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忠意保險有限公司
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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

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				

索償所需之基本文件 (如適用) Basic Documents Required (Where applicable)

物業管理處發出的事故報告
Incident Report issued by the Management Office

警方報告
Police report

證人向警方錄取的口供紙副本
Copy of statement made to the Policy 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
Relevant supporting documents to prove the loss or damage, such as photos, original purchase receipt(s), warranties of items claimed, replacement receipt, repair quotation, etc.

其他相關保險單副本
Copy(ies) of any other insurance policy(ies) effected to cover the same loss.

聲明及授權書 Declaration & Authorization

1. 本人 / 吾等作出聲明, 就本人 / 吾等所知及所信, 上述資料均屬真實及並無遺漏。
I/We declare that the above information is in all respect true and complete to the best of my/our knowledge and belief.

2. 本人 為下述簽署茲授權任何醫院、醫生、診所、其他人士、有關官方或機構, 向忠意保險有限公司或其受權之代表提供所有有關本人之損失、受傷、症病、病歷、醫療診斷及藥方、警方報告、口供、所有醫院或醫療報告之副本。
I, the undersigned, hereby authorize any hospital, physician, clinic, or other person/authority/organization, to furnish to Assicurazioni Generali S.p.A. or its authorized representative, any and all information with respect to my loss, injury or illness, medical history, consultation, prescriptions or treatment and copies of police reports, incident reports, statement and all hospital or medical records.
本授權書之副本與正本俱有同等之效力。
A photostat copy of this authorization shall be considered as affective as effective and valid as the original.

3. 本人 / 吾等再在此聲明及同意由忠意保險有限公司 (「忠意保險」), 不論在本申請表或其他途徑取得, 均可供「忠意保險」使用或向在香港境內或境外任何人士或機構以作下列用途: (1) 評核此項申請; (2) 提供保險及客戶服務; (3) 處理保險索償或有關分析。
I/We further declare and agree that the personal information collected or held by Assicurazioni Generali S.p.A. ("the Company "), whether contained in this Claim Form or otherwise obtained, may be used by the Company or disclosed to any individual or organization within or outside Hong Kong for the following purpose: (1) to assess and process this application; (2) to provide insurance and customers services; (3) to conduct insurance claim or analysis.

4. 本人 / 吾等確認, 本人 / 吾等已獲提供一份由忠意保險有限公司 (「忠意保險」) 發出的收集個人資料聲明 (「該聲明」), 本人 / 吾等確認已經閱讀並且明白該聲明, 本人 / 吾等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 / 吾等的個人資料, 本人 / 吾等進一步確認, 本人 / 吾等已獲得投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 with a copy of the Personal Information Collection Statement (the " Statement ") issued by Assicurazioni Generali S.p.A. (" 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 life insureds and my other relevant individuals (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 _____

日期
Date _____

保戶 Insured

收集個人資料聲明

- a) 閣下須要不時向忠意保險有限公司香港分行（「本公司」）提供關於閣下自己、保單持有人、受保人、受益人、索償人及 / 或其他有關人士的資料（「個人資料」），以讓本公司為閣下提供保險及 / 或相關產品與服務、處理經由本公司發出及 / 或安排的保單之下的索償事宜、及 / 或處理閣下提出的任何或其他要求、查詢和投訴。
- b) 閣下是自願向本公司提供個人資料的。然而，若閣下未能提供個人資料，可能導致本公司不能夠為閣下提供保險及 / 或相關產品與服務、處理經由本公司發出及 / 或安排的保單之下的索償事宜、及 / 或處理閣下提出的任何或其他要求、查詢和投訴。
- c) 個人資料可被用於以下用途：
- i) 處理（包括但不限於承保）及 / 或審批保險及 / 或相關產品與服務的申請，以及該等產品與服務的任何附加、更改、變更、取消、續期及 / 或復效；ii) 管理經由本公司發出及 / 或安排的保單；iii) 處理（包括但不限於調查、分析、評估和裁定）及 / 或理賠經由本公司發出及 / 或安排的保單之下的索償事宜；iv) 如適用的話，行使代位權；v) 向客戶追收尚欠金額（如有）；vi) 經由本公司發出及 / 或安排的保單之下籌劃共同保險及 / 或再保險；vii) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；viii) 客戶服務（包括但不限於處理查詢和投訴）、推銷，以及其他相關活動；ix) 進行資料核對程序；x) 設計保險及 / 或相關產品與服務供客戶使用；xi) 推銷本公司及 / 或本公司的關聯公司（包括但不限於本集團的公司、母公司、本母公司的信託公司（該等關聯公司在下文合稱為「關聯公司」））的保險及 / 或其他相關產品與服務；xii) 就閣下事前訂明的同意（如有）約束之下，直接促銷保險及 / 或其他相關產品與服務，而閣下可在任何時間知會本公司以行使撤回同意的權利；xiii) 本公司、關聯公司、相關的保險業協會或聯會、監管當局、政府部門及 / 或其他法定監管機構的統計或精算研究；xiv) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及本公司及 / 或關聯公司應要遵守的任何其他有關規定，包括但不限於披露有關資料；及 xv) 實現與上述（i）至（xiv）直接有關的任何其他用途。
- d) 由本公司持有的個人資料將受到保密，但本公司可依據以上（c）段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供個人資料，事前無須知會閣下及 / 或該等個人資料所涉及的任何其他有關人士：
- i) 就本公司的業務營運向本公司提供行政、電訊、電腦、推銷、調查、諮詢及 / 或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及 / 或任何其他有關各方，以適用者為準；ii) 相關的保險業協會或聯會，及 / 或該等協會或聯會的成員；iii) 本公司及 / 或關聯公司的海外辦事處或分行，以適用者為準；iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及應要遵守的任何其他有關規定之下，本公司及 / 或關聯公司負有義務須向其作出披露的人士；v) 根據對本公司及 / 或關聯公司有約束力的任何法律之下，本公司及 / 或關聯公司須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構（包括但不限於稅務局）；vi) 本公司的合法繼承人或受讓人；及vii) 對本公司及 / 或關聯公司負有保密責任的人士。
- e) 本公司可使用由相關的保險業協會或聯會及 / 或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有個人資料。
- f) 根據《個人資料（私隱）條例》：
- i) 任何人士均有權：A) 查詢本公司有沒有持有其資料，如有的話，可取得一份該等資料；B) 要求本公司改正其任何不正確的個人資料；及 C) 查明關於本公司的個人資料政策和處事常規，並可獲通知有關本公司所持個人資料的種類；及 ii) 本公司有權就處理任何查閱個人資料的要求之下收取合理的費用。
- g) 如欲查閱及 / 或改正個人資料及 / 或查詢關於本公司的政策和處事常規及所持個人資料的種類，請向以下人員提出要求：個人資料保護主任，忠意保險有限公司香港分行，香港英皇道1111號太古中心一期21樓

附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準

Personal Information Collection Statement

- a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the "**Company**") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/ or other relevant individuals (the "**Personal Data**") in connection with the provision of insurance and/ or related products and services to you, the processing of claims under insurance policies issued and/ or arranged by the **Company**, and/ or the processing of any or all other requests, enquiries and complaints from you.
- b) Provision of the **Personal Data** to the **Company** by you is voluntary. However, failure to supply the **Personal Data** may result in the **Company** being unable to provide insurance and/ or related products and services to you, process claims under insurance policies issued and/ or arranged by the **Company**, and/ or process any or all other requests, enquiries, or complaints from you.
- c) The purposes for which the **Personal Data** may be used are as follows: i) processing (including, without limitation, underwriting) and/ or approving applications for insurance and/ or related products and services, and any addition, alteration, variation, cancellation, renewal and/ or reinstatement of such products and services; ii) administering insurance policies issued and/ or arranged by the **Company**; iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/ or settlement of claims under insurance policies issued and/ or arranged by the **Company**; iv) exercising rights of subrogation, if applicable; v) collection of amounts outstanding (if any) from customers; vi) arranging coinsurance and/ or reinsurance in respect of the insurance policies issued and/ or arranged by the **Company**; vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; viii) customer services (including, but not limited to, processing enquiries and complaints), marketing, and other related activities; ix) conducting data matching procedures; x) designing insurance and/ or related products and services for customers' use; xi) marketing insurance and/ or other related products and services of the **Company** and/ or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the **Company's** parent company (hereinafter such affiliated companies are collectively referred to as the "**Affiliated Companies**")); xii) direct marketing of insurance and/ or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the **Company** at any time; xiii) statistical or actuarial research of the **Company**, its **Affiliated Companies**, relevant insurance industry associations or federations, supervisory authority, government department and/ or other competent authority; xiv) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/ or its **Affiliated Companies** are expected to comply with, including, without limitation, making disclosures of the relevant information; and xv) fulfilling any other purposes directly relating to (i) to (xiv) above.
- d) The **Personal Data** held by the **Company** shall be kept confidential, but the **Company** may provide the **Personal Data** to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/ or any other relevant individuals to whom the **Personal Data** is related: i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/ or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the **Company** in connection with the operation of its business; ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations; iii) overseas locations or branches, as appropriate, of the **Company** and/ or its **Affiliated Companies**; iv) persons to whom the **Company** and/ or its **Affiliated Companies** are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/ or its **Affiliated Companies** are expected to comply with; v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the **Company** and/ or its **Affiliated Companies**; vi) lawful successors or assigns of the **Company**; and vii) persons who owe a duty of confidentiality to the **Company** and/ or its **Affiliated Companies**.
- e) The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and/ or members of such industry associations or federations.
- f) In accordance with the **Personal Data** (Privacy) Ordinance: i) any individual has the right to: A) check whether the **Company** holds data about him/ her and, if so, obtain a copy of such data; B) require the **Company** to correct any data relating to him/ her that is inaccurate; and C) ascertain the **Company's** policies and practices in relation to data and to be informed of the kind of data held by the **Company**; and ii) the **Company** has the right to charge a reasonable fee for the processing of any data access request.
- g) The person to whom requests for access to data and/ or correction of data and/ or for information regarding policies and practices and kinds of data held are to be addressed as follows: Personal Data Protection Officer, Assicurazioni Generali S.p.A., Hong Kong Branch, 21/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.