Assicurazioni Generali S.p.A.,
Hong Kong Branch
21/F, 1111 King's Road,
Taikoo Shing, Hong Kong
T +852 2521 0707
F +852 2521 8018
genclaims_info@generali.com.hk

忠意保險有限公司
香港分行
香港英皇道1111號
21樓
電話 +852 2521 0707
傳真 +852 2521 8018
genclaims_info@generali.com.hk

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.	☐否 No	☐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.	☐否 No	☐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.	☐否 No	☐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).	☐否 No	☐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.	☐否 No	☐是 Yes

損失或損毀財產詳情 Details of Lost or Damaged Property (如空間不敷使用，請另以紙張列舉 If space is insufficient, please attach separate page.)

財物的詳情資料（包括品牌、型號及產品編號） Full description of items (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
總索償金額Total claimable amount				

收取索償款項提示 Claim Payment Method

1. If the claim payment method "Autopay to bank account" is chosen,
   a) Please provide Insured/Insured Person/Eligible Person/Claimant's bank account proof showing account holder name and account number (e.g. copy of bank book, ATM card or bank statement etc).
   b) For Insured/Insured Person/Eligible Person/Claimant who is an individual, only personal banking saving/current accounts will be accepted by Assicurazioni Generali S.p.A.
   c) For Insured/Insured Person/Eligible Person/Claimant who is a corporate entity, only commercial banking saving/current accounts will be accepted by Assicurazioni Generali S.p.A.
   d) Assicurazioni Generali S.p.A will only pay/transfer Hong Kong Dollars to the designated bank account.
   e) If the bank transfer payment is rejected, declined or unsuccessful, a cheque will be issued to Insured/Insured Person/Eligible Person/Claimant and posted to address stated on the claim form instead without further notice.
2. 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 impact on the payment amounts. You are subject to exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values as a result of the exchange rate fluctuations.
3. Assicurazioni Generali S.p.A reserves the right to determine the claim payment method at its absolute discretion.

1. 凡選擇以「自動轉賬至銀行戶口」方式收取索償款項,
   a) 請同時提交印有投保人/受保人/合資格人士/索償人士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)。
   b) 投保人/受保人/合資格人士/索償人士是個人客戶，忠意保險有限公司 只接受個人銀行儲蓄/支票戶口。
   c) 投保人/受保人/合資格人士/索償人士是公司客戶，忠意保險有限公司只接受公司銀行儲蓄/支票戶口。
   d) 忠意保險有限公司將支付/轉賬港元到指定的銀行賬戶。
   e) 如銀行轉賬被拒絕或不成功,款項將以支票形式寄予投保人/受保人/合資格人士/索償人士於索償書上所提供的地址,而恕不另行通知。
2. 如索償款項的不是保單貨幣，該款項可能會受忠意保險有限公司不時落定的匯率而改變。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。
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。

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):
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) :

☐ Cheque (to be drawn in Hong Kong Dollar) 支票 以港元結算支付款項

☐ Autopay* to bank account (By HKD and apply to claim amount not over HKD20,000) 自動轉賬*至銀行戶口 (以港元結算及只適用於索償金額不超過20,000港元)

*Please fill in Part below 請填妥以下部分

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

聲明及授權書 Declaration & Authorization

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 the Company, 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 photostat 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://www.generali.com.hk/EN_US/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://www.generali.com.hk/EN_US/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 the 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 statement.

蓋印及簽署
Stamp & Signature _____
保戶 Insured

日期
Date _____