



# Household Insurance Claim Form

## 家居保險索償申請表

This form must be completed truthfully and accurately. If the space is not enough or no applicable field available, please supplement information by attachment. 請正確填寫此申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

各部份之「所需文件」只是概括要求，本公司保留權利在有需要時要求閣下提供更多文件以處理有關的索償申請。如所遞交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請有可能會受延誤或被拒絕。

The completed form should be returned to us together with all supporting documents as soon as possible at the following address:

請填妥索償申請表並連同所有有關文件盡快寄回以下地址：

AIG Insurance Hong Kong Limited

Claims Department

46/F, One Island East 18 Westlands Road Island East Hong Kong

Facsimile: 852 2838 9916

Email address: claims.hk@aig.com

www.aig.com.hk

美亞保險香港有限公司

賠償部

香港港島東華蘭路18號港島東中心46樓

傳真：852 2838 9916

電郵地址：claims.hk@aig.com

www.aig.com.hk

General documents required 所需文件：

- Incident report or letter issued by the building manager regarding the incident. 大廈管理發出的事件報告或證明信確認有關事件發生的經過
- Original purchase receipts of the properties lost or damaged. 購買單據正本
- An estimate of repair costs (it should be submitted and approved before making any repair). 於受損物品進行維修前，請提供有關的維修報價單
- Police report (only for loss caused by theft, burglary or robbery). 如遇盜竊、爆竊或搶劫，請提供有關的警方報告
- Photos showing the loss or damage. 損毀物件的照片

### Section I - General Information 第一部份 一般資料

Policy/certificate no. 保單號碼	Name of Insured (Chinese & English) 受保人姓名 (中文及英文)	ID card no./passport no. 身份證/護照號碼
Telephone no. (Residential) 電話號碼 (住宅)	Telephone no. (Office) 電話號碼 (辦公室)	Telephone no. (Mobile) 電話號碼 (手提電話)
Mailing address 聯絡地址 (請盡量以英文填寫)		E-mail address 電郵地址
Name of agent/broker 經紀姓名	Agent / broker's email address 經紀電郵地址	Agent / broker's telephone no. (Mobile) 經紀電話號碼 (手提電話)
Please provide full details of all claims made against any insurance company in the past 5 years, if any. 於過去五年內，閣下有否向任何保險公司申請索償？如有，請詳細說明。		
Do you have any other insurance policies covering the loss incurred? 是次索償項目是否受保於其他保險合約？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	If yes, please provide the following information: 如是，請提供以下資料： Name of the insurance company 保險公司名稱 _____ Policy No 保單號碼 _____	
Has the said insurance company rejected your claim? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有		Policy Type 保險類別 _____
If yes, please state the reason(s) 如有，請註明原因 _____		Sum Insured (Please indicate the currency) 保額 (請註明貨幣) _____
If no, please state the amount payable/paid by the said insurance company (please provide the payment details) 如沒有，請註明該保險公司賠償的金額 (請提供賠償明細) _____		

### Section II - Details of Loss 第二部份 損失詳情

Date of loss 損失發生日期 DD MM YYYY 日 月 年	Time of loss 時間 <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M. 上午 / 下午	Place of loss 地點
Full description of the incident 詳述事件發生的經過		

Contact details (including name, address & telephone no.) of witness(es) or person(s) who discovered the loss  
發現此事者或證人的聯絡資料 (包括名稱、聯絡地址及電話號碼)

Name & address of the police / fire station where the loss was reported to, if applicable  
報案警署/消防局名稱及地址 (如適用)

Date of report  
報案日期

DD  
日

MM  
月

YYYY  
年

Time of report  
報案時間

A.M. / P.M.  
上午 / 下午

Report no.  
案件編號

### Section III - For Theft / Burglary Loss 第三部份 關於盜竊/爆竊事件

How was the premises entered and exited? Is there any visible mark of forcible entry to the premises? Please give complete details and photos.  
此樓宇/單位是如何被進入及離開? 有否可見的強行進入痕跡? 請詳細說明及提供相片。

### Section IV - Schedule of Loss 第四部份 損失清單

Description of article 受損財物詳細資料	The owner's name and address 物主姓名及地址	Date, vendor and address of purchase 購買日期、商號及地址	Purchase price (Provide original receipts) 購買金額 (請附上單據正本)	Claim amount (Please indicate the currency) 索償金額 (請註明貨幣)
Total Claim Amount 總索償額				

## Section V - Third Party Liability 第五部份 第三者責任

Description of incident 事件發生詳情		
Date of incident 事件發生日期	Time of loss 時間	地點 Place of loss
DD 日	MM 月	YYYY 年
	<input type="checkbox"/> <input type="checkbox"/> A.M. / P.M. 上午 / 下午	
Full description of the incident 詳述事件發生的經過		
When, and by whom was the incident reported to you? 此事由誰人及何時通知閣下?		
Name & address of the police station where the loss was reported to, if applicable 報案警署名稱及地址(如適用)		
Date of report 報案日期	Time of report 報案時間	Report no. 案件編號
DD 日	MM 月	YYYY 年
	<input type="checkbox"/> <input type="checkbox"/> A.M. / P.M. 上午 / 下午	
Witness 證人		
Name of witness 證人姓名	Telephone no. 電話號碼	
Address 聯絡地址		
Third party 第三者		
Name of the person injured, or the owner of the damaged property 傷者或受損財物物主姓名	Telephone no. 電話號碼	
Mailing address 聯絡地址		
Nature and extent of injury, damage or loss 受傷/損毀/損失的性質及程度		
Has any claim been made against you? 閣下有否收到索償?	Claim amount (Please indicate the currency) 索償金額(請註明貨幣)	
Remarks: Any lawsuit, demand, claim or proceeding of any types relating to the incident of which becomes aware of, and received from the third party claimant, should be immediately forwarded to us without acknowledgement. 備註: 如收到任何第三者對有關事件的索償要求、法庭傳票、通告及書面命令, 或涉及任何法律訴訟, 切勿自行處理, 應立即通知及提交本公司處理 未得本公司事先同意前, 不要向第三者承認任何責任或達成和解或付款承諾		

