



索赔申请书
Claim Form

- 一、 (1) 保户/索偿者姓名: _____ 联络电话: _____
 (a.)Name of Insured/Claimant: _____ Telephone No.: _____
 Office No.: _____
- (2) 保单号码
 (b.)Policy Number: _____
- 二、 (1) 意外或损失发生日期
 (a.)Date of accident or loss: _____
- (2) 此宗意外或损失之发生地点
 (b.)Where did loss or damage occur? _____

- 三、 (1) 意外发生时之详情
 (a.)Circumstances of loss or damage: _____

- 四、 (1) 曾否通知警方或消防部门? 若有, 请填上报案之警方名称及警方存案记录
 (a.)Have the police Authorities/Fire Service Department been informed?
 If yes, please give the Police Station name and record number.
 是 YES () /否 NO () _____
- (2) 是否其他保险保障该财物?若有,请详述有关之承保公司,保额及保单种类
 (b.)Are there any other insurance upon the same property? If yes, please give full particulars.
 是 YES () /否 NO () _____
- (3) 以前曾否遭遇同样性质的损失? 若有, 请详述之
 (c.)Has the claimant sustained other losses of the same nature? If yes, please give full particulars.
 是 YES () /否 NO () _____

五、损失或损坏详情

Details of loss damage.

损失或损坏详细情况 (请附上发票、估价单或付款收据) Full Description loss or damage(please attach any invoice, quotation or payment receipt)	购买或据有财物日期与财物原来价值 Date of purchase of acquisition and original cost.	要求赔偿数目 Amount claimed	附注 Remarks

Declaration

以下所列乃属真实并愿协助办理一切

I/We hereby declare the foregoing particulars to be true in every respect and

I/We undertake to give the Company all assistance in my/our power in dealing with the matter.

申请人签署： _____ 日期： _____