



Insurance

GAN Assurances IARD

Member of GROUPAMA Group, incorporated in France
26/F., Asia Orient Tower, Town Place, 33 Lockhart Road, Hong Kong
Tel: (852) 2530 0288
Fax: (852) 2877 4281
Web site: www.groupama.com.hk

財物保險索償表格

EXPATRIATE PROGRAMME INSURANCE CLAIM FORM

賠償編號
Claim No.

保戶名稱
Name of Insured
商業登記證號碼 / 身份證號碼
Business Registration No. / I.D. No.
行業 / 職業
Trade / Occupation
地址
Address
事故發生日期
Date of incident
時間
Time:
上午 / 下午
a.m. / p.m.
事故發生地點
Place of incident
事故的詳情
Description of incident
保單編號
Policy No.
聯絡電話
Contact Tel No.
電郵
E-mail

盜竊、現金索償之附加問題

ADDITIONAL QUESTIONS FOR THEFT BURGLARY AND MONEY CLAIMS.

損失 / 損毀於何時發現
When was the loss or damage discovered?
日期
Date:
時間
Time:
上午 / 下午
a.m. / p.m.
誰人發現
By whom was the discovery made?
財物何時最後見到
when was the property last seen?
日期
Date:
時間
Time:
上午 / 下午
a.m./p.m.
誰人最後見到
By whom was it last seen?
何時通知警方
When was the police notified?
警署地址及報案編號
Address of Police Station & Report No.
如屬盜竊，說明竊匪如何進出單位
State mode of entry to and exit from the premises by the culprit for burglary claim
盜竊時單位內物品總值
Total value of contents of premises at time of theft
單位是否出租或分租
Are the premises or any part, let or sub-let?
任何行動阻止意外再發生
What steps have you or are you taking to prevent a recurrence?

你是否損毀 / 損失財物的唯一物主? 如 "否", 說明其他物主包含借款人的姓名及地址
Are you the sole owner of the damaged/lost properties? If "No", state the name(s) and address(es) of the other owner.

你是否就是次意外向其他保險公司索償? 如 "是", 列明保險公司的名稱、相關保單編號及保障項目
Are you entitled to claim under any other insurance policies? If "Yes", state the name of insurance company(ies), respective details of the policy(ies).

你以往是否曾蒙受類似性質的損失? 如 "是", 列明詳情及何時發生
Have you ever sustained losses of similar nature? If "Yes", state details and date(s) of incident(s).

你以往是否曾就其他保險單索償? 如 "是", 列明詳情
Have you ever made claim under any other insurance policy(ies)? If "Yes", state details.

