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財物保險索償申請表

PROPERTY INSURANCE CLAIM FORM

保單資料 Insurance Policy Details		
保戶名稱 Name of Insured	保單編號 Policy No.	
地址 Address	聯絡電話 Contact no.	
電郵 E-mail	傳真號碼 Fax no.	

索償資料 Particulars of Claim		
1. 事故發生的日期及時間 Date and time of incident	日期 Date _____ 日 dd / 月 mm / 年 yy	時間 Time _____
2. 事故發生的地點 Place of incident		
3. a. 事故的詳情 Description of incident		
b. 如屬盜竊，說明竊匪如何進出單位。 In case of burglary, state mode of entry to and exit from the premises by the culprit.		
c. 您是否已向警方報案？如「是」，列明報案的警署及報案編號。 Have you reported the incident to police? If "Yes", state which Police Station and the police report number.		<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
4. 您是否損毀 / 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 Property(ies)? If "No", state the name(s) and address(es) of the other owner(s) including the hire-purchase owner.		<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
5. 您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 in respect of this incident? If "Yes", state the name of insurance company(ies), respective policy numbers and details of coverage.		<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
6. 您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).		<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
7. 您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.		<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes

