



Blue Cross 藍十字

Member of BSA Group

29/F, BEA Tower, Millennium City 5,
 418 Kwun Tong Road, Kowloon, Hong Kong
 Tel: (852) 3608 2888 Fax: (852) 3608 2938

CLAIM REPORT FORM

PROPERTY
BURGLARY-THEFT-ROBBERY

CLAIM NUMBER
(Office use)

POLICY NUMBER

INSURED : _____ CONTACT TEL NO _____

PRESENT ADDRESS : _____

CLAIM IS HEREBY PRESENTED TO _____

FOR \$ _____ LOSS, \$ _____ PROPERTY DAMAGE, TOTAL \$ _____ CAUSED BY _____

WHICH OCCURRED AT _____

ON _____, 20____, AT ABOUT _____, IN THE FOLLOWING MANNER : _____

FOR BURGLARY LOSSES ONLY

WERE THERE VISIBLE MARKS OF FORCIBLE ENTRY TO THE PREMISES ? _____ TO ANY SAFE OR VAULT INSURED ? _____

IF ANSWER IS "YES", DESCRIBE THESE MARKS IN DETAIL _____

POLICE REPORT

1. WHERE MADE _____ DATE _____

2. ANY POLICE ACTION TAKEN ? _____ REPORT REF NO. : _____

(N. B. PLEASE ATTACH COPY OF STATEMENT OF POLICE REPORT IF ANY)

FOR THEFT OR ROBBERY

NAMES AND ADDRESS OF CUSTODIAN, GUARDS, AND WITNESSES :

NAME	ADDRESS	CUSTODIAN, GUARD, OR WITNESS

THERE IS NO OTHER INSURANCE APPLICABLE TO THIS LOSS EXCEPT AS STATED HEREIN

NAME OF INSURANCE COMPANY	POLICY PERIOD	COVERAGE OR BOND FORM	AMOUNT OF INSURANCE
	FROM TO		
	FROM TO		
	FROM TO		

NO OTHER LOSS CAUSED BY THE PERILS COVERED UNDER THIS POLICY HAS BEEN SUFFERED DURING THE LAST FIVE YEARS EXCEPT AS FOLLOWS : (GIVE DATE OF PREVIOUS LOSSES AND, IF INSURED, NAME OF INSURING COMPANY)

SCHEDULE OF LOSS

DESCRIPTION OF ARTICLES	NAME AND ADDRESS OF OWNER	FROM WHOM ACQUIRED (NAME AND ADDRESS)	DATE ACQUIRED	ACTUAL COST	DEPRECIATION IN VALUE DUE TO OLD STYLE, USAGE, OR SHOP WEAR	AMOUNT CLAIMED

(PLEASE SUBSTANTIATE WITH COPY OF SALES INVOICE OR RECEIPT OR VALUATION CERTIFICATE)

DESCRIBE ANY DAMAGE TO PROPERTY CAUSED BY THIS OCCURRENCE : GIVE ESTIMATED COST OR REPAIRS OR QUOTATION FOR REPAIRS

AUTHORIZATION/DECLARATION

I/We hereby authorize any person, party and/or authority to furnish to Blue Cross (Asia-Pacific) Insurance Limited or its authorized representative, any and all information with respect to my/our loss. A photostat copy of this authorization shall be considered as effective and valid as original.

I/We declare to the best of my/our knowledge and belief that the above statements and particulars to be true and correct. I/We further understand and agree that if I/We have made or shall make any false statement or concealment, all rights to recovery under the Policy shall be forfeited.

I/We understand and agree that any personal information collected or held by the Company may be used, stored, disclosed and transferred (within or outside of Hong Kong) to such individuals/organizations associated with the Company or any selected third party for the purposes of processing this application and providing subsequent services for this, and promotion of financial products or services by the Company and its affiliated companies, and communicating with me/us for such purpose. I/We have the right to obtain access to and to request correction of any personal information held by the Company. Such request could be made to the Company's Corporate Data Protection Officer at 29/F., BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong.

DATE AT _____

SIGNATURE OF INSURED