



THE PACIFIC GROUP

太平洋保險有限公司 THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

賠償部: 香港灣仔皇后大道東43-59號東美中心10字樓
Claims Department: 10/F., Dominion Centre, 43-59 Queen's Road East, Wanchai, H.K.

電話: 2876 0288
Tel : 2876 0288

傳真: 2876 0222
Fax : 2876 0222

Official Use: Claim No.

MARINE CARGO INSURANCE CLAIM FORM 水險索償表格

Particulars of the Assured

保戶資料

Name 名稱	Telephone No. 電話號碼
Address 地址	Policy No. 保單號碼

Particulars of the Claimant (if not the Assured)

索償人資料 (如非保戶)

Name 名稱	Telephone No. 電話號碼
Address 地址	

Particulars of the Incident

事故資料

Conveyance / Steamer 運輸工具 / 船舶名稱			
Voyage: 航程:	From 由	To 至	Via 經
Date of Arrival 貨到日期	Date of Delivery 提貨日期	Date of Survey 驗貨日期	
Details of Loss / Damage 貨損詳情			
Statement of Claim 索償清單			Claim Amount 索償金額

Particulars of the Incident (Cont'd)

事故資料 (續)

Please supply us with the following document(s)

請提供以下文件

- | | | | |
|---|------------------|---|---|
| 1) Original Policy
保險單正本 | 2) Invoice
發票 | 3) Packing Lists / Weight Note
裝箱單 / 磅碼紙 | 4) Original Bill of Lading / Airway Bill
提單 / 空運提單正本 |
| 5) Exception Note / Short – Delivery Note issued by Carriers
由承運方簽發的貨損證明 / 短欠證明 | | 6) Survey Report
公証人的貨檢報告 | |
| 7) Correspondence exchanged with the Carriers and other Parties regarding their liability for the loss or damage
與貨運方及其他各方就貨損應付責任的來往函件 | | | |

Declaration

聲明

I/We hereby declare the foregoing particulars to be true in every respect and I/we undertake to give the Company all assistance in my/our power in dealing with the matter. I/We also have read and fully understood the contents printed below and hereby give my/our consent thereto.

吾/吾等謹此聲明以上所列乃屬真實，並願協助辦理一切有關事宜。此外，吾/吾等亦已閱讀及完全明白並同意下面所列印之內容。

Signature of Claimant
(with company chop if applicable)
索償人簽署
(如屬公司請蓋章)

Date
日期

Personal Information Collection Statement

The information you provided in this Claim Form is collected to enable us to carry on insurance business and may be used for the purpose of:

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim;
- exercising any right of subrogation; and

may be transferred to:

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- any association, federation or similar organisation of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and
- any members of the Federation by the Federation for any of the above or related purposes.

Moreover, The Pacific Insurance Company, Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by The Pacific Insurance Company, Limited. Requests for such access can be made to The General Manager at 10th Floor, Dominion Centre, 43-59 Queen's Road East, Wanchai, Hong Kong.

收集個人資料聲明

閣下在此索償表格內所提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償，或該等索償的調查或分析；
- 行使任何代位權；及

可能移轉予：

- 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
- 現存或不時成立的任何保險公司協會或聯會或類同組織（「聯會」），以達到任何上述或有關目的，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；及
- 或透過聯會移轉予任何聯會的會員，以達到任何上述或有關目的。

此外，在此授權太平洋保險有限公司由聯會從保險業內收集的資料中查閱及/或核對閣下任何資料。

閣下有權查閱及要求更正由太平洋保險有限公司持有有關閣下的個人資料。如有此項要求，可向香港灣仔皇后大道東43-59號東美中心十字樓本公司總經理提出。