招商永隆保險有限公司
CMB Wing Lung Insurance Company Limited
招商局集團成員公司
A Member Company of China Merchants Group
電話 Tel: (852) 2830 5447
傳真 Fax: (852) 2840 0769
電郵 Email: enquiry@cmbwinglunginsurance.com
www.cmbwinglunginsurance.com

招商永隆保險
CMB WING LUNG INSURANCE

Sweet Home Insurance Claim Form
「家居樂」保險賠償申請表

Please submit this Claim Form with all necessary original supporting documents **within 30 days** after occurrence of accident.
賠償申請表連同所有相關證明文件之正本必須於意外發生後 **30 天內**遞交。

CMB Wing Lung Insurance Company Limited (the "Company") is entitled to request from you any additional information / documents as necessary, and assign loss adjusters for investigation.
招商永隆保險有限公司（「本公司」）在有需要的情況下有權要求閣下提供更多資料 / 文件，以及委派公證行進行調查。

Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.
填寫及遞交此賠償申請表並不表示本公司承擔賠償責任。

Personal Details 個人資料

Name of Insured / Claimant 保戶 / 索償人姓名

Policy No. 保單號碼	Tel. No. 電話號碼

E-mail Address 電郵地址
Correspondence Address 通訊地址

Claim Information 索償資料

Date of Accident / Loss 意外 / 損失日期	Place of Accident / Loss 意外 / 損失地點

Full Description of Incident (cause and manner) 事件詳細經過（起因及情況）
Are you the landlord or tenant? 閣下是否業主或租客？
Can you identify any parties who may be responsible for the incident? 閣下是否認為由何人疏忽引致意外發生？ NO 否 ☐ YES 是 ☐ Please provide details 請詳述 _____
Have you reported this incident to the police? 閣下曾否向警方報告此次意外事件？ NO 否 ☐ YES 是 ☐

If yes, please state name of police station 如有，請列明警署名稱 **Please attach a copy of the police statement / loss memo * 請附上口供紙 / 報失紙副本*	Police Report No. 警方檔案編號

Any other insurance covering this incident / loss? 有否其他保險承保是次事件 / 損失？ NO 否 ☐ YES 是 ☐

If yes, please state name of insurance company 如有，請列明保險公司名稱	Policy No. 保單號碼	Type of Benefit 保障類別

Have you applied for claim(s) in any other insurance company for loss of same nature? NO 否 ☐ YES 是 ☐ 閣下曾否就同樣性質的損失向其他保險公司索償？
If yes, please state name of insurance company 如有，請列明保險公司名稱

Witnesses 見證人

Give name(s), contact number(s) and address(es) of witness(es) 請提供見證人的姓名、聯絡電話及地址

Name 姓名	Tel. No. 電話號碼	Address 地址

Household Contents / Building 家居財物 / 屋宇

List of Lost or Damaged Property 損失或損毀財物明細表

Claim Item(s) (i.e. Type, Brand Name, Model No., Dimensions) 索償項目 （類型、牌子、型號、受影響範圍）	Date of Purchase / Installation 購買 / 裝置日期	Purchase Price 購買價值	Amount Claimed (HK$) 索償金額（港幣）	Invoice / Quotation Attached? 已附發票 / 報價單？
				NO 否☐ YES 是☐
				NO 否☐ YES 是☐
				NO 否☐ YES 是☐
				NO 否☐ YES 是☐
				NO 否☐ YES 是☐
				NO 否☐ YES 是☐
				NO 否☐ YES 是☐
				NO 否☐ YES 是☐
				NO 否☐ YES 是☐
				NO 否☐ YES 是☐

Are you the sole owner of the lost or damaged property? 閣下是否損失或損毀財物之唯一擁有人？ NO 否 ☐ YES 是 ☐

If no, who own(s) the lost/damaged property? 如否，誰擁有該損失或損毀財物？

Were the premises unoccupied at the time of the incident? 事件發生時該樓宇是否空置？ NO 否 ☐ YES 是 ☐

If yes, since when? 如是，從何時開始？

Personal & Occupier's Liability 個人及佔用人責任

Whose negligence caused the accident? 事故是由何人之疏忽而引致？

Insured 受保人 ☐ Other 其他人 ☐

Please provide Name 請提供姓名 _____ Contact No. 電話號碼 _____

Address 地址 _____

Has any claim been made against you? 閣下有否收到第三者索償？ NO 否 ☐ YES 是 ☐

If yes, please give the following details 如有，請提供以下資料

Name of third party / injured person 第三者 / 傷者姓名 _____ (Sex 性別 _____ Age 年齡 _____)

Details of third party's damaged item(s) / nature and extent of injury 第三者損毀財物詳細資料 / 傷勢、受傷部位及程度

Third party's claim amount 第三者索償金額 _____

Have you admitted liability and/or made any offer / compensation to third party following the incident? NO 否 ☐ YES 是 ☐

事故發生後，閣下有否向第三者承認責任及 / 或作出賠償？

If yes, please give details 如有，請詳述

Claim Payment Method 賠款發放方式

☐ HKD Cheque 港幣支票： Name of Payee 受款人姓名 _____

☐ Hong Kong Bank Transfer 本地銀行過數 (HKD account only. Not applicable to claim payment over HK$50,000. 只限港幣戶口，不適用於賠款超過港幣五萬元)

Name of Account Holder (Must be same as Insured) 戶口持有人姓名（必須與保戶名稱相符）

_____

Bank Name 銀行名稱 _____

Bank Code 銀行號碼	Branch Code 分行號碼	Account Number 戶口號碼

CL/SH007/1125

Document Checklist 所需文件指引

Below is a list of documents required to proceed with your claim. In certain circumstances, more information may be required to substantiate the claim.
請提供下列文件。本公司可能就個別情況需要進一步要求文件證明，以處理索償申請。

Household Contents / Building 家居財物 / 屋宇	
Property Damage / Loss 財物損毀 / 損失	☐ Colour photos showing the extent of damage to each claimed item 彩色照片顯示每件索償物品的損毀程度 ☐ Original purchase receipt(s) of the damaged or lost item(s) 損毀或損失物品的購買收據正本 ☐ Repair quotation stating cause of damage or original non-repairable certificate issued by repairer 列明損壞原因之維修報價單或維修商發出之不能維修證明信正本 ☐ Replacement receipt if damaged item is beyond repair 重置損毀物品收據（如損毀物品無法修復） ☐ Installation proof of the damaged household improvement such as quotation / invoice for renovation to the insured premises prior to the loss 受損家居修繕之裝置證明，例如意外前受保樓宇的裝修報價單或發票 ☐ Incident report or letter from building management office stating the cause of incident 大廈管理處事件報告或信件說明意外起因 ☐ Correspondence from the Food and Environmental Hygiene Department &/or the Buildings Department regarding water seepage problems 食物環境衛生署及 / 或屋宇署就滲水問題發出的信件 ☐ Copy of police statement if the loss was caused by theft / burglary / fire 如遇盜竊、爆竊、火警，請提供警方口供紙副本
Personal & Occupier's Liability 個人及佔用人責任	
Third Party Property Damage 第三者財物損毀 Third Party Bodily Injury 第三者人身傷亡	☐ Colour photos showing the accident scene and extent of damage to third party property or extent of injuries sustained by third party 彩色照片顯示意外現場環境和第三者財物損毀程度或第三者受傷程度 ☐ Incident report or letter from building management office &/or relevant government departments 大廈管理處及 / 或相關政府部門之事件報告或信件 ☐ Correspondence &/or complaint letter from third party 第三者發出的信件及 / 或投訴信 ☐ Original purchase receipt(s) of third party's damaged property 第三者損毀財物的購買收據正本 ☐ Repair quotation(s) &/or replacement receipt(s) 維修報價單及 / 或重置損毀財物收據 ☐ Original sick leave certificate(s), medical receipt(s), medical report stating the name of third party, date of consultation, diagnosis etc. 列明第三者姓名、求診日期、診斷等的病假紙 / 醫療收據 / 醫療報告正本 ☐ Writ of Summons &/or legal documents from third party 第三者發出的傳票及 / 或法律文件 ☐ Copy of police statement 警方口供紙副本

* IMPORTANT — Please forward all correspondence relating to the third party claim to us immediately and do not admit liability to any third party.
* 重要事項 — 如收到第三者的索償，請立即將該等文件送交本公司，切勿私下作出回覆及 / 或承認責任。

Declaration and Authorization 聲明及授權書

1. I / We declare that the above information is in all respects true and complete to the best of my / our knowledge and belief.
本人 / 我們就此作出聲明，就本人 / 我們等所深知及確信，上述資料均屬真確無訛。

2. It is agreed that upon request by CMB Wing Lung Insurance Company Limited, I / we shall make a statutory declaration to re-affirm the genuineness of all information contained in this Claim Form; and
若招商永隆保險有限公司提出有關要求，本人 / 我們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

3. I / We, the undersigned Insured, hereby authorize the parties concerned to disclose to CMB Wing Lung Insurance Company Limited or its representative or its authorized loss adjusters any and all relevant information with respect to my / our claimed loss / damage and my / our full claim history with other insurance companies.
本人 / 我們（下方簽署的保戶）現授權有關人士向招商永隆保險有限公司或其代表或其授權的公證行提供任何一切有關本人 / 我們的財物損失 / 損毀的資料記錄及本人 / 我們於其他保險公司的所有索償紀錄。

4. I / We believe that the facts stated in this Claim Form are true and correct. I / We acknowledge that the Insurer will rely upon the information supplied by me / the policyholder / the Insured, which I / we verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory / the policyholder / the Insured under the Policy, if so required by the Insurer, will be asked and are bound to sign any court documents on the basis of information provided herein.
本人 / 我們確認此索償申請書內之事實均為真實及正確。本人 / 我們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 / 我們誠實地相信該等資料是真實及正確），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。

5. I / We confirm that I / we have read and understood the CMB Wing Lung Insurance Company Limited *Notice to Customers relating to the Personal Data (Privacy) Ordinance* attached in this Claim Form.
本人 / 我們確認已閱讀並清楚明白附於本賠償申請表內之招商永隆保險有限公司《關於個人資料（私隱）條例致客戶的通知》。

Date
日期 _____

Insured's signature / Company chop
保戶簽署 / 公司蓋章 _____

CL/SH007/1125