



Property Damage and Loss Claim Form

財物損失索償申請表

This form must be completed truthfully and accurately. If the space is not enough or no applicable field available, please supplement information by attachment.

請正確填寫此申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary.

The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

各部份之「所需文件」只是概括要求，本公司保留權利在有需要時要求閣下提供更多文件以處理有關的索償申請。如所遞交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請有可能會受延誤或被拒絕。

General documents required 所需文件：

- Incident report or letter issued by the relevant authorities 有關機構所發出的事件報告或證明信確認有關事件發生的經過
- Original purchase receipts of the damaged item(s) 證明損失或損毀財物價值的相關文件或單據正本
- An estimate of repair quotation, if the damaged property can be repaired 若損毀財物能被修復，請出示修理報價單的正本
- A replacement quotation, if the damaged property needs to be replaced 若損毀財物需要被更換，請出示購買單據及取代品報價單的正本
- Police Report (Only for loss caused by theft, burglary or robbery) 如遇盜竊、爆竊、或搶劫，請提供有關的警方報告
- Photos showing the loss or damage 損毀財物的相片

Section I - General Information 第一部份 一般資料

Policy/certificate no. 保單號碼：	Name of Insured 被保險人：	Name of contact person 聯絡人姓名：
Contact person's E-mail address 聯絡人電郵地址：	Telephone no. (Office) 電話號碼(辦公室)：	Telephone no. (Mobile) 電話號碼(手提電話)：
Mailing address of Insured 被保險人聯絡地址：		
Name of agent/broker 經紀人姓名：	Agent / broker's email address 經紀人電郵地址：	Agent / broker's telephone no.(Mobile) 經紀人電話號碼(手提電話)：
Please provide full details of all claims made against any insurance company in the past 5 years, if any. 於過去五年內，閣下有否向任何保險公司申請索償？如有，請詳細說明。		
Do you have any other insurance policies covering the loss incurred? 是次索償項目是否有其他保險單承保？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	If yes, please provide the following information: 如是，請提供以下資料： Name of the insurance company 保險公司名稱 Policy No 保單號碼 Policy Type 保險類別 Sum Insured (Please indicate the currency) 保額 (請註明貨幣)	
Has the said insurance company rejected your claim? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 該保險公司有否拒絕閣下的索償申請？ If yes, please state the reason(s) 如有，請註明原因 If no, please state the amount payable/paid by the said insurance company (please provide the payment details) 如沒有，請註明該保險公司賠償的金額 (請提供賠償明細)		

Section II - Description of Incident 第二部份 事件發生詳情

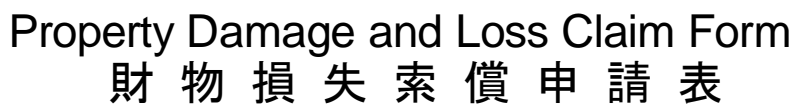
Date of loss 損失發生日期： DD MM YYYY 日 月 年	Time of loss 時間： <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M. 上午 / 下午	Place of loss 地點：
Full description of the incident 事件發生的詳述經過：		



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Contact details (including name, address & telephone no.) of witness(es) or person(s) who discovered the loss 發現此事者或證人的聯絡資料 (包括姓名、聯絡地址及電話號碼) :		
Name & address of the police / fire station where the loss was reported to, if applicable 報案警署/消防局名稱及地址 (如適用) :		
Date of report 報案日期 :	Time of report 報案時間 :	Report no. 案件編號 :
DD 日	MM 月	YYYY 年
	A.M./P.M. 上午 / 下午	



Description of damaged property 受損財物詳細資料	The owner's name and address 物主姓名及地址	Date, vendor and address of purchase 購買日期、商號及地址	Purchase price (Please provide original receipts) 購買金額（請附上單據正本）	Claim amount (Please indicate the currency) 索償金額（請註明貨幣）
Total Claim Amount 總索償額				



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Section IV - Declaration and Authorization 第四部份 聲明及授權

I/WE HEREBY DECLARE that to the best of my/our knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. I/We agree that any of my/our/the insured's personal information collected or held by Taishan Insurance Brokers Ltd. ("the Company"), (whether contained in this claim form or otherwise obtained) is provided and may be held, used and disclosed by the Company to individuals/organization associated with the Company or any selected third party (within or outside Hong Kong, including reinsurance and claim investigation companies and industry associations/ federations and other service provider providing services relevant to insurance business) for the purpose of processing this claim. I/We understand that the furnishing of this notification form is not an admission of liability on the part of the Company.

I/We hereby irrevocably authorize:

- Any individual or entity holding any records including any statements taken or knowledge of me/us which is/are relevant to the settling of this claim and/or the insurer's right of recovery thereunder to furnish such records or knowledge to the Company or its authorized representatives. A photocopy of this authorization shall be considered as effective and valid as the original; and
- The police that has any of my/our informatin to provide the Company with the information including but not limited to the police reports, witness statements, investigation and/or prosecution results.

This authorization shall bind the Claimant(s)' successors and assigns and remain valid notwithstanding the Claimant(s)' death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.

本人/我們謹此聲明上述所申報的一切資料均屬正確無誤，並無任何保留。本人/我們同意如為處理有關本索償事宜，泰山保險顧問有限公司（下稱「貴公司」），可使用所收集及持有關於本人/我們/受保人的個人資料（包括在此索償申請表內或其他地方之資料）或將該等資料給予有關承保公司、人士或機構（包括在香港境內或境外之再保公司、賠償調查公司、保險業協會/聯會及其他提供保險業有關服務之公司等）。本人/我們明白呈遞此表格並不代表貴公司承認任何責任。

索償申請人茲授權：

甲. 持有本人/我們的任何記錄或資料之人士或團體，向貴公司或其授權代表，提供與本索償事宜或與保險公司的追償權有關之記錄或資料。此授權信之影印本將與正本具有同等效力；及乙. 警方向貴公司透露有關索償申請人之任何資料包括，但並不限於警察報告、證人口供、調查及審訊結果；

此授權書不得撤回，在法律許可下，即使索償申請人死亡或喪失能力，此授權書仍然存有法律效力，而索償申請人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。

Name of Claimant 索償申請人姓名：	Signature of Claimant 索償申請人簽署：		
ID card no./passport no. 身份證/護照號碼：	Date 日期：		
Name of Insured 被保險人名稱：	DD 日	MM 月	YYYY 年
Date 日期：	Signature of Insured with company chop 保戶簽署及蓋章：		
DD 日	MM 月	YYYY 年	