



**QBE HONGKONG & SHANGHAI INSURANCE LIMITED**  
Claims Department: 1606-11, Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong  
Email: qbehksiclaims@qbe.com www.qbe.com.hk

**昆士蘭聯保保險有限公司**  
理賠部地址: 香港鰂魚涌英皇道979號太古坊德宏大廈16樓1606-11室  
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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.:
Email:

## 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? 閣下是否是次索償財物之唯一物主?	<input type="checkbox"/> YES 是 <input type="checkbox"/> 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? 是次損失或損毀發生時是否同時享有其他保險之保障?	<input type="checkbox"/> YES 是 <input type="checkbox"/> 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? 是否曾經發生同類或相類似事件?	<input type="checkbox"/> YES 是 <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? 是次損失或損毀是否有其他人須要負上責任?	<input type="checkbox"/> YES 是 <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： / /

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			
<b>Total claim amount HK\$</b> 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

QBE Hongkong & Shanghai Insurance Limited ("the Company") may use the personal data collected or held 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 Company may transfer your personal data, including but not limited to your name and contact details, to the following parties within or outside Hong Kong for the purposes set out above:

- 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.

By taking out an insurance policy with the Company, you hereby provide your express consent to the transfer of your personal data outside of Hong Kong. You also understand that your personal data may be transferred to a place that may not have data protection laws that are substantially similar to, or service the same purposes as the Personal Data (Privacy) Ordinance so as to ensure the protection of your personal information.

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 Hongkong & Shanghai Insurance Limited, 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 8488, Fax: 3607 0300).

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.

July 2015

昆士蘭聯保保險有限公司（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. 行使有關保單賦予的任何權利包括代位權，如適用；
7. 遵守及符合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、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同類組織（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。

閣下在本公司投保，代表明確表示同意閣下的個人資料可能會轉移至香港以外地區。同時，閣下亦明白閣下的個人資料可能會轉移至並未設有資料保障法例的地區，以致未能確保閣下的個人資料可以獲得與個人資料（私隱）條例類近或所提供的保障。

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。

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，可致函香港鰂魚涌英皇道 979 號太古坊濠豐大廈 33 樓（電話：2877 8488，傳真：3607 0300）向昆士蘭聯保保險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。〕

2015 年 7 月