

中國平安保險(香港)有限公司

China Ping An Insurance (Hong Kong) Co., Ltd.

11/F., Dah Sing Financial Centre, 108 Gloucester Road, Wanchai, Hong Kong. 香港灣仔告士打道 1 0 8 號大新金融中心十一樓 Tel: 2827 1883 Fax: 2802 0018 Web Site: www.cpaihk.com

「家居保」賠償申請書 HOME PROTECTION CLAIM FORM

請於意外發生後之三十天內填妥此申請表並交回本公司。 Completed Claim Form must be given to the Company within 30 days from the date of accident giving rise to such claim. You should notify police immediately for the following claims: 以下的索償必須先通告警方:

- 1. Burglary / Robbery 因爆竊或搶劫引致損失
- 2. Loss of Personal Effort / Money 個人財物/現金遺失

(A) 保戶 INSURED						
姓名 Name	保單號碼 Policy No.:	保單號碼 Policy No.: 住宅電話號碼 Home Tel No.:				
地址 Address	住宅電話號碼 Home					
電子郵箱 E-mail Address	辦公室電話號碼Office Tel. No.:					
手機號碼 Mobile Phone No		傳呼機 Pager:	傳呼機 Pager			
B) 索償資料CLAIM INFORMATION						
意外或發生日期	時間	地點				
	Time	Place				
請詳述意外或損失發生的情形 State the circumstances of the loss or damage	with full particulars					
如是盜竊,請詳述發生經過的情形(竊in the case of theft, please give full details sho		was effected				
索償者是否財物之唯一主人?					是/否	
Is the claimant the sole owner of the property?					Yes / No	
是否有其他保險公司保障該財物?若有,請詳述承保公司資料,保額及保險種類 Are there any other insurances upon the same property? If yes, please give full particulars.					是/否	
Are there any other insurances upon the same	property? If yes, please give full	particulars.			Yes / No	
					是/否	
Has the claimant sustained other losses of sin	iilar nature? If yes, please give fu	ll particulars.		`	Yes / No	
1.發生意外之詳情FULL DESCRIPTION 發生意外之起因及情況 Cause and manner of occurrence						
 由何人之疏忽而引致意外之發生?						
2. 受傷者情況 PERSON INJURED			た	Mr. Hel		
生名 Name			年齢 Age	性別 Sex		
也址			ニAge 電話號碼/手機號碼	. БСЛ		
			Tel. No. / Mobile Phone			
受傷者被送往何處?						
Vhere was the Injured taken?						
受傷之性質及情況						
lature and extent of injury						
. 損害第三者之財物情況DAMAGE TO	PROPERTY OF OTHERS					
勿主姓名			年齡	性別		
Jame of Owner			Age			
也址			電話號碼/手機號碼			
			Tel. No. / Mobile Phone			
財物之種類						
Kind of property						
損害之性質及範圍 Nature and extent of damage						
Nature and extent of damage 估計修理費用若干						
Estimated Cost of Repairs						

(D) 證人 WITNESSES 姓名		年齡	性別		
Name					
(E) 警察局 POLICE AUTHORITIES 曾否通知警察? Have the Police Authorities been informed? 警署名稱 Name of Police Station	報案日期 Reported Date		是/否 Yes / No 當案號碼 Report No		
(F) 物業管理處 PROPERTY MANAGEMENT 曾否通知物業管理處? Has the Property Management Office been informed? 物業管理處名稱 Name of Property Management	聯絡人 Contact Person:	電話野 Tel No			
損失明細表 DETAILS OF LOSS					
失物種類(包括現金) Description of Loss Articles (Including Cash)		購置日期及原價 Date Acquired/Original Cost	索償金額(港幣) Amount Claimed (HK\$)		
			_		
		Total Claim Amount:			
請付上有關損失項目之証明文件 Please attach all the supporting documents for the lost items					
聲明DECLARATION					
本人/吾等茲聲明上述各節均屬實情而本人/吾等在是項而對於是項事故本人/吾等,並無投保其他保險。本人/吾等亦答應將收到與這次意外有關之令狀、傳票 I/We hereby declare that the foregoing particulars are true in every accident, that I/we undertake to give all assistance in my/our pow in respect of this accident. I/We also undertake that every letter claim writ summons process a immediately on receipt.	、訴訟及起訴通知等文 respect, that I/we have no eer in dealing with this ma	件立即星交貴公司。 t withheld any information within tter, and that I/we have no other po	my/our knowledge connected with the slicy of insurance indemnifying me/us		

保戶簽名 Signature of Insured 報告日期 Reported Date