

Personal Property Claim Report**私人財物索賠報告**

Please return to:
請寄回至

Claim No: (Office Use Only)
賠償檔案號碼(本公司專用)

Please answer all relevant questions fully and return this form within seven days. 請詳盡回答全部有關問題，並於七天內寄回

INSURED 投保人

Policy No:
保險單號碼

Full Name
姓名

Occupation
職業

Insured Address
住宅地址

Post Code
郵政號碼

Telephone Number
電話號碼

Correspondence Address
辦事處地址

Post Code
郵政號碼

Telephone Number
電話號碼

THE EVENT 意外事故

Date
日期

Time
時間

am / pm
上午/下午

Place where loss occurred
地點

When & by whom discovered
何時發生及被誰發現

Please state fully what happened
請詳述事故發生經過

If known please state name and address of person causing loss or damage 如知悉，請提供造成損失者之姓名及地址

Name
姓名

Address
地址

If you are claiming for lost or stolen articles, police must be advised promptly. They must also be advised in the case of malicious damage. Please state date police were advised and name and address of station.

如因財物被竊、遺失或遭到惡意破壞而提出索賠必須盡速報警，並列明報案日期，警署名稱及地址

Name of Station
警署名稱

Address of Police Station
警署地址

Officer's Number
警官編號

Date
日期

Have you previously made a claim of this nature upon any company or underwriter?
你以往曾否向別家保險公司作出類似的索賠?

Yes 是 No 否

If "Yes", please give details
如“是”，請提供詳情

BUILDINGS - DETAILS OF CLAIM 房屋索賠情

Loss or damage details 請述損毀情況	Approx. age of property referred to in previous column 左面一欄的財物估計建造年份	If decorations damaged, state when last decorated (each room or part damaged) 如裝修遭受毀壞請說明最後裝修日期(每一房間或是部份損壞)	Amount of tradesmen's estimate. Please attach estimate 裝修估價 請附估價單	Amount claimed 索賠金額
			£	£
			£	£
			£	£
			£	£

Please complete relevant sections 請填上有關的項目

Are you the sole owner? 你是否物業唯一的擁有人?。 Yes 是 No 否

If "NO", please give name and address of owner or any other party having an interest in the property e.g. Building Society or Bank (如“否”請列出其他所有人或對房屋有權益者的姓名及地址。例如房屋協會、銀行等)

Was the house fully furnished for habitation? 屋內是否備有適宜居住的完善傢具? Yes 是 No 否 **Is it used solely as a private dwelling?** 是否只用作私人住宅用途? Yes 是 No 否 **If a tenant, are you legally liable under an agreement for decorations or other repairs to the building?** Yes 是 No 否

如果是租客,根據契約你是否在法律對該房屋裝修或維修負責?

If "YES". Please forward the agreement for perusal 如“是”,請出示該契約

Are there any other insurances on the building? Yes 是 No 否

是否有其他承保該房屋的保險?

If "YES", please give details including name, address and policy number of any other insurers, if known 如“是”,請提供詳情業包括保險公司名稱、地址和保險單號碼

Insurer
保險公司名稱 **Address**
地址 **Policy No.**
保險單號碼 **State present value of building** £
房屋現時之價值**CONTENTS - (Including articles specifically insured) 屋內財物 (包括特別聲明投保之物品)**State total value of the contents of your premises at the time of the loss
在發生事故時屋內財物總值是? £ **DETAILS OF CLAIM 索賠詳情**

Description of articles 財物描述	From whom obtained (name and address) 由何處購買 (名稱及地址)	Date acquired 獲得日期	Original purchase price 購買原價	Cost to replace or repair 換新或修理估價	Value of salvage 殘餘價值	Amount claimed 索賠金額
			£	£	£	£
			£	£	£	£
			£	£	£	£
			£	£	£	£
			£	£	£	£

Are you the sole owner of the articles? 你是否財物唯一的擁有人?。 Yes 是 No 否

If "NO", please give name and address of the owner 如“否”請列物主的姓名及地址

Name
姓名
Address
地址

Are you aware of any alternative insurance arrangements in respect of specific articles such as mobile telephones, television or audio and hi-fi equipment which might form a part of the claim now being made? If so, please provide details

閣下所損財物例如手提電話、電視或音響器材等,是否已有其他保險承保?如有請提供以下資料

Other Insurers Name
保險公司名稱 **Address**
地址 **Policy No.**
保險單號碼 **DECLARATION 聲明**

I/We hereby declare that to the best of my knowledge and belief these particulars are true and complete. I/We understand that you may ask for information from other insurers to check the answers I/We have provided.

本人/我們謹此聲明以上所述是我/我們所知道的全部情況並確實無訛。本人/我們深知本報告書的資料將會跟其他保險公司覆核。

Signature
簽署 **Date**
日期 Address: The Communications Building, 48 Leicester Square, London WC2H 7LT Tel: 020 7839 1888 Fax: 020 7839 1188
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