

## Home Insurance Claim Form 家居保險索償書

(Please fill in this claim form in Block Letter 請用正楷填寫)

### I. Personal Information 個人資料

Name (Mr./Mrs./Ms.): 姓名(先生/太太/女士): .....	Policy No.: 保單號碼: .....
Correspondence Address: 通訊地址: .....	E-mail Address 電郵地址: .....
Telephone No.: (Day) ..... (Night) .....	Fax No.: 傳真號碼: .....
電話號碼: (日) ..... (夜) .....	

### II. Description of Accident and Damage/Loss 意外詳情及損壞情況

(If accident is severe, please contact us immediately via tel. 2207 2063 如遇上嚴重意外，請即致電本公司：2207 2063)

Date 日期 .....	Time 時間 .....	Location 地點 .....
Who discovered accident 由誰發現 .....	Witness 證人 .....	
Details of Accident and Cause(s) 意外的詳情/成因 .....		
Total Claimed Amount (HKD) 索償總數(港幣) .....		

### III. Particulars of Damaged / Lost Properties 財物損失索償細節

(Please attach separate sheets if needed 如空位不足，請另附紙張)

Note: Please attach the relevant invoices, receipts, repair quotations, photographs, if possible.

請注意: 請儘量附上有關之發票、收據、維修報價單及相片以加快賠償批核

Items 物件	Owner 物主	Date of Purchase 購買日期	Purchase Price (HKD) 購買時價值(港幣)	Claimed Amount 索償金額/維修費(港幣)	✓ if documents attached 如附上相關文件，請✓
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

### IV. Particulars of the Injured if there is casualty in the accident 如意外涉及受傷，請提供傷者資料

Note: Please attach original medical receipts 請注意: 請儘量附上有關之門診收據及住院收據正本以加快賠償批核

Name of Injured 傷者姓名	Details of Injury 受傷情況

**V. Other Information 其他資料**

Have you sustained a loss of this nature before? 閣下以前是否有遭受同類損失?

No 否  Yes/Details 是/請詳述 .....

Is the property for which you are claiming insured elsewhere? 索償之物品是否有其他保險公司承保?

No 否  Yes/Details 是/請詳述 .....

Does any other person/ party has interest in the property such as owner, mortgagee or trustee? 是否有其他人對索償之物品、費用有權益?

No 否  Yes/Details 是/請詳述 .....

Have you reported this accident to the Police? 閣下是否有向警方報告此次意外事件?

No 否  Yes/Details: 是/請詳述:

Date 日期 ..... Time 時間 ..... Name of Police Station 警署名稱 .....

Informant 報案人姓名 ..... Police Report No. 警方報告號碼 .....

(If a statement has been made by you, your family or your employee, please attach a copy of the statement)

(如閣下/閣下的家庭成員/家庭傭工曾錄取口供請附副本)

**(For Theft, Burglary Only 只適用於失竊/爆竊)**

Is there any sign of forcible entry into or out of the premises? 居所是否有留下任何匪徒強行進入/出痕跡?  No 否  Yes 是

How did the culprit(s) enter into the premises? 匪徒如何進入/出該寓所?

.....

Were the premises unoccupied at the time of theft? 行竊發生時該寓所是否空置?

No 否  Yes/ Please state the period of unoccupancy 是/請說明從何時開始至那時 .....

**Declaration 聲明**

- I/We declare that to the best of my/our knowledge and belief the foregoing answers are true. 本人/余等謹聲明上列各細節均屬無訛。
- I/We hereby declare and agree that any personal information in this claim form or otherwise obtained is provided by me/us and may be held, used and disclosed to enable Paofoong Insurance Company (Hong Kong) Limited ("the Company") to carry on insurance & financial services business; and may be transferred to any individuals, related companies, any other organizations, any independent third party and other service providers for the purpose of (i) processing this application and providing subsequent services for this or other products and services, and/or (ii) direct marketing, and/or (iii) data matching, and/or (iv) communication with me/us for such purposes. 本人/余等同意一切由寶豐保險(香港)有限公司「貴公司」在本索償申請書或以其他方式獲取而所收集或持有本人/余等的個人資料均由本人/余等提供,並可由「貴公司」持有、使用及披露作其保險及金融服務業務上所需,並可能轉予任何個人、與「貴公司」關連公司、其他的組織、其他獨立第三者及其他服務提供者(i)能夠處理本人/余等此項申請及提供與此項申請或其他產品有關之服務,(ii)用作直銷,(iii)用作資料配合,並(iv)就任何事宜與本人/余等聯絡,直至本人/余等作出書面指示為止。
- I/We understand that I/we have the right to obtain access and request correction of any personal information concerning myself/ourselves held by the Company. Request for such access can be made to the Data Protection Officer of the Company. 本人/余等明白本人/余等有權查閱及要求更正由「貴公司」持有有關本人/余等的個人資料,如有此項要求,可向「貴公司」的資料保護主任提出。

Date 日期 \_\_\_\_\_

Signature of Claimant 索償人簽署 \_\_\_\_\_

HKID Card No. 身份証號碼 \_\_\_\_\_

Insurer : Paofoong Insurance Company (Hong Kong) Limited  
A subsidiary of Shanghai Commercial Bank Ltd.  
承保公司 : 寶豐保險(香港)有限公司  
上海商業銀行附屬公司

(If you appoint us to obtain the police statement, please complete and return this form. The process will take four to six weeks)  
(閣下亦可選擇由本公司向警方索取口供副本，請填寫及寄回此授權書。索取口供程序將需四至六星期完成)

**LETTER OF AUTHORIZATION**  
**索取口供紙授權書**

Your Ref.:

Our Ref.:

Dear Sirs,

敬啟者:

Date of Incident :

遇事日期

Location of Incident :

遇事地點

Nature of Incident :

事件:

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I/We \_\_\_\_\_, holder of HKID Card No. \_\_\_\_\_ hereby authorize Paofong Insurance Company (Hong Kong) Limited to obtain a copy of the statement/report I/We made to you following the captioned incident.

本人 \_\_\_\_\_，香港身份証號碼為 \_\_\_\_\_，  
現授權寶豐保險(香港)有限公司向 貴警署索取有關之口供/報告一份。

\_\_\_\_\_  
Informant's Signature  
報案人簽署

\_\_\_\_\_  
Date  
日期

\_\_\_\_\_  
Name (Block Letter)  
姓名 (正楷)