



# 合群保險有限公司 Concord Insurance Co., Ltd.

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## Property Insurance Claim Form 產物保險索償表格

### A) THE INSURED 投保人

Policy no. 保單號碼	:	_____
Name of Insured 保戶姓名	:	_____
Occupation 職業	:	_____
Address 地址	:	_____
	:	_____
Tel. no. 電話號碼	:	_____
E-mail address 電郵地址	:	_____

### B) CIRCUMSTANCES OF LOSS OR DAMAGE 損失或損壞之詳情

Date of incident 事發日期	_____	Time 時間	_____	<input type="checkbox"/> a.m. 上午	<input type="checkbox"/> p.m. 下午
Location 地點	_____				
At which Police Station was the incident reported to? 曾向何區警署報案					
Name of Informant 報案人姓名	_____	Police Report No. 警方檔案號碼	_____		
(Please attach a copy of the police statement /loss memo. 請附上口供紙/報失紙副本)					
Details of Loss or Damage (In the case of Theft or Burglary, please complete Part C) 請詳述損壞/損失情況 (如遇盜竊, 請填寫 C) 部份)					
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**C) ADDITIONAL INFORMATION FOR THEFT OR BURGLARY 如因行竊或爆竊,請填寫下列資料**

Who discovered the case? 由誰發現? \_\_\_\_\_ Time 時間 \_\_\_\_\_  a.m. 上午  p.m. 下午

How did the culprit(s) enter the premises? 匪徒如何進入樓宇?  
\_\_\_\_\_

Is there any sign of forcible entry or exit at the premises? 是否有任何強行進入或退出該樓宇之痕跡?  
 No 否  Yes 是 (Please give details) (請詳述)  
\_\_\_\_\_

Were the premises unoccupied at the time of the theft/burglary? 行竊發生時該樓宇是否空置?  
 No 否  Yes 是 (Since when?) (從何時開始)  
\_\_\_\_\_

Have you sustained a similar loss before? 閣下曾否蒙受同類損失?  
 No 否  Yes 是 (Please give details) (請詳述)  
\_\_\_\_\_

Do you suspect any person(s)? If so, whom? 閣下有否懷疑任何人士或人等? 如是者, 懷疑誰人?  
\_\_\_\_\_

**D) DETAILS OF DAMAGED OR LOST PROPERTIES 損失或損壞項目詳情**

Description of property 物品描述	Date of purchase or installation 購買或裝置的日期	Original purchase price 購買時價錢	Repair/replacement cost (if applicable) 修理/更換費用(如適用)	Claim amount 索償金額
*Enclose photographs, if any. 如有相片請寄附 *				

## E) GENERAL INFORMATION 一般資料

Have you suffered any loss of such similar nature before?  No 否  Yes 是 (Please give details) (請詳述)  
閣下以前有否遭受相類似的損失?

Have you insured with any other insurance upon the affected property?  
閣下有否同時投購其他保險保障該財物?  No 否  Yes 是  
(Please detail name of insurance company & policy number) (請詳述保險公司名稱及保單號碼)

## IMPORTANT NOTES 重要事項

- This form should be submitted to us immediately after the accident.
- All supporting documents to be submitted within twelve months from the date of accident, otherwise the right of claim shall be therefore forfeited.
- 請填妥此表格於意外發生後盡快提交本公司
- 所有索償文件須於意外發生後十二個月內提交，否則閣下之索償權利將會因此喪失

## DECLARATION & AUTHORIZATION 聲明及授權書

I/We hereby declare that to the best of my/our knowledge and belief the above statement and particulars contained herein are in all respects true and complete and are made without reservation of any kind. I/We agree that any of my/our/the Insured's personal information collected or held by Concord Insurance Co Ltd "Concord" (whether contained in this claim form or otherwise obtained) is provided and may be held, used and disclosed by Concord to individuals/organization associated with Concord or any selected third party (within or outside Hong Kong, including reinsurance and claim investigation companies and industry associations/federations and other service providers providing services relevant to insurance business) for the purpose of processing this claim.

本人/我們聲明此表格內填報的資料，就本人/我們所知所信，全部正確無訛，並無任何保留。本人/我們同意如為處理有關本索償事宜，合群保險有限公司可使用所收集及持有關於我/我們/受保人的個人資料（包括在此索償表格內或其他地方之資料）或將該等資料給予有關人士或機構（包括在香港境內或境外之再保公司）、賠償調查公司、保險業協會/聯會及其他提供保險業有關服務之公司等）。

Date: \_\_\_\_\_ Insured's Signature \_\_\_\_\_  
日期 \_\_\_\_\_ 保戶簽署 \_\_\_\_\_  
(with company chop, if appropriate)  
(公司蓋章, 如適用)

\*If you are unable to provide a copy of the police report/statement, please sign on the following Authorization Letter. We may need approximately 6-8 weeks to obtain the document.

\*若閣下未能提供報告/口供，請簽署以下授權書。我們約需六至八星期索取該文件。

To Whom It May Concern

Police Ref No.:  
警方檔案號碼：

### Letter of Authorization 授權書

I/We hereby authorize you to release to Concord Insurance Co Ltd or its authorized representative a copy of the police report/statement I/We made to you following the accident in which I/We was/w \_\_\_\_\_ at involved on \_\_\_\_\_ . A photocopy of this authorization shall be considered as effective and valid as original.

本人現授權合群保險有限公司或其代表向 貴警署索取有關之報告/口供。此意外發生於 \_\_\_\_\_ 在 \_\_\_\_\_ 。此授權書之副本與正本同等有效。

\_\_\_\_\_  
Name of informant (Block Letter)  
報案人姓名(正楷)

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