中銀集團保險有限公司
BANK OF CHINA GROUP INSURANCE COMPANY LIMITED
總公司：香港德輔道中 71 號永安集團大廈八樓　客戶服務熱線：3187 5100　傳真：3906 9921
HEAD OFFICE: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong. Customer Service Hotline: 3187 5100 Fax: 3906 9921

請掃描二維碼以線上快捷遞交家居財物索賠申請。 Please scan the QR code to submit a household property claim online in simple steps.

家居綜合險索償表格
HOME INSURANCE CLAIM FORM

本公司專用 Office Use
賠案編號
Claim No.

索償步驟：
Claim procedure:
1） 請填妥及簽署此索償表格；2）提供證明文件；3）於7天內郵寄至：香港德輔道中 71 號永安集團大廈八樓
1) Complete and sign this form; 2) relevant supporting document; 3) Mail to 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong within 7 days
各部份之「索償文件」只是概括要求，本公司保留權利在有需要時要求提供更多文件以處理有關的索償申請。如所遞交的索償表格未填妥或有關資料或文件不足，可能會引致延誤或被拒絕處理。
Documents required are 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

保單資料
Insurance Policy Details

保戶名稱
Name of Insured _____ 保單編號 Policy No. _____
商業登記證號碼/身份證號碼 Business Registration No. / Identity Card No. _____ 行業 / 職業 Trade / Occupation _____ 聯絡電話 Contact Tel No. _____
地址 Address _____ 電郵 E-mail _____
本公司將會以電話短訊或電郵發送索償表格確認函予索償人。如表格內多於一名索償人，確認函只會發送予其中一名索償人。
Our Company will send the Claim Acknowledgement to the claimant by SMS or Email. If there are multiple claimants, acknowledgement will be sent to one of them only.

保單類別 Type of Policy

☐ **中銀家庭綜合險 BOC Family Comp**　☐ **周全家居綜合險 Premier Comp**　☐ **南商按揭家居險 NCB Mortgage Home Comp**
☐ **家居綜合險 Home Comp**　☐ **千禧綜合險 Millennium Bonanza Comp**

索償資料
Particulars of Claim

(1) 事故發生的日期及時間 Date and time of incident	日 _____ DD 月 _____ MM 年 _____ YY 時間 Time: _____ ☐ 上午 am ☐ 下午 pm
(2) 事故發生的地點 Place of incident	_____
(3) a. 事故的詳情 Description of incident (如空間不足，請另頁說明) (Please use separate sheets if the space is insufficient)	a. _____
b. 如屬盜竊，說明竊匪如何進出單位 In case of burglary, state mode of entry to and exit from the premises by the culprit.	b. _____
c. 您是否已向警方報案? Have you reported the incident to police? 如“是”，列明報案的警署及報案編號 If “Yes”, state which Police Station and the police report number.	c. ☐ 否 No ☐ 是 Yes _____
(4) 受保處所的建築及/或實用面積 Total gross floor area/saleable area of the insured premises	建築面積（平方尺） Gross Floor Area(square feet) _____ 實用面積（平方尺） Saleable Area (square feet) _____
(5) 你是單位的業主、或是單位的租客? Are you the owner or the tenant of the premises: 如你是業主，該單位是否由你或你的家人居住? If you are the owner, is the premises occupied by you or your family?	☐ 業主 Owner ☐ 租客 Tenant ☐ 否 No ☐ 是 Yes

		否	是
(6) a.	您是否損毀/損失財物的唯一物主? Are you the sole owner of the damaged/lost Property(ies) ?	a. ☐ No	☐ Yes
b.	如“否”，說明其他物主包含借款人的姓名及地址 If “No”, state the name(s) and address(es) of the other owner(s) including the hire-purchase owner.	b. _____	
(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?	a. ☐ No	☐ Yes
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.	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?	a. ☐ No	☐ Yes
b.	如“是”，列明詳情及何時發生 If “Yes”, state details and date(s) of incident(s).	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)?	a. ☐ No	☐ Yes
b.	如“是”，列明詳情 If “Yes”, state details.	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	索償文件 Claim documents
☐ **1) 家居財物** **Home Contents**	*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. 1. 大廈管理或有關機構所發出的事件報告以証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. 2. 索償財物於事發前的室內修發票/購買發票/單據（如有）。 Previous Decoration Invoice/Purchase Invoice/Official Receipt of any property to be claimed (If any). 3. 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. 4. 維修或重置報價單/發票/收據正本。 Original Repair or Replacement Quotation/Invoice/Receipt. 5. 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). 6. 有關展示意外現場及第三者財物受損/人身受傷的照片（如有）。 Photos showing the scene of accident and the extent of damage/injury of third party property bodily injury (If any). 7. 適用於索償項目 3) 醫療報告、死亡証、索償人身份証明文件、索償人與保戶關係及同住的証明文件 Applicable to Claim item 3) 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.
☐ **2) 樓宇** **Building**	
☐ **3) 人身意外** **Personal Accident**	
☐ **4) 法律責任** **Legal Liability**	

(1)、(2) 家居財物/樓宇索償項目詳情 （如適用，請於方格內加上剔號） ☐
Claim Details of Property Damage (Please tick the box if applicable)

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	購買金額 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 （如適用，請於方格內加上剔號） ☐
Claim Details of Personal Accident (Please tick the box if applicable)

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 （如適用，請於方格內加上剔號） ☐
Legal Liability claims item (Please tick the box if applicable)

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? 是 ☐ Yes 否 ☐ No
Was another person responsible for the accident/injury?

若是，請提供資料：
If “Yes”, please provide detail: _____

是否收到第三者索償要求? 是 ☐ Yes 否 ☐ No
Have you received any claim from third party?

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（不論在香港特別行政區境內或境外）:

(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；
(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) 任何負責處理保險相關投訴及/或爭議之行業或監管機構；
(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 (whether within or outside the Hong Kong Special Administrative Region):

(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) any industry or regulatory bodies responsible for handling insurance related complaints and/or disputes;
(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: