



# CHINA MERCHANTS INSURANCE COMPANY LIMITED

## 招商局保險有限公司

Suites 2303-04, 23/F., South Island Place  
8 Wong Chuk Hang Road  
Hong Kong  
Tel: (852) 2890 5940 Fax: (852) 2576 2292

香港黃竹坑道 8 號  
South Island Place  
2303-04 室  
電話: (852) 2890 5940 傳真: (852) 2576 2292

### HOME INSURANCE CLAIM FORM

#### 家居財物全險索償表格

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY. Completed Claim Form together with supporting documents should be forwarded to us within 30 days following the loss. Otherwise, it may prejudice your claim under the policy.

茲此聲明, 填寫本申請表格並不代表本公司已承諾了保單責任。請於事件發生後三十天內填妥本申請表格連同一切有關文件交回本公司以便處理; 否則可能影響台端之索償。

To avoid delay in the administration of your claims, it is imperative that each question in this form must be answered.

詳細填報索償表格上每一項可避免延誤處理台端之賠償事宜。

(\* Please delete as appropriate 請將不適用者刪去) (Please tick as appropriate 請加「✓」號於適當方格內)

Policy No. Name of Insured HKID Card No.  
保單號碼: \_\_\_\_\_ 被保人姓名: \_\_\_\_\_ 身份證號碼: \_\_\_\_\_

Address  
地址: \_\_\_\_\_

The usage of Insured Premises 受保物業之用途:  Owner Occupied 自住  As Tenant 租用  Rent Out 出租

Occupation Tel. No. Email Address  
職業: \_\_\_\_\_ 電話號碼: \_\_\_\_\_ 電郵地址: \_\_\_\_\_

If we need to contact you in writing, please choose the method of communication  Mail  Email  
如本公司需要以書面聯絡閣下, 請選擇聯絡方式 郵件 電子郵件

#### CIRCUMSTANCES OF ACCIDENT, LOSS OR DAMAGE 遇事情況及損壞情形

Date Time a.m./p.m.\*  
日期: \_\_\_\_\_ 時間: \_\_\_\_\_ 上午/下午\*

Place  
地點: \_\_\_\_\_

Description  
事發經過: \_\_\_\_\_

Witness  
證人: \_\_\_\_\_

In your opinion, who should be held responsible for causing this accident? Please give reason(s)  
以閣下之意見, 誰導致及需要對此次意外負責? 請述原因。

Did you report this accident to the Police?  Yes  No  
閣下曾否向警方報告此次意外事件? 有 無

If "Yes", which Station? Police Report No.  
如"有", 那間警署? \_\_\_\_\_ 警方報告號碼: \_\_\_\_\_

Date Time a.m./p.m.\*  
日期: \_\_\_\_\_ 時間: \_\_\_\_\_ 上午/下午\*

If a statement has been made by you/your family member, please attach copies of it.  
如閣下/閣下的家屬曾錄下口供, 請附副本。

#### FOR THEFT OR LOSS FROM PREMISES 適用於樓宇內發生行竊或財物損失

Who discovered Time a.m./p.m.\*  
由誰發現: \_\_\_\_\_ 時間: \_\_\_\_\_ 上午/下午\*

Is there any sign of forcible entry into and exit from the premises?  Yes  No  
有沒有留下任何強行進入及退出該樓宇之痕跡? 有 無

If "Yes", please give details If "No", please state details of the mode  
如"有", 請詳述: \_\_\_\_\_ 如"無", 請詳述進出方法: \_\_\_\_\_

Were the premises unoccupied at the time of the theft?  Yes  No  
行竊發生時該樓宇是否空置? 是 否

If "Yes", when were they unoccupied? Date Time a.m./p.m.\*  
若"是", 從那時開始空置? 日期: \_\_\_\_\_ 時間: \_\_\_\_\_ 上午/下午\*

Have you sustained a loss of this nature before?  Yes  No  
以前曾否遭受同類損失? 有 無

If "Yes", please give details  
如"有", 請詳述: \_\_\_\_\_

Is the property for which you are claiming insured elsewhere e.g. under Fire, All Risks, Baggage, Motor Policy, etc?  Yes  No  
該要求賠償之物品有沒有投保於其他公司? 例如: 火險、綜合保險、旅行保險、汽車保險等等。 有 無

If "Yes", please give details  
如"有", 請詳述: \_\_\_\_\_

Has any other person having any interest in the property as Owner, Mortgagee, Trustee or otherwise?  Yes  No  
其他人對該物品有沒有合夥、抵押、信託或其他權益? 有 無

If "Yes", please give details  
如"有", 請詳述: \_\_\_\_\_

**FOR PROPERTY DAMAGE OR MISSING ARTICLES 適用於財物損毀或遺失**

(If space is insufficient, please use separate sheet.) (如空位不足，可另附紙張。)

| Items<br>項目          | Date of purchase,<br>acquisition or decoration<br>購買 / 接收 / 裝修日期 | From whom purchase or acquired<br>(Name & address)<br>從何人 / 店鋪購買或接收(姓名及地址) | Original Cost<br>原有價值 | Amount claimed<br>要求賠償數目 |
|----------------------|--|--|-----------------------|--------------------------|
|                      |  |  |                       |                          |
|                      |  |  |                       |                          |
|                      |  |  |                       |                          |
| Total Amount Claimed |  |  |                       |                          |
| 要求賠償總額:              |  |  |                       |                          |

Please submit the relevant invoice(s), receipt(s) or estimate(s) to substantiate your claim.

請附上有關之發票、收據或估價單作為證明賠償之數目。

**THIRD PARTIES 涉及之第三者**

Has any claim been made upon you?  Yes  No If "Yes", please give details  
 有否收到索償要求? 有 無 如"有", 請詳述: \_\_\_\_\_

State details of third party property damage or injury 詳述受損之財物或第三者之傷勢:

Name of owner / Injured Person Tel No. Email Address  
 物主或傷者姓名: \_\_\_\_\_ 電話: \_\_\_\_\_ 電郵地址: \_\_\_\_\_

^Age 年齡: \_\_\_\_\_ Address 地址: \_\_\_\_\_

Please state your own view on your legal liability

請說明閣下對此事件之法律責任的意見: \_\_\_\_\_

(^Applicable for injured 適用於傷者)

- |  |
|--|
| <p>* No admission, offer, payment or indemnity should be made in respect of liability for bodily injury, death, or property damage without the written consent of the Company.<br/>         在未得到本公司書面認許之前，不得作出或承擔任何有關人身傷亡或財物損毀賠償之責任。</p> <p>* Any communication that you receive about the accident should not be answered but sent to the Company immediately.<br/>         有關是次意外收到文件請勿作答，應立即遞交本公司處理。</p> <p>* Please provide Incident Report issued by the Management Office (if applicable)<br/>         請附上由物業管理處發出的意外或事件報告。(如適用)</p> |
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**DECLARATION AND AUTHORIZATION 聲明及授權書**

1. I declare that to the best of my knowledge and belief the above statement and particulars contained are in all respects true and completed and are made without reservation of any kind.

2. I acknowledge that I have been provided with a copy of the Personal Information Collection Statement ("the Statement") issued by China Merchants Insurance Company Limited. I confirm that I have read and understood the Statement. I agree that China Merchants Insurance Company Limited may collect, use, store, disclose, transfer and otherwise process my personal data in accordance with the terms of the Statement. I further confirm that I have obtained the express consent of the Insured and my other relevant individuals (where applicable) for providing their personal data to China Merchants Insurance Company Limited for the purpose stated in the Statement and for allowing China Merchants Insurance Company Limited to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.

1. 本人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對保險公司作任何資料之保留。

2. 本人確認已獲提供一份由招商局保險有限公司發出的收集個人資料聲明(「該聲明」)，本人確認已經閱讀並且明白該聲明，本人同意招商局保險有限公司可依照該聲明的條款收集、使用、儲存、披露、轉移及其他方式處理本人的個人資料，本人進一步確認，本人已獲得受保人和任何有關人士(如適用的話)的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給招商局保險有限公司，並允許招商局保險有限公司可依照該聲明的條款收集、使用、儲存、披露、轉移及其他方式處理該等個人資料。

Signature of Insured: \_\_\_\_\_

保單持有人簽署

Date: \_\_\_\_\_

簽署日期

Chop: \_\_\_\_\_

公司蓋章



# CHINA MERCHANTS INSURANCE COMPANY LIMITED

## 招商局保險有限公司

### China Merchants Insurance Company Limited - Personal Information Collection Statement

China Merchants Insurance Company Limited (“the Company”) may use the personal data the Company collect about you for the following purposes:

#### **Insurance Services (mandatory)**

- (i) processing, assessing, and determining of applications for any insurance products and daily operation of the related services;
- (ii) administering, processing and assessing your insurance policy and providing services in relation to your insurance policy;
- (iii) any alterations, variations, cancellation or renewal of any insurance and related services;
- (iv) investigating, analyzing, processing and paying claims made under your insurance policy;
- (v) invoicing and collecting premiums and outstanding amounts from you;
- (vi) exercising the Company’s right under the insurance policy including right of subrogation, if applicable;
- (vii) contacting you for any of the above purposes;
- (viii) other ancillary purposes which are directly related to the above purposes; and
- (ix) complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order.

The personal data you provide to the Company may be provided or transferred to the following parties in Hong Kong or outside of Hong Kong for the purposes set out in the above paragraph:

- (a) any agent, advisor, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
- (b) any association, federation or similar organization of insurance companies (“Federation”) that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- (c) any members of the Federation by the Federation for any of the above or related purposes;
- (d) regulators;
- (e) lawyers;
- (f) auditors; and
- (g) The Company’s related companies (as defined in the Companies Ordinance).

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services.

You have the right to ascertain the Company’s policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company. To process the said request, the Company has the right to charge a reasonable administrative fee. Requests for such access or correction can be made in writing to the Data Protection Officer, China Merchants Insurance Company Limited, Suites 2303-04, 23/F., South Island Place, 8 Wong Chuk Hang Road, Hong Kong. Fax: (852)2576 2292.

If you do not want to receive any sale or marketing of any of the products or services from the Company at any time, you may also contact the Company’s Data Protection Officer.

[English version shall prevail should there be any discrepancies between the English and Chinese version of this statement]



CHINA MERCHANTS INSURANCE COMPANY LIMITED

招商局保險有限公司

招商局保險有限公司- 收集個人資料聲明

招商局保險有限公司（本公司）將所收集閣下的個人資料，可能用作下列的用途：

**保險服務（必須）**

- (i) 處理、評核及確定任何保險產品之申請，及有關服務之日常運作；
- (ii) 執行、處理及評核閣下的保單及為閣下的保單提供相關服務；
- (iii) 有關保險產品及服務的任何更改、變更、取消或續保；
- (iv) 閣下保單索償的調查、分析、處理及賠償；
- (v) 發出保費通知、收集保費和未償還款項；
- (vi) 行使本公司有關保險單賦予的任何權利包括代位權，如適用；
- (vii) 為上述任何用途與閣下聯絡；
- (viii) 與上述用途直接有關之其他附帶的目的；
- (ix) 遵守及符合任何法例及條例規定的要求、行業守則、指引，監管機構、相關行業認可機構、政府機構及法庭頒令的要求。

閣下向本公司提供的個人資料可能會提供或轉移予下列各方在香港或香港以外單位作前段所述的用途：

- (a) 任何代理、諮詢人、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應人或任何其他從事與保險或再保險業務有關的公司，或中介人，或索償或調查或其他提供與保險業務有關的服務供應人，以達到任何上述或有關的用途；
- (b) 現存或不時成立的任何保險公司協會或聯會或類同組織（聯會），以達到任何上述或有關的用途，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；
- (c) 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；
- (d) 監管機構；
- (e) 執業律師；
- (f) 認可核數師；及
- (g) 本公司的關連公司（以《公司條例》內的定義為準）。

如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下之申請及為閣下提供服務。

閣下有權查明本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，而本公司有權就閣下的要求收取合理的行政費用。有關查閱或更正的要求，可致函香港黃竹坑道8號 South Island Place 23樓 2303-04室，傳真：（852）2576 2292 向招商局保險有限公司資料保護主任提出。

如閣下於任何時間不欲收取本公司的任何產品或服務的任何銷售或推廣，閣下亦可聯絡上述資料保護主任。

[中文譯本僅供參考，文義如與英文本有歧異，概以英文版為準。]