

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

香港銅鑼灣新寧道8號中國太平大廈19字樓

19/F, China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong.

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申請理賠表格
CLAIM FORM

1. (A) 保戶 / 索償者姓名：
Name of Insured / Claimant : _____
- (B) 聯絡電話號碼：
Telephone No. _____
- 手提電話號碼：
Mobile Phone No. : _____
- (C) 保單號碼：
Policy Number : _____
2. (A) 意外或損失發生日期：
Date of accident or loss : _____
- (B) 此宗意外或損失之發生地點？
Where did loss or damage occur ? _____
3. (A) 意外發生時之詳情：
Circumstances of loss or damage : _____
- _____
- _____
- _____
- _____
- _____
4. (A) 曾否通知警察或消防處？若有，請填上報案之警署名稱及警方存案紀錄。
Have the police Authorities / Fire Services Department been informed? If yes, please give name of Police Station and record number.
是 Yes / 否 No _____
- (B) 是否有其它保險保障該財物？若有，請詳述有關之承保公司，保額及保單種類。
Are there any other insurance upon the same property? If yes, please give full particulars.
是 Yes / 否 No _____
- _____
- (C) 以前曾否遭遇同樣性質的損失？若有，請詳述之。
Has the claimant sustained other losses of the same nature? If yes, please give full particulars.
是 Yes / 否 No _____
- _____
- _____
- _____

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5. 損失或損壞詳情：
Details of loss of damage :

損失或損壞詳細情況 (請附上發票、估價單或付款收據) Full description of loss or damage (please attach any invoice, quotation or payment receipt)	購買或據有財物日期與財物 原來價值 Date of purchase or acquisition and original cost.	要求賠償數目 Amount claimed HK\$	附注 Remarks

收集個人資料聲明 Personal Information Collection Statement

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或其他保險有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償，或該等索償的調查或分析；及本公司行使任何代位權。

上述資料可能移轉予：

- 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
- 現存或不時成立的任何保險公司協會或聯會或類同組織（統稱為「聯會」），以達到任何上述或有關目的，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；及
- 或透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的。

此外，在此授權本公司可向「聯會」從保險業內收集的資料中查閱及／或核對 閣下任何資料。閣下有權查閱及要求更正由本公司持有有關 閣下的個人資料。如有需要，請以書面形式向本公司總經理辦公室經理提出，地址為香港銅鑼灣新寧道 8 號中國太平大廈 19 字樓。

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of -

- any insurance or other insurance related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim; and exercising any right of subrogation.

The said information may be transferred to -

- any related company 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;
- any association, federation or similar organization of insurance companies (collectively called "the 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, and
- any members of the Federation by the Federation for any of the above or related purposes.

Moreover, the Company is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain, to access to and to request correction of any personal information concerning yourself held by the Company. Requests for such access can be made in writing to our Manager of the Office of the General Manager at 19/F., China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong.

聲明 Declaration

以上所列乃屬真實并願協助辦理一切。

I/We hereby declare the foregoing particulars to be true in every respect and I/we undertake to give the Company all assistance in my/our power in dealing with the matter.

保戶簽章(如屬公司請蓋章)：

Signature of Insured :

(with company chop if applicable)

日期：

Date :