



# 新鴻基地產保險有限公司

## Sun Hung Kai Properties Insurance Limited

新鴻基地產成員  
Member of Sun Hung Kai Properties

### CLAIM FORM 賠償申請表格

#### 甲項 投保人資料 SECTION A INSURED'S INFORMATION

(一) 姓名 (1) Name:			For Office Use Only 公司專用 Date Submitted
(二) 聯絡地址 (2) Correspondence Address:			
(三) 住宅電話 (3) Home Tel.	手機號碼 Mobile No.		
辦事處電話 Office Tel.	傳真號碼 Fax No.		
(四) 保單號碼 (4) Policy No.			Type of Policy :
			(a) Householder <input type="checkbox"/>
			(b) Houseowner <input type="checkbox"/>
			Claim Number :

#### 乙項 索償資料 SECTION B CLAIM INFORMATION

(一) 意外或損失發生日期 \_\_\_\_\_ 時間 \_\_\_\_\_ 地點 \_\_\_\_\_  
(1) Date of accident or loss \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

(二) 請詳述意外或損失發生的情形  
(2) State the circumstances of the loss or damage with full particulars

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(三) 如遇盜竊，請詳述發生經過的情形(竊匪從何處進入屋內)?  
(3) In the case of Theft, please give full details showing how access to the property was effected

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(四) 要求賠償數目 (詳情請閱前頁) \_\_\_\_\_ 港幣  
(4) Amount claimed (for details see overleaf) \_\_\_\_\_ HKD

(五) 索償者是否財物之唯一主人? 是 Yes   
(5) Is the Claimant the sole owner of the property lost or damaged? 否 No

(六) 是否有其他保險保障該財物? 若有，請詳述承保公司，保額及保險種類 是 Yes   
(6) Are there any other insurances upon the same property? If yes, please give full particulars. 否 No

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(七) 以前曾否遭遇同樣性質的損失? 若有，請詳述之 是 Yes   
(7) Has the claimant sustained other losses of the same nature? If yes, please give full particulars. 否 No

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丙項

第三者責任

SECTION C

THIRD PARTY LIABILITY ACCIDENT

呈遞此報告書，並不表示保險公司承擔賠償責任。

By furnishing this report form the Company makes no admission of liability.

## (一) 發生意外之詳情 (1) FULL DESCRIPTION OF ACCIDENT

(甲) 發生意外之起因及情況

(a) Cause and manner of occurrence \_\_\_\_\_

(乙) 意外之發生是否由受傷者之疏忽所致

(b) Was accident due to want of care upon part of injured person? 是 Yes

否 No

若是，如何發生

If so, how? \_\_\_\_\_

(丙) 由何人之疏忽而引致意外之發生

(c) Whose negligence caused the accident? \_\_\_\_\_

(丁) 受傷者在發生意外之屋宇有何權利

(d) What right did the injured party have on the premises? \_\_\_\_\_

## (二) 受傷者情況 (2) PERSON INJURED

(甲) 姓名

年齡

性別

(a) Name \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

地址

Address \_\_\_\_\_

(乙) 受傷之性質及程度

(b) Nature and extent of injuries \_\_\_\_\_

(丙) 受傷者現被送往何處

(c) Where was the injured taken? \_\_\_\_\_

## (三) 損害第三者之財物情況

## (3) DAMAGE TO PROPERTY OF OTHERS

(甲) 物主姓名

年齡

性別

(a) Name of Owner \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

地址

Address: \_\_\_\_\_

(乙) 財物之種類

(b) Kind of property \_\_\_\_\_

(丙) 損害之性質及範圍

(c) Nature and extent of damage \_\_\_\_\_

(丁) 估計修理費用若干

(d) Estimated cost of repairs \_\_\_\_\_

## (四) 第三者之索償 (4) THIRD PARTY CLAIM

(甲) 閣下是否被要求賠償

是 Yes

要求賠償若干

(a) Has claim been made upon you? 否 No

If so, for what amount? \_\_\_\_\_

(乙) 要求賠償者是否有投購保險

是 Yes

保險公司名稱

(b) Is claimant insured? 否 No

Name of Company \_\_\_\_\_

(丙) 閣下有否向要求賠償者承認責任

是 Yes

(c) Have you in any way admitted liability to the claimant? 否 No

2305-16, Sun Hung Kai Centre, 30 Harbour Road, Hong Kong. Tel.: (852) 2827 8111 Fax: (852) 2827 0622

Web Site: www.shkpi.com.hk E-Mail: shkpi@shkp.com

香港港灣道30號新鴻基中心2305-16室



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## (五) 証人 (5) WITNESSES

請盡可能內詳記所有証人，旁觀者，或出事地點附近之目擊者及其它路聽此次意外事件者之姓名及地址。

Whenever possible please obtain names and addresses of witness, bystanders or persons in the immediate vicinity who may have seen the accident or heard statements made by any of the persons involved.

姓名	年齡	性別	電話
Name	Age	Sex	Tel
_____	_____	_____	_____
地址	_____		
Address	_____		

## (六) 曾否通知警察或消防署？

是 Yes

## (6) Have the Police Authorities / Fire Service Department been informed?

否 No

警署

報案日期

警方檔案號碼

Police Station \_\_\_\_\_

Reported Date \_\_\_\_\_

Police Report No. \_\_\_\_\_

## 聲明及授權書 DECLARATION AND AUTHORIZATION

本人/吾等聲明上述資料完整及正確無訛。本人/吾等並無隱瞞任何重要資料。本人/吾等明白保險公司可要求更多資料。

I / We declare that the above information is true and complete to the best of my / our knowledge and belief and I / we have not withheld any material information connected with this claim. I / We understand that the Company can request for more information.

本人/吾等現授權任何機構可將本人/吾等之意外報告等資料給予新鴻基地產保險有限公司或其代表以作為評估現有個案之用途。此授權書之副本與正本同等有效。

I / We hereby authorize any authorities or organization that has any records or knowledge of me / us or my / our accident to furnish to Sun Hung Kai Properties Insurance Ltd or its authorized representative, any and all information with respect to my / our report of accident for the purpose of assessment of my / our present case. A photostat copy of this authorization shall be considered as effective and valid as the original.

投保人簽署(並蓋章，如適用)

Signature of Insured \_\_\_\_\_

(With company stamp if appropriate)

日期

Date : \_\_\_\_\_



# 新鴻基地產保險有限公司

## Sun Hung Kai Properties Insurance Limited

新鴻基地產成員  
Member of Sun Hung Kai Properties

新鴻基地產保險有限公司(本公司)  
就個人資料(私隱)條例  
致客戶有關個人資料的通告

關於投保人在本公司所出具之保單,本公司謹此通知投保人所提供的或將提供的個人資料將作以下用途:

- (甲) 本公司的日常運作及提供保險,財務及其他服務;
- (乙) 處理保單之發出及續期申請;
- (丙) 提供保險及其他財務之銷後服務;
- (丁) 處理,分析及調查任何保單之賠償;
- (戊) 設計及推廣本公司的產品及服務;及
- (己) 方便本公司與投保人通訊。

投保人保單內提供之個人資料,包括受保人之個人資料在內,無論是投保人提供或本公司從其他途徑搜集,一切將受最嚴謹保護,但可向以下人士披露:

- (甲) 本公司僱員,經紀及中介人;
- (乙) 任何本公司之聯營及有關之公司,及任何經營業務之公司;
- (丙) 任何本公司之賠償調查公司,法律顧問,會計師及其他服務提供者;
- (丁) 任何保險業公會,協會或保險工業組織;及
- (戊) 根據對本公司有約束性之法例,有權索取此等資料之執法機關。

根據及按照上述條例之規定,投保人有權要求查閱本公司所保存有關投保人之個人資料,並要求將之改正。本公司處理此等要求時將收取合理之費用。有關之要求可於七天前以書面提出並寄交:

香港灣仔港灣道30號  
新鴻基中心2305-16室  
新鴻基地產保險有限公司  
保障資料私隱主任

**\* 中文譯本僅供參考,如釋義有差異,概以英文本為準。**

Sun Hung Kai Properties Insurance Limited (the "Company")  
Circular to Customers relating to the Personal Data (Privacy) Ordinance  
Use of Personal Data

We hereby give you notice that the personal data supplied or to be supplied by you to us in connection with this Policy will be used for:-

- (a) our daily operation, and for our provision of insurance, financial or other services;
- (b) processing applications for the issue of insurance policies and their renewal;
- (c) providing subsequent services for any insurance policies and other financial products or services;
- (d) processing, analyzing and investigating any claim under any insurance policy;
- (e) designing and marketing to you or otherwise our products and services; and
- (f) facilitating communication between you and us.

The personal data in respect of you and the Insured Person(s), whether supplied by you or collected by us through other means, will be treated with the strictest level of confidence but may be disclosed to:

- (a) our employees, agents and intermediaries;
- (b) any of our associated, holding, subsidiary or related companies, and any other companies carrying on insurance or reinsurance business;
- (c) any of our claims investigation companies, legal advisors, accountants or other service providers;
- (d) any association, federation or other organization of the insurance industry; and
- (e) any law enforcement agencies under any law binding on us.

Pursuant to the Personal Data (Privacy) Ordinance, you and the Insured Person(s) are entitled to have access to your or the relevant Insured Person's own personal data which are held by us and/or to correct such data on payment of a reasonable fee to cover our administrative charges and expenses. Such request should be made in writing with 7-days advance notice to:

Data Privacy Compliance Officer,  
Sun Hung Kai Properties Insurance Limited,  
2305-16, Sun Hung Kai Centre,  
30 Harbour Road,  
Wanchai,  
Hong Kong.

Thank you for your attention.  
March 2000

2305-16, Sun Hung Kai Centre, 30 Harbour Road, Hong Kong. Tel.: (852) 2827 8111 Fax: (852) 2827 0622  
Web Site: [www.shkpi.com.hk](http://www.shkpi.com.hk) E-Mail: [shkpi@shkpi.com](mailto:shkpi@shkpi.com)  
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損失列表  
SCHEDULED OF LOSS

失物種類(包括現金) Description of Lost Articles (including cash)	從何購置 From Whom Acquired	購置日期 Date Acquired	原價 Original Cost	重置價值 Replacement Cost	索償數目(港幣) Amount Claimed (HKD)
索償總額 TOTAL AMOUNT CLAIMED					