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## 家居保險及火險索償申請表

## HOME AND FIRE INSURANCE CLAIM FORM

### (1) 保單持有人 / 受保人資料 Details of Policyholder / Insured

|  |                    |
|--|--------------------|
| 保單持有人 / 受保人姓名<br>Name of Policyholder / Insured Name | 保單編號<br>Policy No. |
| 受保物業地址 Address of Insured Premises                   |                    |

### (2) 聯絡人資料 Contact Person's Information

|  |   |  |   |
|--|---|--|---|
| (a) 聯絡人姓名 Name of Contact Person               | 性別 Gender                                   | <input type="checkbox"/> M 男                 | <input type="checkbox"/> F 女                                |
| <input type="checkbox"/> 保單持有人<br>Policyholder | <input type="checkbox"/> 受保人<br>The Insured | <input type="checkbox"/> 索償人<br>The Claimant | <input type="checkbox"/> 其他 (請註明)<br>Other (Please Specify) |
| (b) 手提電話號碼 Mobile Phone No.                    |   |  |   |
| (c) 電郵地址 Email Address                         |   |  |   |
| (d) 通訊地址 Correspondence Address                |   |  |   |

### (3) 索償類別 Type of Claim

|   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> 意外損壞<br>Accidental Damage  | <input type="checkbox"/> 爆竊/竊盜<br>Burglary / Theft          | <input type="checkbox"/> 火災<br>Fire                             | <input type="checkbox"/> 雨水<br>Rainwater                                   |
| <input type="checkbox"/> 爆炸<br>Explosion  | <input type="checkbox"/> 水管爆裂、滿溢<br>Burst Pipe, Overflowing | <input type="checkbox"/> 水災<br>Flooding                         | <input type="checkbox"/> 第三者財物損失<br>Third Party Property Damage            |
| <input type="checkbox"/> 碰撞/撞擊<br>Impact Damage   | <input type="checkbox"/> 颱風/暴風雨<br>Typhoon / Windstorm      | <input type="checkbox"/> 額外費用<br>Additional Expenses            | <input type="checkbox"/> 第三者意外受傷 / 死亡<br>Third Party Bodily Injury / Death |
| <input type="checkbox"/> 海外遺失或損壞貴重/個人物品<br>Lost or Damaged Valuables / Personal Effects Oversea | <input type="checkbox"/> 租金保障<br>Rent Protection            | <input type="checkbox"/> 受保人意外死亡<br>Accidental Death of Insured |  |
| <input type="checkbox"/> 其他 (請註明)<br>Other (Please Specify)                                     |   |   |  |

### (4) 索償事由 Description of Claim

|   |  |                                |                               |
|---|--|--------------------------------|-------------------------------|
| (a) 事故發生<br>The Accident Occurred   | 日期 Date  | 時間 Time                        | 國家 Country                    |
|   | 地點 Place   |                                |                               |
| (b) 請詳細描述事件發生的過程 Describe in full how the accident happened   |  |                                |                               |
| (c) 如屬盜竊, 此樓宇/單位是如何被進入及離開? 有否可見的強行進入痕跡? 請詳細說明及提供相片。In case of burglary, how is the premises entered and exited? Is there any visible mark of forcible entry to the premises? Please give complete details and photos. |  |                                |                               |
| (d) 發現此事者或證人的聯絡資料(如適用) Contact details of witness or person who discovered the loss (if applicable)   |  |                                |                               |
| 姓名 Name   | 性別 Gender  | <input type="checkbox"/> M 男   | <input type="checkbox"/> F 女  |
| 手提電話號碼 Mobile Phone No.   | 電郵地址 Email Address   |                                |                               |
| 通訊地址 Correspondence Address   |  |                                |                               |
| (e) 您是否居住於該受保物業? Are you the occupier of the Insured premises?  |  | <input type="checkbox"/> 是 Yes | <input type="checkbox"/> 否 No |
| (f) 在意外事故發生時, 該物業是否有人居住或使用? Were the premises occupied at the time of the loss/damage?  |  |                                |                               |
| <input type="checkbox"/> 否 No   | <input type="checkbox"/> 如是, 列明單位空置天數。<br>If yes, state the number of days of premises unoccupied. |                                |                               |

**(4) 索償事由 Description of Claim**

(g) 您是否已向警方或消防或管理處報告上述事故? Have you reported this accident to the police or fire services or building management?

 否 No 如是, 請提供以下資料 If yes, please provide below information

部門名稱

Department Name

 警署

Police

 消防

Fire Services

 管理處

Building Management

地址 Address

報案日期 Report Date

報案時間 Report Time

檔案編號 Reference No.

**(5) 遺失或損壞項目詳情 (如空間不敷使用, 請另以紙張列舉)****Details of Property Lost or Damage (If space is insufficient, please attach separate page)**請列明有關遺失或損壞物品的詳細資料 (包括品牌、型號及產品編號)  
Describe the Lost / Damaged Items or Claimed Items  
(including the brand name, model no., and serial no.)購買日期  
Date of  
Purchase購買價錢(請註明貨幣)  
Purchase Value  
(please indicate the  
currency)索償金額  
Claimed  
Amount  
(HK\$)

1)

2)

3)

4)

5)

總額 Total Amount (HK\$)

**(6) 額外費用或其他索償項目 Additional Expenses or Other Claimed Item(s)**索償項目名稱  
Name Claimed Item(s)索償金額  
Claimed  
Amount  
(HK\$)索償項目名稱  
Name Claimed Item(s)索償金額  
Claimed  
Amount  
(HK\$) 建築師、測量師及顧問工程師費用 Architects', Surveyors' and Consulting Engineers' Expenses 臨時居所

Alternative Accommodation

 冰箱食物重置費用

Replacement Cost of Frozen Food

 家居搬遷

Household Removal

 門鎖或窗戶替換

Locks or Windows

 廢棄物清理

Removal of Debris Expenses

 短暫寄存

Temporary Removal

 租金損失

Loss of Rent

 其他 (請註明) Others (please specify)

Total Claim Amount (HK\$)

Total Claim Amount (HK\$)

**(7) 第三者責任 Third Party Liability**(a) 第三者索償人的姓名 (如未獲得任何資料, 請填寫"不詳")  
Name of third-party claimant (If you have not obtained  
the information, please enter "unknown")(b) 第三者索償人的地址 (如未獲得任何資料, 請填寫"不詳")  
Address of third party claimant (If you have not obtained  
the information, please enter "unknown")

(c) 是否曾收到第三者索償人作出正式的索償? Has a formal claim been received from the third-party claimant?

 否 No 如是, 列明第三方要求賠償金額 If "Yes", state claimed amount requested by the third-party.

Currency 貨幣

賠償金額 Compensation Amount

**(8) 其他保險資料 Other Insurance**

(a) 您是否已經或打算就此意外事件向其他保險公司申請索償? Have you made a claim or plan to file a similar claim with other insurance company related to this accident?

|                               |  |                 |                |
|-------------------------------|--|-----------------|----------------|
| <input type="checkbox"/> 否 No | <input type="checkbox"/> 如是, 請提供以下資料 If yes, please provide below information: |                 |                |
|                               | 保險公司的名稱 Name of Insurance Company  | 保單編號 Policy No. | 索償編號 Claim No. |
|                               |  |                 |                |

**(9) 索償所需之基本文件 Basic Documents Required**

為以協助忠意保險更快處理您的索償申請, 請提交所需文件並將此申請表寄回給本公司。有關所需文件, 請瀏覽以下連結:  
To help Generali process your claim faster, please submit the required documents and return the application form to us. For the required documents, please visit the following link:

- [https://www.generali.com.hk/EN\\_US/claims\\_and\\_support/required\\_documents/#home\\_fire](https://www.generali.com.hk/EN_US/claims_and_support/required_documents/#home_fire)

**(10) 索償記錄 Claims History**

(a) 您於過去五年內是否曾蒙受類似性質的損失? Have you ever sustained losses of similar nature in the past 5 years?

|                               |   |
|-------------------------------|---|
| <input type="checkbox"/> 否 No | <input type="checkbox"/> 如是, 列明詳情及何時發生。 If "Yes", state details and date(s) of incident(s). |
|                               |   |

(b) 是否曾就上述損失向其他保險公司提出索償申請? Have you reported the above loss to another insurance company?

|                               |  |                 |                |
|-------------------------------|--|-----------------|----------------|
| <input type="checkbox"/> 否 No | <input type="checkbox"/> 如是, 請提供以下資料 If yes, please provide below information: |                 |                |
|                               | 保險公司的名稱 Name of Insurance Company  | 保單編號 Policy No. | 索償編號 Claim No. |
|                               |  |                 |                |

(c) 該保險公司曾否拒絕閣下的索償申請? Has the said insurance company rejected your claim?

|  |  |
|--|--|
| <input type="checkbox"/> 如沒有, 請註明該保險公司賠償的金額 (請提供賠償明細).<br>If no, please indicate the amount payable/paid by the insurance company (please provide compensation details). |  |
| <input type="checkbox"/> 如有, 請註明原因 If yes, please state the reason(s)  |  |

**(11) 收取索償款項提示 Claim Payment Method**

- (1) 凡選擇以「自動轉賬至銀行戶口」方式收取索償款項 If the claim payment method "Autopay to bank account" is chosen,
- 請同時提交印有投保人/受保人/合資格人士/索償人全名及銀行戶口號碼之戶口證明 (如銀行存摺或自動櫃員機卡或銀行月結單副本等).  
Please provide the Insured/Insured Person/Eligible Person/Claimant's bank account proof showing the account holder name and account number (e.g. copy of bank book, ATM card or bank statement etc).
  - 投保人/受保人/合資格人士/索償人為個人客戶, 忠意保險有限公司只接受個人儲蓄/支票戶口。  
For Insured/Insured Person/Eligible Person/Claimant who is an individual, only personal saving/current accounts will be accepted by Assicurazioni Generali S.p.A.
  - 投保人/受保人/合資格人士/索償人為商業客戶, 忠意保險有限公司只接受公司儲蓄/支票戶口。  
For Insured/Insured Person/Eligible Person/Claimant who is a corporate entity, only commercial saving/current accounts will be accepted by Assicurazioni Generali S.p.A.
  - 忠意保險有限公司將支付/轉賬港元到指定的銀行賬戶。Assicurazioni Generali S.p.A will only pay/transfer Hong Kong Dollars to the designated bank account.
  - 如銀行轉賬被拒絕或不成功,款項將以支票形式寄送到索償申請表內所提供的通訊地址,而恕不另行通知。  
If the bank transfer payment is rejected, declined or unsuccessful, a cheque will be issued and posted to the correspondence address mentioned on the claim form instead without further notice.
- (2) 如索償款項以保單貨幣以外的貨幣結算, 該款項可能會受忠意保險有限公司不時釐定的匯率而改變。匯率之波動會對索償款項構成影響。您須承受匯率風險。匯率會不時波動, 您可能因匯率之波動而損失部分的利益價值。If the claim payments are settled in currencies other than the policy currency(ies), the payment amounts would be subject to change according to the prevailing exchange rate determined by Assicurazioni Generali S.p.A from time to time. The fluctuation in exchange rates may have an impact on the payment amounts.
- (3) 忠意保險有限公司保留權利自行決定其索償款項的付款方式。Assicurazioni Generali S.p.A reserves the right to determine the claim payment method at its discretion.

我/我們在此要求並授權忠意保險有限公司用以下方式支付索償款項 (請以"√"作出選擇):

I/WE hereby request and authorize Assicurazioni Generali S.p.A to pay benefit due in respect of this claim by (Please "√" the appropriate box to indicate your choice):

- 支票以港元結算支付款項 (注意: 支票將於索償審批成功後15個工作天內寄到您的通訊地址)  
Cheque, to be drawn in Hong Kong Dollars (Note: The cheque will be mailed to your correspondence address in 15 business days after the approval of the claim.)
- 自動轉賬至銀行戶口 (以港元結算). 請提供以下資料 Autopay to the bank account (By HKD). Please provide the below information:

**Bank Account Information 銀行戶口資料**

|                            |  |                     |                  |
|----------------------------|--|---------------------|------------------|
| Name of Bank 銀行名稱          | Full Name in English of Account Holder(s)<br>銀行戶口持有人名稱 |                     |                  |
| Bank Account No.<br>銀行戶口號碼 |  |                     |                  |
|                            | Bank Code<br>銀行編號                                      | Branch Code<br>分行編號 | Account No. 戶口編號 |

## (12) 聲明及授權書 Declaration & Authorization

(請由受保人簽署, 如受保人未滿 18 歲, 則由父母或監護人簽署。 To be signed by the Insured Person or parent of or guardian if the Insured Person is below 18 years old.)

1. 本人/我們謹此聲明上述一切陳述, 不論是否本人/我們親手所寫, 均屬正確無誤, 並為本人/我們所知所信之全部, 本人/我們同意任何蓄意欺騙或隱瞞將構成法律責任並導致保單失效。

I/We hereby declare that all the statements to all questions above, whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true. I/We agree that any concealment or misstatement as regards to the amount or otherwise, in connection with this claim may result in prosecution and the Policy will become void.

2. 本人/我們同意任何持有有關於本人/我們或上述受保人記錄或資料之醫生、醫院、藥劑師、保險公司、警署、僱主、或其他機構發放有關本人/我們或上述受保人之病歷、病情之預斷、治療、傷假、或在職、離職詳情、或在其他保障下可獲之保障額、索償金等資料予忠意保險有限公司(「忠意保險」)或其授權之代表。而在香港私隱專員條例容許之情況下, 本人/我們並同意將個人資料給予其他在港或以外之機構。

I/We hereby authorize any doctor, hospital, pharmacy, insurance company, police station, employer, or other organization, who has records or knowledge of myself/ourselves or the Insured, to release all information regarding medical history, prognosis, treatment (including drug and alcohol abuse information), sick leave history, employment history, reasons of employment termination, earnings or benefit payable under other insurance coverage to Assicurazioni Generali S.p.A. (hereafter referred to as "Generali") or its authorized representative, in accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong, by signing below, I/We consent that the personal information collected or held by Generali, whether contained in this application or otherwise obtained is provided and may be disclosed to individuals or organizations within or outside Hong Kong.

3. 此授權書之副本亦如正本一樣具同等效力。A photometric copy of this Declaration & Authorization will be valid as the original.

4. 本人/我們同意所有文件及收據予忠意保險將不獲退還。I/We hereby agree that all documents and receipts submitted to Generali will not be returned.

5. 本人/我們確認, 本人/我們已獲提供 ([https://eclaims.generali.com.hk/personal\\_information/](https://eclaims.generali.com.hk/personal_information/)) 一份由忠意保險發出的收集個人資料聲明(「該聲明」), 本人/我們確認已經閱讀並且明白該聲明, 本人/我們同意忠意保險可依照該聲明的條款收集、使用、儲存、披露、轉移及其他方式處理本人/我們的個人資料, 本人/我們進一步確認, 本人/我們已獲得受保人和任何有關人士(如適用的話)的明示同意, 可以按照該聲明所述的用途將他們的個人資料提供給忠意保險, 並允許忠意保險可依照該聲明的條款收集、使用、儲存、披露、轉移及其他方式處理該等個人資料。

I/We acknowledge that I/we have been provided ([https://eclaims.generali.com.hk/personal\\_information/](https://eclaims.generali.com.hk/personal_information/)) with the Personal Information Collection Statement (the "Statement") issued by Generali. I/We confirm that I/we have read and understand the Statement. I/We agree that Generali may collect, use, store, disclose, transfer, and otherwise process my/our personal data in accordance with the terms of the Statement. I/We further confirm that I/we have obtained the express consent of the insured(s) and my other relevant individual(s) (where applicable) for providing their personal data to Generali for the purpose stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer, and otherwise process such personal data in accordance with the terms of the statement.

\_\_\_\_\_  
保單持有人/受保人/索償人簽署  
Signature of Insured / Policyholder/Claimant

\_\_\_\_\_  
簽署日期  
Date of Signature