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M117

- You can report a claim anytime, anywhere around the world, simply click on the following for online claim lodgement:-
您可以隨時隨地在世界各地申請索賠，只需點擊以下網址提出申請：
URL : <https://forms.msig.com.hk/Forms/ClaimProperty> QR : 
- Please complete and submit this Claim Form to us within 30 days from the date of accident, together with relevant supporting documents. Further information may be needed in the future.
• Post: MSIG Insurance (Hong Kong) Limited - Macau Branch, Claims Division
Avenida Da Praia Grande, No. 693 Edif. Tai Wah 13 Andar A & B, Macau
請將填妥之索償表格連同有關證明文件，並於事發後30天內呈交本公司。稍後可能需要提供進一步資料。
• 郵寄地址：三井住友海上火災保險（香港）有限公司 澳門分公司 理賠部
澳門南灣大馬路693號 大華大廈13樓A & B座
- For inquiry, please call our Claims Services Hotline at (853) 2892 3329.
如有任何查詢，請致電我們的賠償服務熱線 (853) 2892 3329。

Policyholder's or Insured Person's Information 保單持有人或受保人資料				Policy No. 保單號碼	
Surname in English 姓 (英文)				Given Name in English 名 (英文)	
Company Name (if applicable) 公司名稱 (如適用)					
Contact Details 聯絡人資料					
Surname in English 姓 (英文)		Given Name in English 名 (英文)		Gender 性別 <input type="checkbox"/> M 男 / <input type="checkbox"/> F 女	
Email Address 電郵				Mobile/Contact No. 手提電話/聯絡電話	
Correspondence Address 聯絡地址					
If we need to contact you in written, which method would you prefer most? 如本公司需要以書面聯絡閣下，您認為那一種聯絡方式比較適合？				<input type="checkbox"/> Mail 郵件 <input type="checkbox"/> Email 電子郵件	
Claimant Details (if the claimant is not the insured person or Policyholder) 索償人資料 (如索償人並非保單持有人或受保人)					
Surname in English 姓 (英文)		Given Name in English 名 (英文)		Gender 性別 <input type="checkbox"/> M 男 / <input type="checkbox"/> F 女	
Company Name (if applicable) 公司名稱 (如適用)					
Email Address 電郵				Mobile/Contact No. 手提電話/聯絡電話	
Relationship with the Insured Person # 與受保人之關係 #				ID No. / Passport No. 身份證/護照號碼 ()	
# Please provide document for proof of relationship, e.g., copy of Marriage Certificate or Birth Certificate # 請提供關係證明文件，如：結婚證書或出生證書等。					

Class of Insurance 保險類別			
<input type="checkbox"/> Domestic Home 家居財物 <input type="checkbox"/> Personal Property 個人財物 <input type="checkbox"/> Commercial Property 商業財物 <input type="checkbox"/> Engineering/ Other 工程/其他			
Is there any other insurance covering the lost/damaged item &/or property? Please also choose "YES" if you have not reported to them yet. 您是否有其他保險保障遺失或損毀的物品和/或財物？如果還沒有向他們報告，也請選擇「有」			<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please provide the information below 有，請提供下列資料
Name of Insurance Company 保險公司名稱		Policy No. / Claim No. 保單號碼/索償號碼	

Claim Settlement Method 賠償方法 (Available for Bank of China Macau Branch, Banco Nacional Ultramarino or Industrial and Commercial Bank of China only 只適用於中國銀行澳門分行、大西洋銀行或中國工商銀行(澳門)客戶)			
To quicken our settlement for any valid claim, please provide your banking details if you prefer direct credit. 在成功審批賠償後，本公司可以將賠款直接過戶。如閣下選擇此項服務，敬請提供銀行存款戶口號碼。			
Bank Name 銀行名稱	<input type="checkbox"/> Bank of China Macau Branch 中國銀行澳門分行 <input type="checkbox"/> Banco Nacional Ultramarino 大西洋銀行 <input type="checkbox"/> ICBC(Macau) 工銀澳門		
Account Holder's Name 戶口持有人姓名 (Must be the same as the Policyholder/ Insured Person 必須與保單持有人/受保人相同)			
Bank A/C No. 銀行帳戶號碼			<input type="checkbox"/> MOP 澳門幣 <input type="checkbox"/> HKD 港幣

Circumstances of Loss or Damage 有關遺失或損毀詳情	
Date of loss/ damage (dd/mm/yy HH:MM) 遺失／損毀日期（日／月／年 時：分）	
Place where the incident occurred 遺失／損毀事件地點	
Please describe how the loss/ damage happened 請詳述財物遺失／損毀的經過	

Has/ Will the incident reported/ be reported to the local police/ management office / any other responsible party? 閣下是否已向／將會向警方／管理公司／其他人仕報告此宗事故？		<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please specify 有，請註明	
<input type="checkbox"/> Local Police 警方* <input type="checkbox"/> Management Office 管理公司 <input type="checkbox"/> Other 其他：_____			
*Which Police Station was the incident reported to *該意外已向那一所警署報案			
Date of report (dd/mm/yy) 事故報告日期（日／月／年）		Reference no. of the loss / damage report 檔案編號 #	
# Please provide us a copy of the above report. 請提供上述之檔案副本。			

Details of Property Lost or Damage 遺失或損毀項目詳情			
Describe the Lost/ Damaged Items (including the brand name and model no.) 請列明有關遺失或損毀物品的詳細資料（包括牌子及型號）	Date of Acquired 購置日期	Purchase Amount 購買金額	Claim Amount 索償金額

# Please attach supplementary sheet if necessary. 如有需要，請另附紙張填寫其他遺失或損毀項目。	
To facilitate consideration of your claim, please ensure you have submitted the required basic supporting documents: 請確定閣下於呈交索償表時，一併提交索償所需的基本證明文件，以便本公司辦理閣下的索償事宜：	
<input type="checkbox"/> Previous Purchase Invoice/ Official Receipt / Decoration Invoice of any property to be claimed 索償財物於事發前的購買發票／收據／裝修發票 <input type="checkbox"/> Photos showing the extent of damage 有關損毀物件之相片	<input type="checkbox"/> Purchase/ Repair/ Replacement Quotation/ Invoice / Receipt 購買／維修／重置之報價單／發票／收據

Are you the owner of damaged/ lost item &/or property? 閣下是否損毀／損失財物之物主？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No, please provide the information below 不是，請提供以下資料
Name & address of the owner 物主姓名及地址	

Is the property/ item subject to a hire purchase or loan agreement? 閣下之財物是否以分期付款或貸款合約下購入？	<input type="checkbox"/> Yes, please provide the information below 是，請提供以下資料 <input type="checkbox"/> No 不是
Name and address of the finance or lending company, and the agreement number 財務或貸款公司名稱及地址和合約號碼	

Are you the occupier of the Insured premises? 閣下是否居住於該受保物業？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No
Were the premises occupied at the time of the loss? 在事發時，該物業是否有人居住或使用？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No, please provide the information below 不是，請提供以下資料
Date and Time the premises was last occupied 請提供最後有人居住或使用的日期及時間	

Additional questions for Domestic Home Insurance Claim 如屬家居損毀索償，請提供以下之額外資料

When was it decorated and/or renovated? (mm/yy)
於什麼時候裝修？（月/年）

Which parts was/ were decorated and/ or renovated:
曾作裝修之位置：

- ☐ Kitchen 廚房 ☐ Bath room 浴室 ☐ Ceiling 天花 ☐ Wall 牆
☐ Floor replacement 地板更換 ☐ Floor polishing 地板打蠟
☐ Others 其他 _____

Please complete the below if the above incident was resulting from your/ the insured premises, which also affected other party(ies)
如上述事件是由閣下／受保物業或財物之事故而引至，並引致任何其他人士因影響／遭受損失，請填寫下列部份

Third Party Liability 第三者責任

Please tick the box of the claim item(s)
請於方格內填上索償項目

- ☐ Water Leakage/Escapes and damage to other property 因漏水而引致其他財物損失
☐ Other Third Party Property Damage only 其他第三者財物損失
☐ Other Third Party Bodily Injury only 其他第三者身體受傷
☐ Other Third Party Property & Bodily Injury only 其他第三者財物損失及身體受傷
☐ Other 其他 _____

***IMPORTANT - Please send us all correspondence directly relating to any third party claim, and do not admit any liability to the third party.**
重要事項 — 如收到第三者的索償信件，請勿私下作出回覆。閣下必須將該等信件交予本公司。

Are you/ Is the insured the owner of the insured premises?
閣下／受保人是否該受保物業的業主？

☐ Yes 是 ☐ No 不是

Are you/ Is the insured the occupier of the insured premises?
閣下／受保人是否居住或租用該受保物業？

☐ Yes 是 ☐ No 不是

Was there any work by contract undertaken at the time of incident?
在事故發生時是否有任何合約工程正在進行中？

☐ No 沒有
☐ Yes, please provide the information below 有，請提供以下資料

Please give details, including the name, address and contact no. of the contractor 請提供承包商姓名，地址和聯絡號碼：

Has any precautionary measure been taken at the time of incident?
事故發生時是否已有採取預防措施？

☐ No 沒有
☐ Yes, please provide the information below 有，請提供以下資料

Please give details 請提供詳情

Following the incident, has any remedy work been taken?
事故發生後，有沒有採取任何補救措施？

☐ No 沒有
☐ Yes, please provide the information below 有，請提供以下資料

Please give details 請提供詳情

Was there any witness of the incident?
事故中有沒有其他證人？

☐ No 沒有
☐ Yes, please provide the information below 有，請提供以下資料

Please provide the name(s), address(es), and contact information(s) of the witness(es) 請提供目擊證人之姓名、地址及聯絡方法

Please state your own view on liability 請說明閣下對是次事件就責任問題上的意見

Third Party Information 第三者資料
A. Third Party Property Damage 第三者財物損失

Damage Items & Extent of Damage 損壞物品和損壞程度

Owner's Name 物主名稱

Owner's Address 物主地址

Estimated cost 估計金額

B. Third Party Bodily Injury 第三者人身傷亡

 Name of injured person
傷者姓名

 Extent of injury
受傷程度

 Contact No. &/or address of Injured
傷者聯絡號碼及地址

 Taken to hospital?
是否已送往醫院?

☐ Yes 是 ☐ No 不是

☐ Yes 是 ☐ No 不是

☐ Yes 是 ☐ No 不是

☐ Yes 是 ☐ No 不是

Declaration & Authorisation 聲明及授權

- I/ We declare that the above information is in all respect true and complete to the best of my/ our knowledge and belief;
本人（等）就此聲明，以上所述事項均根據本人（等）所知及所信的情況下提供，並且為正確及並無遺漏；
- It is agreed that upon request by MSIG Insurance (Hong Kong) Limited - Macau Branch. I/We shall make a statutory declaration to re-affirm the genuineness of all the information contained in this claim form; and
若三井住友海上火災保險（香港）有限公司 澳門分公司 提出有關要求，本人（等）將同意作出重申本索償申請表內資料均屬真確的法定聲明；及
- I, the undersigned claimant, hereby authorise any party concerned to disclose to MSIG Insurance (Hong Kong) Limited - Macau Branch or its representative any and all information with respect to my claimed loss/ damage a photostat copy of this authorisation shall be as effective and valid as the original.
本人為下方簽署之索償人。本人現授權有關人士向三井住友海上火災保險（香港）有限公司 澳門分公司或其代表提供任何一切有關本人於上述索償項目中申報的財物損失的資料記錄。本授權書之影印本的法律效力等同正本。
- I believe that the facts stated in this claim form are true and correct. I acknowledge that the Insurers will rely upon the information supplied by me/ the policyholder/ the insured person, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory/ the policyholders/ insured person under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.
本人確認此索償申請書內之事實均為真實及正確。本人確認貴保險公司會依靠本人／保單持有人／受保人所提供的資料（本人誠實地相信該等資料是真實和正確的），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人／保單持有人／受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。

Signature of Insured Person 受保人簽署
(with company chop if applicable 如屬公司請蓋章)
ID No. 身份證號碼 ()
Date 日期

Signature of Claimant 索償人簽署
(with company chop if applicable 如屬公司請蓋章)
ID No. 身份證號碼 ()
Date 日期

*** IMPORTANT** — Please forward to us all correspondence directly relating to the third party claim and do not admit any liability to third party
*** 重要事項** — 如收到第三者的索償，請勿私下作出回覆。閣下必須將該等信件交予本公司。



PRIVACY POLICY

MSIG Insurance (Hong Kong) Limited ("**MSIG**", "**we**" or "**us**") would ask that you take the time to read these terms and conditions carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

PERSONAL INFORMATION COLLECTION STATEMENT

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any document in relation to the Product or any claim made under the Product.

Your personal data may be used for the purpose of:

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- any sales, marketing, promotion of other general insurance services and products provided by us;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- our related, subsidiary or affiliated companies within the MSIG Group or MS&AD Insurance Group in or out of Macau;
- any other company carrying out insurance or reinsurance related business in or out of Macau;
- any association or federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to MSIG or any member of the MSIG Group or MS&AD Insurance Group.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the Macau Personal Data Protection Act, you have the right to request access to and to request correction of your personal data held by us, and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer.

*The Data Protection Officer
MSIG Insurance (Hong Kong) Limited
Avenida Da Praia Grande No. 693
Edif. Tai Wah 13 Andar A & B, Macau*

Nothing in this statement shall limit your rights under the Personal Data Protection Act.



私隱政策

三井住友海上火災保險（香港）有限公司（下稱「**三井住友保險**」、「**我們**」或「**本公司**」）請你仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧義，將以英文版本為準。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，你須向我們不時供給與我們提供之一般保險服務及產品（下稱「**產品**」）相關的個人資料，讓我們可向你提供客戶服務及改善服務質素。當中包括但不限於你在申請表填寫或任何與產品有關之文件上或任何透過產品索償上所載之個人資料。

你的個人資料可被用於以下用途：

- 向你提供與產品及設施相關之日常運作及行政用途；
- 任何我們提供的其他一般保險服務及產品之銷售、市場營銷及推廣用途；
- 產品變動、取消或更新用途；
- 評估及處理透過產品索償及任何繼後法律訴訟之用途；或
- 由本公司行使代位權利之用途。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 在三井住友保險集團或 **MS&AD** 保險集團內，在澳門或海外與本公司有關之機構、子公司或附屬公司；
- 任何其他在澳門或海外經營有關保險或再保險業務之公司；
- 任何現存或不時成立的協會或保險公司聯會；或
- 任何提供行政服務、索償處理或其他與三井住友保險集團或 **MS&AD** 保險集團成員相關產品服務之代理、承辦商或第三者。

為了確保你的個人資料之準確性，你同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關你的個人資料。

根據澳門個人資料保護法，你有權查閱及更正本公司所持的任何載有你的個人資料之記錄，以及要求選擇拒收任何本公司的直銷通訊。如你欲行使以上權利，請以書面形式通知我們的資料保護主任。

資料保護主任
三井住友海上火災保險（香港）有限公司
澳門南灣大馬路 693 號
大華大廈 13 樓 A&B 座

此聲明所述之條文並不限制你就個人資料保護法可行使之權利。