



Insurance

GAN Assurances

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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
保單編號 Policy No.
商業登記證號碼 / 身份證號碼 Business Registration No. / I.D. No.
行業 / 職業 Trade / Occupation
聯絡電話 Contact Tel No.
地址 Address
電郵 E-mail
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

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.

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損失或損毀財產詳情

Details of lost or damaged property

所有損毀財物未得本公司准許，不可以維修或處理

Any damaged property should not be repaired or disposed of until permission is given by the Company.

財物名稱 Item Name	詳細資料 (包括品牌、型號及產品編號) Description (including brand name, model and serial no.)	購買日期 Date of purchase	購買價值 Purchase price	索償金額 Claimable Amount	備註 Remarks
Total claimable amount 索償總金額					

聲明及授權

Declaration & Authorisation

本人聲明上述資料完整及正確無訛，並無隱瞞任何重要資料

I/We declare that the above information is complete and true to the best of my/our knowledge and belief and I have not withheld any material information with this claim.

本人確認貴保險公司會依靠本人 / 保單持有人 / 保戶所提供的資料 (該等提供的資料本人誠實地相信是真實和正確的)，作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人 / 保單持有人 / 保戶將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。

I acknowledge that Insurers will rely upon the information supplied by me / the policyholder / the Insured, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory / the policyholders / Insured under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.

保戶簽署 (如屬公司請加蓋章)

Signature of Insured (with company chop if applicable)

日期

Date

一般所需索償文件

General Required Claims Documents

物業管理處發出的事件報告

1. Incident Report issued by the Estate Management Office

警方報告

2. Police report

證人向警方錄取的口供紙副本

3. Copy of statement made to the Police by the witness

有關文件證明損失，如照片、財物購買單據正本、保用証、重置單據、維修報價單等

4. Relevant supporting documents to prove the loss or damage, such as photos, original purchase receipt(s), Warranties of items claimed, replacment receipt, repair quotation, etc.

其他相關保險單副本

5. Copy(ies) of other insurance policy(ies) effected to cover the same loss

注意事項

Important Notes

保戶必須採取即時措施以減低損失或損毀，否則有關保單之保障權益將會受到影響

The Insured shall take immediate steps to minimize the loss or damage, otherwise, your right of indemnity under the insurance policy may be prejudiced.