:

Date & time of incident and discovery of incident?
 發生及發現事件之日期和時間?

F. 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。

Name & address of the police station / other authority reported to
 報案警署或其他有關政府機構名稱和地址:

Report / reference no. 報案 / 檔案號碼:	Date of report 報案日期: / /
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Please attach the following document(s) with this claim form 請連同以下文件與此申請表一併遞交:

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

G. CLAIM DETAILS 索償資料

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

- Original photographs depicting the damaged item(s) 損毀項目原貌之照片
- Competitive quotation(s) of repair of the damaged item(s) 損毀項目之維修報價單
- Original purchase invoice(s) and payment receipt(s) of the lost or damaged item(s) 損失或損毀項目之發票正本和正式收據

Lost / Damaged items 損失 / 損毀項目

Description of article(s) 物件名稱			
Owner name & tel. no. 物主姓名及電話			
Name & address of vendor 出售物件商號名稱及地址			
Make & model 牌子及型號			
Date & price of purchase 購買日期及價錢			
Pre-accident market value 意外前之市值			
Extent of damage 損毀程度			
Estimated repair / replacement cost 估計維修 / 更換費用			
Claim amount 索償金額			
Total claim amount HK\$ 總索償金額港元			

(use separate sheet if space is not enough 若填報資料的位置不足，請填寫於附加紙上)

H. DECLARATION 聲明

I / We hereby declare that the foregoing particulars are true in all respects. I / we also understand and agree that the furnishing of this to me / us shall not constitute a waiver by QBE Hongkong & Shanghai Insurance Ltd. of any of the conditions under the policy.

本人 / 吾等謹此鄭重聲明上述各項資料全部屬實。同時，本人 / 吾等明白及同意向本人 / 吾等提供此表格並不構成昆士蘭聯保保險有限公司豁免保單內任何條件。

Signature of the insured
 保戶簽署:

H.K. I.D. no.
 香港身份證號碼:

Date
 日期: / /

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

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellations or renewal of such product or service; any claim or investigation or analysis of such claim; and exercising any right of subrogation, and may be transferred to 1) 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; 2) 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 3) any members of the Federation by the Federation for any of the above or related purposes. Moreover, we are hereby authorized 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 General Administration Officer, QBE Hongkong & Shanghai Insurance Limited, 17/F, Warwick House, West Wing, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 8488, Fax: 3607 0300)

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