

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

(INCORPORATED IN HONG KONG IN 1960)

賠 償 部 Claims Department	電話: 2876 0288 Tel: 2876 0288	傳真: 2876 0222 Fax: 2876 0222

# PROPERTY / LIABILITY INSURANCE CLAIM FORM 財物/責任保險索償表格

Claim No.

### Type of Insurance

Official Use:

Recording Time Type of This area of the Control of					
Please ✓ as appropriate 請在適當的方格內加上 ✓ 號					
□ Fire 火險		Family Comprehensive 家居綜合保險	е		Office Multi-Risks 辦公室綜合保險
□ Shop Basic 商店簡易保險		Machinery 機械保險			Burglary 盗竊保險
□ Public Liability 公眾責任保險		Contractors "All Risks 建築全險	,,,		Money In Transit 現金運送保險
□ Marine Hull 船隻保險		Golfer 高爾夫球保險			Small Unmanned Aircraft Liability 小型無人機保險
Particulars of the Insured 保戶資料					
Name 名稱					
Address 地址					
Telephone No. 電話號碼	Email Address 電郵地址		Occupation / Trade 職業 / 行業		Policy No. 保單號碼
Particulars of the Incident 事故資料			,		
Date 日期			Time 時間		(AM / PM) (上午 / 下午)
Detailed address of the place of incident 事故地點之詳細地址					
Details of the incident 事故詳情					

# Particulars of the Incident (Cont'd) 事故資料 (續)

事以貝什 (領)					
Whether police was notifie 有否通知警方?	d?	□ Yes 有	□ No 否		
If "Yes", please give the do如"有",請述明:	<i>指</i> 女 522		Report No. 報案號碼		
Have you taken out any otl 閣下於是次事故中, 有否	her Insurance policies against the incident? 受保於其他保險合約?	□ Yes 有	□ No 否		
If "Yes", please give the do 如"有",請述明:			Policy No. 保單號碼		
	Type of Insurance 保險種類		Claim No. 索償號碼		
Particulars of Witness: 目擊者資料:	Name 名稱		Telephone No. 電話號碼		
	Address 地址		l .		
Property Claim 財物索償					
Description of lost / damag 損失/損毀財物詳情	ged property		Claim Amount (HK\$) 索償金額 (港幣)		
	the lost / damaged property ?	□ Yes	□ No		
閣下是否損失 / 損毀財物的唯一物主 ?					
If "No", please state the details: 如"否",請詳述:					
Please supply us with the following document(s), (if any): 請提供以下文件 ,(如有):					
1) Photographs of damag 損毀物品之照片	ed articles 2) Purchase In 購買發票 / I		3) Repair Quotation 維修報價單		
4) Police Report / Statem 警方報告 / 口供		port issued by Building Manag 之事故報告	ement		

## **Liability Claim**

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Name of the Third Party			Telephone No.	
第三者名稱			電話號碼	
Occupation / Trade	Sex	Age	Relationship between	the Insured and the Third Party
職業/行業	性別	年齡	保戶與第三者之關係	
1907K 117K	1277	1 1001	VV	
Address			•	
地址				
Nature and extent of injury / loss / damage				
受傷 / 損失 / 損毀之性質及程度				
Have you admitted liability to the third party?		□ Yes		No
閣下是否已向第三者承認責任?		是		否
If "Yes", please state the details:				
如"是",請詳述:				
Have you received any claim from the third party	'?	□ Yes	Ц	No 不
閣下是否已收到第三者索償要求?		是		否
If "Yes", please state the details:			Claim Amount (HK\$):	
如"是",請詳述:			索償金額 (港幣):	
	/			
Please supply us with the following document 請提供以下文件,(如有):	(s), (if any):			
明证内外工人口,(知为)。				
1) Photographs of damaged articles	2) Police Report /	Statement	3) Claim Letter /	Document from Third Party
損毀物品之照片	** 警方報告 / ロ		第三者之索債	
			.,	
4) Repair Quotation		t issued by Building Mar	nagement	
維修報價單	管業處發出之	事故報告		
<b>5</b> 1 4				
Declaration				
聲明				
I/We hereby declare the foregoing particulars to be the matter. I/We also have read and fully understo	e true in every respect a	nd I/we undertake to give	the Company all assistance	e in my/our power in dealing with
the matter. If we also have read and runy undersit	ood the contents printed	overical and hereby give	my/our consent mereto.	
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。』	比外,吾/吾等亦已閱	讀及完全明白並同意背頂	頁所列印之內容。
			/	· · · · · · · · · · · · · · · · · · ·
Signature of Insured				
(with company chop if applicable)			Date	
(如屬公司請蓋章)			-	_

#### **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。