

# Property / Home Claim Form 物業 / 家居索償表格

**Important Information 注意事項:**

- This form must be completed truthfully and accurately. If the space is not enough or no applicable field is 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 any additional information / documentation from you, as necessary.  
 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台端提供更多文件以處理有關的索償申請。
- The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.  
 如所遞交的索償申請表未填妥或有關資料或文件不足，台端的索償申請有可能會受到延誤或被拒絕。

**Part I – General Information 第一部份 – 一般資料**

**Personal Particulars 個人資料**

Name of Policyholder 保單持有人名稱: (Eng) (中文)	
Name of Insured Person 受保人姓名: (Eng) (中文)	
HKID Card No. of Insured Person 受保人香港身份證號碼:	Policy No. 保單號碼:
Date of Birth 出生日期:	Gender 性別: <input type="checkbox"/> M 男 / <input type="checkbox"/> F 女
Name of Claimant 索償人姓名: (if the Claimant is not the Insured Person 如索償人不是受保人) (Eng) (中文)	Relationship with the Insured Person 與受保人關係:
Correspondence Address 通訊地址:	
Email Address 電郵地址:	Mobile Phone No. 手提電話號碼:

**Local Bank Account Details 本地銀行賬戶資料**

Account Holder's Name 賬戶持有人姓名:	Bank Code 銀行號碼:      Branch Code 分行號碼: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Account Number 賬戶號碼: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Part II – Any Other Insurance 第二部份 – 其他保險**

Do you have other insurance covering this loss? If yes, please state: 台端有否其他保單保障是次損失? 如有, 請提供:

Name of Insurance Company 保險公司名稱

Policy No. 保單編號

**Part III – Details of Damaged or Lost Property 第三部份 – 物業 / 財物損毀或損失詳情**

1. Date and time of the incident 事件發生日期及時間:

2. Location of the incident occurred 事件發生地點:

3. Detailed description of the occurrence of the incident 詳述事件發生的經過:

4. (a) Was the lost reported to the police? If yes, please provide the name, contact information and case reference no. of the police station.  
上述損失有否通知警方? 如有, 請列明所辦理之警署報案編號

4. (b) Please provide the below information 請提供以下資料:

Description of damaged / lost items 損毀 / 損失之物件詳情	Date of purchase 購買日期	Place of purchase 購買地方	Claim amount 索償金額 (Please indicate currency 請註明貨幣)

5. Are you the sole owner of the damaged or lost property / items? 台端是否物業 / 物品遺失或損毀的唯一物主?

 Yes 是  No 否If **No**, please state the name, address and relationship of the other owner(s) 如否, 請註明其他業主的姓名、地址及關係:

6. Is the property on loan or hire to another party? 該物業是否被另一方租借?

 Yes 是  No 否If **Yes**, please state the name of the other party and extend of interest: 如是, 請註明另一方的姓名及租借原因:

7. Were the premises occupied at the time of lost? 該處所是否於損失時有人居住?

 Yes 是  No 否If **No**, please state date and time when it was last occupied: 如否, 請註明最後有人居住的日期及時間:

8. Is there any Tenancy Agreement in force? 是否有任何現正生效的租約協議?

 Yes 是  No 否If **Yes**, please provide a copy of the Tenancy Agreement. 如是, 請提供租約協議副本。

9. Are you responsible by agreement for the property? 台端是否負責物業的協議?

 Yes 是  No 否If **Yes**, please provide a copy of the Agreement. 如是, 請提供協議副本。

**Part IV – Loss of Rent 第四部份 – 租金損失**

Detailed description of the occurrence of the lost 描述損失發生時的詳情	Period of interruption 受影響時段	Claim amount 索償金額 (Please indicate currency 請註明貨幣)

**Part V – Legal Liability 第五部份 – 法律責任****1. Details of injured person 傷者詳情**

Name / Address / Contact no. of injured person 傷者姓名 / 地址 / 聯絡電話	Relationship 關係	Nature of injury 受傷性質

**2. Details of damaged property 損毀物品詳情**

Name / Address / Contact no. of owner of the damaged property 損毀物品的業主姓名 / 地址 / 聯絡電話	Relationship 關係	Name & Extent of Property damaged 物品名稱及損毀程度	Approximate value of damaged property 損毀物品的大概價值	Estimated cost of repairs to verify the damaged property 估計損毀物品之維修費用

**3. Has any claim been made upon you? 有沒有人向台端提出索償?**
 Yes 是     No 否

If Yes, please state details and attach this form with all communications received from third party claimant(s):  
如是，請註明詳情並連同此表格附上所有從第三方索賠人收到的所有信函：

**4. Have you admitted responsibility in any way? 台端有沒有承認任何責任?**
 Yes 是     No 否

If Yes, please state the reason(s) for doing so:  
如是，請說明這樣做的原因：

## Part VI – Declaration & Authorization 第六部份 – 聲明及授權

I / We declare that to the best of my knowledge and belief the above statements and particulars contained are in all respects true and complete and are made without reservation of any kind. A photocopy of this authorization shall be considered as effective and valid as the original.

I / We further hereby declare and agree, that the personal information collected or held by Chubb Insurance Hong Kong Limited, whether contained in this claim form or otherwise obtained, may be used by Chubb Insurance Hong Kong Limited or disclosed to any individual or organization such as legal, accountants, actuaries, loss adjudicators and claims investigators, doctors and other medical service provider within or outside Hong Kong SAR and as more particularly set out in the Chubb Privacy Information Collection Statement for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis. I / We understand that if I / We do not provide such consent, or revoke my / our consent, Chubb Insurance Hong Kong Limited may not be able to process or assess my / our claim. A copy of the Chubb Privacy Information Collection Statement can be found at [www.chubb.com/hk](http://www.chubb.com/hk).

Any persons from whom Chubb Insurance Hong Kong Limited has collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by Chubb Insurance Hong Kong Limited. A request for such access may be made to the Personal Data Privacy Officer of Chubb Insurance Hong Kong Limited at 39/F, One Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

本人 / 吾等謹此聲明本人確信以上所填報之資料及所列各項之事件乃屬完全真確並無作任何資料之保留。此授權書之副本亦屬有效。

本人 / 吾等亦在此聲明及同意由安達保險香港有限公司所收集或持有的個人資料，不論包含在這索償表格或以其他方式獲取，均可供安達保險香港有限公司使用或 各在香港特別行政區境內或境外之任何人士或機構例如律師事務所、會計人員、精算師、公證人、索償調查員、醫生及其他醫護服務提供者及其他已載於安達收集個人資料聲明之人士及機構披露作以下用途：(1) 評核此項申請，(2) 提供保險及客戶服務，(3) 處理保險的索償或有關之分析。本人 / 吾等明白如本人 / 吾等不同意或撤回此聲明，安達保險香港有限公司或未能處理及評核本人 / 吾等之索償。安達收集個人資料聲明之副本已載於 [www.chubb.com/hk](http://www.chubb.com/hk)。

就提供上述資料的任何人士有權查閱及要求更改安達保險香港有限公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求，可向安達保險香港有限公司之個人資料私隱主任提出，地址為香港鰂魚涌英皇道979號太古坊一座39樓。

Signature of Insured Person 受保人簽署:

Name of Insured Person 受保人姓名:

(in BLOCK CAPITALS 請以正楷書寫)

HKID Card No. of Insured Person 受保人香港身份證號碼:

Date Signed 簽署日期:

## Part VII – Required Documents 第七部份 – 所需文件

Please enclosed the following documents (if applicable) 請附上以下文件 (如適用):

1. Incident or Investigation Report  
事件或調查報告
2. Police Report  
警方報告
3. CCTV footage (i.e. evidence of circumstances leading to the incident)  
閉路電視錄影 (即導致事件的情況的證據)
4. Colored photographs showing the damage to the items and/or bodily injuries  
顯示物品及/或身體受傷的彩色照片
5. Copy of Assessment Report / Estimates / Quotation(s) from Repairer indicating the cause and extent of damage incurred (if involved damaged item(s))  
修理者評估報告 / 估計 / 報價的副本，並說明造成損害的原因及程度 (如果涉及受損物品)
6. Copy of Medical Report of third party(ies) (if involved bodily injuries)  
第三方的醫療報告副本 (如果涉及人身傷害)
7. Settlement / Contractual Agreement from third party(ies) concerned (if involved bodily injuries)  
第三方的協議 / 合同協議 (如果涉及人身傷害)
8. Letter of Demand from the third party(ies) concerned (e.g. Writ of Summons)  
第三方有關的需求信函 (例如傳票)

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