

(7) a. 您是否就是次意外向其他保險公司索償? Are you entitled to claim under any other insurance policies in respect of this incident? b. 如“是”，列明保險公司的名稱、相關保單編號及保障項目 If “Yes”, state the name of insurance company(ies), respective policy numbers and details of coverage.	a. ☐ 否 No ☐ 是 Yes b. _____
(8) a. 您以往是否曾蒙受類似性質的損失? Have you ever sustained losses of similar nature? b. 如“是”，列明詳情及何時發生 If “Yes”, state details and date(s) of incident(s).	a. ☐ 否 No ☐ 是 Yes b. _____
(9) a. 您以往是否曾就其他保險單索償? Have you ever made claim under any other insurance policy(ies)? b. 如“是”，列明詳情 If “Yes”, state details.	a. ☐ 否 No ☐ 是 Yes b. _____

索償項目及文件 Claim items and documentation

請在申請索償項目方格內填上“✓”，並連同所需之文件及此表格一併交回本公司。本公司可能要求提供額外相關索償文件。
Please tick the relevant section(s), submit the required documents together with this form to our company.

項目 Item ☐ 1) 家居財物 Home Contents ☐ 2) 樓宇 Building ☐ 3) 人身意外 Personal Accident ☐ 4) 法律責任 Legal Liability	索償文件 Claim documents *如遇盜竊、爆竊或搶劫，必須於事件發生後 24 小時內向警方報案。 In case of theft, burglary or robbery, please report to the police within 24 hours. - 大廈管理或有關機構所發出的事件報告以證明有關財物之損失或損毀的事發日期、事件經過及其成因。 Incident report from the building management or authority showing the date, circumstances of incident and its cause of loss or damage. - 索償財物於事發前的室內修發票/購買發票/單據。 Previous Decoration Invoice/Purchase Invoice/Official Receipt of any property to be claimed. - 有關索償財物之相片以顯示損毀程度。 Photos showing the extent of damage to any property to be claimed. - 維修或重置報價單/發票.收據正本。 Original Repair or Replacement Quotation/Invoice/Receipt. - 警方報告及向警方所錄取的証人口供（如適用）。 Police Loss Memo/ Police Statement (If applicable). - 有關展示意外現場及第三者財物受損/人身受傷的照片。 Photos showing the scene of accident and the extent of damage/injury of third party property bodily injury. - 適用於索償項目(3) 醫療報告、死亡証、索償人身份證明文件、索償人與保戶關係及同住的證明文件 Applicable to Claim item 4) Medical report, Death Certificate, Identity Card of the Claimant, documentary proof of the relationship and living with the Insured 如未經本公司同意，請不要開始任何維修工程或棄丟任何殘餘物件。 Please do not commence any repair work or dispose of any salvage items without the Company consent. 若接獲第三者就事件之追討文件或警方提出檢控，請將有關文件送交本公司處理，於未獲得保險公司書面同意前不得向第三者作出任何承諾、提議、承諾賠償或付款 If you have received any claim from third party or notice of prosecution from the police, please forward the same to us unanswered for our handling. You are advised not to make any admission, offer or promise of payment or payment without the Company's prior written consent.
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(1)、(2) 家居財物/樓宇索償項目詳情 Claim Details of Property Damage				
受損財物的詳細資料（包括品牌、型號及產品編號） Full description of damaged items (including brand name, model and serial no.)	購買日期 Date of Purchase	購買日期 Purchase price	索償金額 Claimable amount	如附上相關文件，請“✓” Please tick if documents attached
1.				
2.				
3.				
4.				
5.				
總索償金額Total claimable amount				
(3) 人身意外索償項目 Claim Details of Personal Accident				
索償人資料 Details of Claimant			如附上相關文件，請“✓” Please tick if documents attached	
1. 申索人姓名 Name of Claimant		住所地址 Residential Address		
2. 與保戶關係 Relationship with the Insured				
3. 傷勢及部位 Nature and region of injury				
4. 索償項目 Nature of Claim		永久全完傷殘 ☐ Permanent total disablement 意外死亡 ☐ Accidental Death		
(4) 法律責任索償項目 Legal Liability claims item				
第三者資料 Particulars of Third Party				
事件性質 Nature of Incident				
是次意外或受傷是否有其他人須要負上責任? Was another person responsible for the accident/injury? ☐ Yes ☐ No				
若是，請提供資料： If “Yes”, please provide detail:				
是否收到第三者索償要求? Have you received any claim from third party? ☐ Yes ☐ No				
若是，要求賠償金額： If “Yes”, what is the amount:				
索償人姓名 Name of Claimant	年齡 Age	性別 Sex	職業 Occupation	
地址 Address			聯絡電話號碼 Contact Telephone No.	
財物損毀 ☐ Property Damage		人身受傷 ☐ Bodily Injury		
損毀/損失/受傷性質及程度 Nature and extent of damage, loss or injury		相關文件提供，請“✓” Please tick if Document attached		相片提供，請“✓” Please tick if Photo provided
1.				
2.				
3.				
賠款發放方式 Claim Payment Method :				
請在適當的方格內填上“✓” Please tick the appropriate box:				
☐ 本人同意以支票方式發放賠款。 I agree that the claim payment be made by cheque.				
☐ 本人同意以自動轉帳方式發放賠款(只適用於HK\$500,000或以下的賠款)，並提供以下資料。 I agree that the claim payment be made by auto-pay (only applicable for claim amount equivalent to or less than HK\$500,000) and provide the following information:				
銀行名稱 Name of Bank		戶口號碼 Bank Account No.		
戶口持有人名稱(必須與被保人名稱相符) Name of Account Holder (Must be same as Insured Person)				

聲明及授權
Declaration and Authorization

本人聲明上述資料完整及正確無訛，並無隱瞞任何重要資料。

本人明白本人提供的資料，為中銀集團保險有限公司(“貴公司”)提供保險業務所需，並可能使用於下列目的：

- (i) 處理及審批本人的保險申請或本人將來提交的保險申請；
- (ii) 執行本人保單的行政工作及提供與本人保單相關的服務；
- (iii) 分析或調查、處理及支付本人保單有關的索償；
- (iv) 發出繳交保費通知及向本人收取保費及欠款；
- (v) 任何與保險有關的產品或服務的任何更改、變更、取消或續期；
- (vi) 就以上用途聯絡本人；
- (vii) 貴公司行使任何代位權；
- (viii) 其它與上述用途有直接關係的附帶用途；及
- (ix) 遵循適用法律、條例及業內守則及指引。

貴公司亦可因應上述用途將本人的個人資料移轉予下列各方：

- (a) 就上述用途，向 貴公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- (c) 追討欠款的收數公司或索償代理；
- (d) 保險資料服務公司及信貸資料服務公司；
- (e) 再保公司及再保經紀；
- (f) 本人的保險經紀（若有）；
- (g) 貴公司的法律及專業業務顧問；
- (h) 貴公司的關連公司(以《公司條例》內的定義為準)；
- (i) 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」)及其會員，以達到任何上述或有關目的，或以使「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；
- (j) 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；
- (k) 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；
- (l) 保險索償投訴局及同類的保險業機構；及
- (m) 法例要求或許可的政府機關。

本人在此授權 貴公司可向「聯會」從保險業內收集的資料中查閱及/或核對本人任何資料。

此外，經本人同意，貴公司可能會以其它方式使用及披露本人的個人資料。

本人有權查閱及要求更正由 貴公司持有有關本人的個人資料。如有需要，可向 貴公司法律與合規部提出（電話：2867 0888，傳真：3906 9939）。

I declare that the above information is complete and true to the best of my knowledge and belief and I have not withheld any material information connected with this claim.

I understand that the information I provide to Bank of China Group Insurance Company Limited ("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of:

- (i) processing and evaluating my insurance application and any future insurance application I may make;
- (ii) administering my insurance policy and providing services in relation to my insurance policy;
- (iii) analysis or investigating, processing and paying claims made under my insurance policy;
- (iv) invoicing and collecting premiums and outstanding amounts from me;
- (v) any alterations, variations, cancellation or renewal of any insurance related product or service;
- (vi) contacting me for any of the above purposes;
- (vii) exercising any right of subrogation;
- (viii) other ancillary purposes which are directly related to the above purposes; and
- (ix) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose my personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) my insurance broker (if I have one);
- (g) the Company's legal and professional advisors;
- (h) the Company's related companies (as that term is defined in the Companies Ordinance);
- (i) any association, federation or similar organization of insurance companies ("Federation") and its members 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;
- (j) any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- (k) 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;
- (l) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (m) government agencies and authorities as required or permitted by law.

The Company is hereby authorized to obtain access to and/or to verify any of my data with the information collected by the Federation from the insurance industry.

Moreover, the Company may also use and disclose my personal data otherwise with my consent.

I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Requests for such access can be made to the Company's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

索償人 / 被保人 簽署
Signature of Claimant / Insured Person
日期
Date:

保戶簽署 (如屬公司請蓋章)
Signature of Insured (with company chop if applicable)
日期
Date: