



MSIG Insurance (Hong Kong) Limited
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www.msig.com.hk

Property Claim Form 物業索償表格

(Please complete in BLOCK letters)	(請以正楷填寫)
Procedures and Notes: 1. Please submit the Claim Form to us within 30 days from the date of accident/ discovery. 2. Please submit a completed Claim Form, together with original copies of all relevant documents to: MSIG Insurance (Hong Kong) Limited Claims Division 9/ F Cityplaza One 1111 King's Road Taikoo Shing Hong Kong 3. Incomplete Claim Form cannot be accepted for processing of payment. 4. Further information may be needed. 5. It is important that a complete answer be given to every question. If insufficient space is provided for your answers, please continue on a separate sheet. 6. For inquiry, please call our Claims Services Hotline at 2894 0660 or email at claimin@hk.msig-asia.com or fax at 2902 9109.	程序及備註: 1. 請將索償表格於事發／發現後 30 天內呈交本公司。 2. 請將填妥之索償表格連同有關證明文件之正本寄回： 三井住友海上火災保險（香港）有限公司 理賠部 香港太古城 英皇道 1111 號 太古城中心一期 9 樓 3. 未經填妥之索償表格，將不獲接受索償處理。 4. 稍後可能需要提供進一步資料。 5. 請回答所有問題，若需要，請另附紙張繼續填寫。 6. 如有任何查詢，請致電我們的賠償服務熱線 2894 0660 或電郵 claimin@hk.msig-asia.com 或傳真至 2902 9109。

Insured Person's or Policyholder's Information 受保人或保單持有人資料			
Name of Insured Person 受保人姓名		Policy No. 保單號碼	
Correspondence Address 通訊地址			
Contact Person 聯絡人		Daytime Contact No. 日間聯絡電話號碼	
Email Address 電郵			
Additional information if the claimant is not the Insured Person: 如索償人並非受保人，請提供以下資料：			
Name of claimant 索償人姓名		Daytime Contact No. 日間聯絡電話	
Relationship with the Insured Person # 與受保人之關係 #		Email Address 電郵	
# Please provide document for proof of relationship. E.g. Copy of Marriage Certificate or Birth Certificate etc. # 請提供關係證明文件。例如：結婚證書、出生證書等			

If we need to contact you in written, which method would you prefer most? ☐ Mail 郵件 ☐ Email 電子郵件
如本公司需要以書面聯絡書面閣下，您認為那一種聯絡方式比較適合？

Claim Settlement Method 賠償方法				
To quicken our settlement for any valid claim, please provide your banking details if you prefer direct credit. We must stress that this request should not be treated as an admission of our liability whatsoever means by law. Finally, we hereby reserve all rights for assessing your claim subject to terms, conditions and exclusions of the related policy. 在成功審批賠償後，本公司可以將賠款直接過戶。如閣下選擇此項服務，敬請提供銀行名稱和存款戶口號碼。本公司特此聲明，此項要求並不代表閣下之索償現正獲成功審批。有關決定，本公司在收齊證明文件後，將根據保單一切條款才作最後審批，敬請留意。				
For claim payment (if any) direct credit to Policyholder/ Insured Person's bank account, please complete all of the following: 本公司將賠償款項(如有)直接存入保單持有人／受保人之戶口，請填寫以下資料：				
Account Holder's Name 戶口持有人姓名 (Must be the same as the Policyholder/ Insured Person 必須與保單持有人／受保人相同)				
Bank Name 銀行名稱		Bank Code 銀行編號	Branch No. 分行號碼	Bank A/C No. 銀行帳戶號碼

Please put a ✓ in the appropriate box of your claim below, please list item & indicate the amount of your claim in details.

請在格內用✓選擇索償之項目及詳細列出索償之內容及數目。

(If there is insufficient space on the claim form, please specify the details on a separate sheet clearly and indicate which section the information relates to.

如空位不足，請另附紙張填寫，並列明所述的項目名稱。)

Circumstances of Loss or Damage 有關遺失或損毀詳情	
Date and time of loss or damage 遺失或損毀日期及時間	
Place where the event occurred 事發地點	
When and by whom discovered 何時及由誰人發現	
If known, state name and address of person causing the loss or damage 若知道由誰人引致是項遺失或損毀，請列明其姓名及地址	
Nature of loss or damage 遺失或損毀性質	
State fully what happened including the cause of loss or damage 請列明有關詳情，包括遺失或損毀原因 _____ _____	
To facilitate consideration of your claim, please ensure you have submitted the required basic supporting documents: 請確定閣下於呈交索償表時，一併提交索償所需的基本證明文件，以便本公司辦理閣下的索償事宜：	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Documents Attached 附加文件</p> <p>For the damage to insured property claim : 適用於一般損毀索償：</p> <p><input type="checkbox"/> Repair quotation for the damage with repairer's confirmation on the cause of the damage 由維修商詳列損毀原因之修理費用估價單</p> <p><input type="checkbox"/> Repair invoice for the damage 修理費用之發票</p> <p><input type="checkbox"/> Photographs showing the extent of damage 可引證有關損毀程度的照片</p> </div> <div style="width: 48%;"> <p>For the loss of insured property : 適用於一般遺失財物索償：</p> <p><input type="checkbox"/> Replacement quotation for loss of any insured property 重置物品之估價單</p> <p><input type="checkbox"/> Replacement invoice for loss of any insured property 重置物品之發票</p> <p><input type="checkbox"/> Original police memo 警署報案備忘正本</p> <p><input type="checkbox"/> A copy of police statement 警署報案記錄副本</p> </div> </div>	

Police Report 報案記錄	
Were particulars taken by or reported to the police? 有否通知警方? <input type="checkbox"/> YES 是 / <input type="checkbox"/> NO 沒有	
If YES, 若有	
(a) give name of Police Station 請註明警署名稱 _____	
(b) attach a copy of their report 及附上有關證明 _____	
(c) Police Report No. 警署檔案編號 _____	
N.B. Police must be informed immediately if the property has been lost, stolen or maliciously damaged. 備註：若財物遺失、被竊或遭人為破壞，請立刻報警。	

Details of Property Lost or Damage 遺失或損毀項目詳情			
Describe the Property Lost or Damaged and the Extent of the Damage 請列明有關遺失或損毀程度	Date Acquired 購買日期	Purchase Cost 購買金額	Claim Amount 索償金額

Do you own the property? 該財物是否屬於索償人？	□ YES 是 / □ NO 否
If NO, give name and address of the owner 若不是，請提供物主姓名及地址 _____	
Is the property subject to a hire purchase or loan agreement? 該財物是否以分期付款或貸款合約下購入？	□ YES 是 / □ NO 否
If YES, give name of the finance or lending company, address and agreement number 若是，請提供有關財務或貸款公司名稱、地址及合約號碼 _____	
Was the property on loan or hire to another party? 該財物曾否按揭或租用給其他人仕？	□ YES 是 / □ NO 否
If YES, give name of the party and extent of interest 若是，請提供有關人仕名稱及地址 _____	
Are you responsible by agreement for the property? 有否因合約而須承擔該財物之責任？	□ YES 有 / □ NO 沒有
If YES, please forward a copy of the agreement 若有，請提供該合約副本以茲證明	

General Question 一般事項

Is there any other insurance on the property?
該財物有否受保於其他保單之內？ □ YES 有 / □ NO 沒有

If YES, give details (including name of Insurance Company and Policy Number)
若有，請提供有關保險資料（如保險公司名稱及保單號碼等） _____

Have you ever made a claim of this nature on any insurer or underwriter?
曾否因該財物向任何保險公司或承保人索償？ □ YES 有 / □ NO 沒有

If YES, give details
若有，請提供有關保險資料 _____

Additional questions if the premises are occupied for residential purpose

如果受保物業用作住宅，請提供以下資料

Remark: Please skip questions A to G if you are only applying claim for loss or damage item(s) outside the premises

註：如閣下只申請於家居以外遺失或損毀物品之索償，則不需要回答問題 A 至 G

A. Are you the owner of the insured premises? □ YES 是 / □ NO 否
閣下是否該受保物業的業主？

B. Are you the occupier of the Insured premises? □ YES 是 / □ NO 否
閣下是否居住於該受保物業？

C. Were the premises occupied at the time of the loss? □ YES 是 / □ NO 否
在事發時，住宅是否有人居住？

If NO, give date and time they were last occupied? _____
若沒有，請提供最後有人居住的日期及時間？

D. Age of the building? _____
該受保物業的樓齡？

Additional questions if you have decorated and/ or renovated the premises: 如閣下曾裝修受保住宅，請提供以下資料：
Please provide a copy of the decoration and/ or renovation invoice. 請提供該裝修單據。

E. When was it decorated and/or renovated?
在何時裝修？ _____

F. Which part(s) was/ were decorated and/ or renovated: Wall □ Ceiling □ Kitchen □ Bath room □ Floor -Floor replacement 更換 □
曾作裝修的位置： 牆 天花 廚房 浴室 地板 -Floor polishing 打蠟 □

G. Others _____ (please specify)
其他 (請註明)

Declaration & Authorisation 聲明及授權

1. I/ We declare that the above information is in all respect true and complete to the best of my/ our knowledge and belief;
本人（等）就此聲明，以上所述事項均根據本人（等）所知及所信的情況下提供，並且為正確及並無遺漏；
2. It is agreed that upon request by MSIG Insurance (Hong Kong) Limited. I/We shall make a statutory declaration to re-affirm the genuineness of all the information contained in this claim form; and
若三井住友海上火災保險（香港）有限公司提出有關要求，本人（等）將同意作出重申本索償申請表內資料均屬真確的法定聲明；及
3. I, the undersigned claimant, hereby authorise any party concerned to disclose to MSIG Insurance (Hong Kong) Limited or its representative any and all information with respect to my claimed loss/ damage a photostat copy of this authorisation shall be as effective and valid as the original.
本人為下方簽署之索償人。本人現授權有關人士向三井住友海上火災保險（香港）有限公司或其代表提供任何一切有關本人於上述索償項目中申報的財物損失的資料記錄。本授權書之影印本的法律效力等同正本。
4. I believe that the facts stated in this claim form are true and correct. I acknowledge that the Insurers will rely upon the information supplied by me/ the policyholder/ the insured person, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory/ the policyholders/ insured person under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.
本人確認此索償申請書內之事實均為真實及正確。本人確認貴保險公司會依靠本人／保單持有人／受保人所提供的資料（本人誠實地相信該等資料是真實和正確的），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人／保單持有人／受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。

Signature of Insured Person 受保人簽署
(with company chop if applicable 如屬公司請蓋章)
HKID No. 香港身份證號碼
Date 日期

Signature of Claimant 索償人簽署
(with company chop if applicable 如屬公司請蓋章)
HKID No. 香港身份證號碼
Date 日期

*** IMPORTANT** — Please forward to us all correspondence directly relating to the third party claim and do not admit any liability to third party

*** 重要事項** — 如收到第三者的索償，請勿私下作出回覆。閣下必須將該等信件交予本公司。

PRIVACY POLICY

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at www.msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you **MUST** provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; and
- complying with applicable laws, regulations or any industry codes or guidelines.

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address. We cannot use your personal data for voluntary purposes without your consent.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you ☐ should tick the box on the right and provide us with the following information. You may also notify us by sending an email to 'dpo@hk.msigg-asia.com'. In your notification, you must supply the same required information as listed below.

To enable us to process your opt-out request, please provide us below information.	
Full Name:	
Contact Number:	
HKID Number:	<i>(for identification purpose)</i>
Policy / Certificate / Acknowledgement Number <i>(if you have one)</i> :	
NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.	

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Claims Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.

私隱政策

三井住友海上火災保險（香港）有限公司（下稱「**三井住友保險**」、「**我們**」或「**本公司**」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁 www.msig.com.hk 下載。您應定期查閱此範本所修改的內容。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「**保單**」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於**強制性**或**自願性用途**。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性之用途**：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；
- 就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；及
- 遵循適用法律，條例及業內守則及指引。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。未獲您同意之前我們並不能使用您的個人資料用作自願性用途。

如您不欲三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並必須提供



如下的資料。您亦可選擇以電郵方式將您的要求連同所需的個人資料（詳情如下）電郵至“dpo@hk.msig-asia.com”。

為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料。

姓名：

聯絡電話：

香港身份證號碼：

（作識別之用）

保單號碼 / 證書編號 / 確認編號（如適用）：

附註：此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險公司聯會）及其會員；
- 保險索償投訴局及同類的保險業機構；
- 法例要求或許可的政府機關。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道 1111 號太古城中心第一期 9 樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電（852）3122 6922 與我們聯絡。



MSIG Insurance (Hong Kong) Limited
9/F., Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong
G.P.O. Box 783, Hong Kong
Tel +852 2894 0555, Fax +852 2890 5741
www.msig.com.hk

Public Liability Claim Form 公共責任意外索償表格

(Please complete in BLOCK letters)

(請以正楷填寫)

Procedures and Notes:

1. Please submit the Claim Form to us within 30 days from the date of accident.
2. Please submit a completed Claim Form, together with original copies of all relevant documents to:

MSIG Insurance (Hong Kong) Limited
Claims Division
9/ F Cityplaza One
1111 King's Road
Taikoo Shing Hong Kong

程序及備註：

1. 請將索償表格於事發 30 天內呈交本公司。
2. 請將填妥之索償表格連同有關證明文件之正本寄回：

三井住友海上火災保險（香港）有限公司
理賠部
香港太古城
英皇道 1111 號
太古城中心一期 9 樓

3. Incomplete Claim Form cannot be accepted for processing of payment.
4. Further information may be needed.
5. It is important that a complete answer be given to every question. If insufficient space is provided for your answers, please continue on a separate sheet.
6. For inquiry, please call our Claims Services Hotline at 2894 0660 or email at claimin@hk.msig-asia.com or fax at 2902 9134.

3. 未經填妥之索償表格，將不獲接受索償處理。
4. 稍後可能需要提供進一步資料。
5. 請回答所有問題，若需要，請另附紙張繼續填寫。
6. 如有任何查詢，請致電我們的賠償服務熱線 2894 0660 或電郵 claimin@hk.msig-asia.com 或傳真至 2902 9134。

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY. PLEASE COMPLETE AND RETURN THIS FORM TO OUR CLAIMS DIVISION IMMEDIATELY AFTER THE OCCURRENCE IN THE EVENT OF ANY CLAIM OR POTENTIAL CLAIM UNDER THE POLICY.

提供此報告書予閣下不應被視為本公司的賠償承諾。於事故發生後，如已確實發生或可能發生索償事件，閣下必須填妥此報告書內有關項目並立即交回本公司理賠部。

Insured Person's or Policyholder's Information 受保人或保單持有人資料

Name of Insured Person/ Policyholder 受保人／保單持有人姓名		Policy No. 保單號碼	
Correspondence Address 通訊地址			
Contact Person 聯絡人姓名		Daytime Contact No. 日間聯絡電話號碼	
Email Address 電郵地址			

Circumstances of Accident 有關意外事故詳情

Date and time of accident 發生事故之日期及時間
Exact place of accident 發生事故之地點
1. When and by whom was it first notified to you? 事件在何時及由何人報告？
2. Detail of description of incident and cause of incident: 事件發生之詳情及引致事件之原因：

<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
3. A copy of the Incident Report, if there is any 如閣下備有事故報告，請提供副本
4. Has any precautionary measure been taken at the time of incident? If "Yes", please give details 在事故發生時，是否已作出任何安全措施？如果「是」，請提供詳情
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
5. Following the incident, has any remedy work been taken? If "Yes", please give details 在事故發生後，是否已作出任何應變措施？如果「是」，請提供詳情
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
6. Name(s), Address(es), and Telephone No(s). of witness(es) of incident, if any 目擊證人之姓名、地址及電話號碼（如有）
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
7. Was the incident reported to the police? If so, at which station. 事件有否報案及在何處報警？
8. Please state your own view on liability 請說明閣下對是次事故就責任問題上的意見
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>

Particulars of Main Contractor or Contractor 總承建商或承建商資料			
Is there any work by contract undertaken at the time of incident? 在事故發生時，有否以合約形式的工作進行中？	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 有	if "Yes", please give details as below: 如「有」，提供詳情如下：
Name 名稱 _____	Trade 行業 _____	Contact Tel. No. 聯絡電話 _____	
Address 地址 _____			
Is the main contractor or contractor entitled to claim under their respective insurance policy in respect of this incident? 總承建商／承建商是否就是次事故向其保險公司索償？	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是	if "Yes", please give details as below: 如「是」，提供詳情如下：

Name of insurance company

保險公司名稱

Policy No.

保單號碼

Is there any contractual agreement made with the Main Contractor/ Contractor?

是否已與總承建商／承建商定立任何合約上的協議？

☐ No

否

☐ Yes

是

If "Yes", who shall be responsible for the insurance coverage against liability for third parties?

如「是」，根據協議書由誰負責投購第三者保險？

Third Parties 第三者資料

Complete this Section if the property was damaged or a person (not your employee) was injured.

假若意外中有財物受損或有人（閣下的僱員除外）受傷，請填妥此部份。

A. Injured Party 傷者資料

Name 姓名	Gender (M/ F) 性別 (男／女)	Age 年齡	Nature & Extent of Injury 受傷部位及程度	Contact Telephone Number &/ or Address 聯絡電話及／或地址

Was the injured person sent to hospital?

傷者有否被送院？

Relationship between you and the injured?

閣下與傷者之關係？

B. Damaged Property (not belonging to Insured Person)

財物損毀資料 (受保人財物除外)

1. Who is the owner of the property?

受損財物屬誰？

2. The owner's address?

物主地址？

3. What kind of property involved?

甚麼財物受損？

4. What is the nature & extent of damage?

損毀程度？

5. The estimated cost of repair, if known?

修理費約為？

HK\$

港幣

Additional questions if the premises are occupied for residential purpose:

如果受保物業用作住宅，請提供以下資料：

Are you the owner of the Insured premises?

閣下是否該受保物業的業主？

☐ Yes
是 ☐ No
否

Are you the occupier of the Insured premises?

閣下是否居住於該受保物業？

☐ Yes
是 ☐ No
否

Were the premises occupied at the time of the loss?

在事發時，住宅是否有人居住？

☐ Yes
是 ☐ No
否

If No, please give date and time they were last occupied.

若沒有，請提供最後有人居住的日期及時間。

Age of the building?

該受保物業的樓齡？

Additional questions if you have decorated and/ or renovated the premises:

如閣下曾裝修受保住宅，請提供以下資料：

When was it decorated and/ or renovated?

在何時裝修？

Which part(s) was/ were decorated and/ or renovated (please specify):

曾作裝修的位置（請註明）：

*** IMPORTANT — Please forward to us all correspondence directly relating to the third party claim and do not admit any liability to third party**

*** 重要事項 — 如收到第三者的索償，請勿私下作出回覆。閣下必須將該等信件交予本公司。**

Declaration & Authorisation 聲明及授權

1. I/ We declare that the above information is in all respect true and complete to the best of my/ our knowledge and belief;
本人（等）就此聲明，以上所述事項均根據本人（等）所知及所信的情況下提供，並且為正確及並無遺漏；
2. It is agreed that upon request by MSIG Insurance (Hong Kong) Limited. I/ We shall make a statutory declaration to re-affirm the genuineness of all the information contained in this claim form; and
若三井住友海上火災保險（香港）有限公司提出有關要求，本人（等）將同意作出重申本索償申請表內資料均屬真確的法定聲明；及
3. I, the undersigned claimant, hereby authorise any party concerned to disclose to MSIG Insurance (Hong Kong) Limited or its representative any and all information with respect to my claim. Photostat copy of this authorisation shall be as effective and valid as the original.
本人為下方簽署之索償人。本人現授權有關人士向三井住友海上火災保險（香港）有限公司或其代表提供任何一切有關本人於上述索償中的資料記錄。本授權書之影印本的法律效力等同正本。
4. I believe that the facts stated in this claim form are true and correct. I acknowledge that the Insurers will rely upon the information supplied by me/ the policyholder/ the insured person, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory/ the policyholders/ insured person under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.
本人確認此索償申請書內之事實均為真實及正確。本人確認貴保險公司會依靠本人／保單持有人／受保人所提供的資料（本人誠實地相信該等資料是真實和正確的），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人／保單持有人／受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。

Signature of Insured Person (with company chop if applicable)

受保人簽署（如屬公司請蓋章）

HKID No. 香港身份證號碼

Date 日期

PRIVACY POLICY

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at www.msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you **MUST** provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; and
- complying with applicable laws, regulations or any industry codes or guidelines.

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address. We cannot use your personal data for voluntary purposes without your consent.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you ☐ should tick the box on the right and provide us with the following information. You may also notify us by sending an email to 'dpo@hk.msig-asia.com'. In your notification, you must supply the same required information as listed below.

To enable us to process your opt-out request, please provide us below information.	
Full Name:	
Contact Number:	
HKID Number:	(for identification purpose)
Policy / Certificate / Acknowledgement Number (if you have one):	
NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.	

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Claims Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.

私隱政策

三井住友海上火災保險（香港）有限公司（下稱「**三井住友保險**」、「**我們**」或「**本公司**」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁 www.msig.com.hk 下載。您應定期查閱此範本所修改的內容。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「**保單**」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於**強制性**或**自願性用途**。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性之用途**：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；
- 就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；及
- 遵循適用法律，條例及業內守則及指引。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。未獲您同意之前我們並不能使用您的個人資料用作自願性用途。

如您不欲三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並必須提供



如下的資料。您亦可選擇以電郵方式將您的要求連同所需的個人資料（詳情如下）電郵至“dpo@hk.msig-asia.com”。

為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料。

姓名：

聯絡電話：

香港身份證號碼：

（作識別之用）

保單號碼 / 證書編號 / 確認編號（如適用）：

附註：此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險公司聯會）及其會員；
- 保險索償投訴局及同類的保險業機構；
- 法例要求或許可的政府機關。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

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如您對此個人資料收集聲明有任何疑問或須協助，請致電（852）3122 6922 與我們聯絡。