

出事報告書及申請賠償表格 PROPERTY INSURANCE CLAIM FORM

保戶姓名 Name of Insured	
保單號碼 Policy No.:	
地址 Address	
電話／手機號碼 Telephone No./Mobile Phone No.:	
傳真號碼／電子郵箱 Fax No./E-mail Address:	
職業／行業 Occupation / Trade	
出事性質 Nature of Loss	
發生日期及時間 Occurred at about	日期 On _____ , _____ 上午／下午 AM / PM
發生地點 Place of Accident	在 At _____
出事詳細情況 Circumstances	

如受搶劫或盜竊損失，請填寫本欄
 For Burglary, Robbery or Theft Losses Only

建築物曾否有被暴力進入之痕跡？
 Were there visible marks or forcible entry to the premises? _____

或夾萬或儲藏室？如有，請詳述之
 Or to any safe or vault insured? _____ If answer is "Yes", describe there marks in detail

請詳述証人姓名及地址
 Specify names and address of witness _____

該失去／損壞之物件是否投有其他保險
 Are there any other insurance on the lost/damaged articles? _____

警方報告
Police Report

1. 在何處報警
Where made? _____ 報案號碼
Report No.: _____ 日期
Date: _____

2. 警方採取何種行動?
Any police action taken? _____

損失明細表
Details of loss

物件名稱 Description of Articles	物主姓名及地址 Name of address of owner	購買日期 Date acquired	確實價值 Actual Cost	損壞程度 Extent of Damage	折舊多少 Depreciation	損壞／損失時之價值 Value at the time of Loss / Damage	要求賠償之淨額 Net amount of Claim

總數：
Total: _____

如建築物或物件受到損壞，請詳述及列出其修理之約數
If any damage to property or premises was caused by this occurrence, please describe and give an estimated cost of repairs:

本人／本公司籍此鄭重聲明上述各項全部屬實及本人／本公司並無其他保單補償或保障本人／本公司因此意外引起之損失。同時，本人／本公司明白及同意供給此表格本人／本公司並不構成保險公司放棄保單上條例所授予之權利。

I/We hereby declare that the foregoing particulars are true in every respect, and that I/We have no other policy indemnifying me/us respect of this loss or accident. It is also understood and agreed that the furnishing of this form to me/us shall not constitute a waiver of any of the conditions of the policy.

日期
Date _____

保戶／申請人簽署
Signature of Insured / Claimant _____