



Household Insurance Claim Form

家居保險索償申請表

NAVIGATOR
Insurance Brokers Ltd.

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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
7/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7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 Type 保險類別 _____ Policy No 保單號碼 _____ Sum Insured (Please indicate the currency) 保額 (請註明貨幣) _____	
Has the said insurance company rejected your claim? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 該保險公司有否拒絕閣下的索償申請？ If yes, please state the reason(s) 如有，請註明原因 _____ 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		

Section VI - Declaration and Authorization 第六部份 聲明及授權

- A. The undersigned Insured(s) / Claimant(s) HEREBY DECLARE that to the best of the Insured(s) / Claimant(s)' knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind.
B. In relation to the personal data collected in this claim form, the Insured(s)/Claimant(s) agree and acknowledge that:
(a) (unless specifically indicated otherwise in this form) the personal data requested in this form (or otherwise provided during the course of the claim process) is necessary for AIG Insurance Hong Kong Limited ("AIG HK") to process the insurance claim and any such data not provided may mean the claim cannot be processed.
(b) the personal data collected in this form may be used by AIG HK for purposes which include 1) assessing, investigation, adjusting and making a decision on this claim; 2) otherwise for the purpose of administering the insured(s)' insurance policy (including pursuing recovery from reinsurers) and 3) for other purposes stated elsewhere in this form.
(c) AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) above:
i) third parties providing services related to the administration of the Insured's policy (including reinsurers);
ii) financial institutions for the purpose of processing this application and obtaining policy payments;
iii) loss adjusters, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
iv) another member of the AIG group (for all of the purposes stated in (b)) in any country; or
v) other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.
(d) The Insured(s)/Claimant(s) may gain access to, or request correction of their personal data (in both cases, subject to a reasonable fee)at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The same addresses may be used to contact us with any comments on our service. The full version of AIG HK's Data Privacy Policy can be found at www.aig.com.hk.
C. The Insured(s) / Claimant(s) hereby irrevocably authorize:
(a) any organization, institution, or individual that has any information, record or knowledge of the Insured(s)' health and medical history or any treatment or advice rendered thereto to disclose to AIG HK such information, record and knowledge;
(b) AIG HK or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate the Insured(s)' health status in relation to the Claims therein and any matter arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites;
(c) the police that has any of the Insured(s)' information to provide AIG HK with the information including but not limited to the police reports, witness statements, investigation and/or prosecution results;
(d) airline(s) that has/have any of the Insured (s)' information to provide AIG HK with the information including but not limited to flight details, booking details, irregularities reports and all information related to the Insured (s)' bookings; and
(e) any organization institution or individual that has any information, record or knowledge of the Insured(s)' travel record to disclose to AIG HK such information, record and knowledge.
This authorization shall bind the Insured(s)' / Claimant(s)' successors and assigns and remain valid notwithstanding the Insured(s)' / Claimant(s)' death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.

- A. 於本索償申請表簽署之受保人/索償申請人謹此聲明盡其所知所信，上述所申報的一切資料均屬正確無誤，並無任何保留。
B. 就有關從此索償申請表所收集的個人資料，受保人/索償申請人同意及確認：
(a) 除非於本表格上另有訂明，本表格所要求提供的個人資料(或於處理索償時所要求提供的個人資料)是供美亞保險香港有限公司("美亞保險")處理保險索償申請的所需資料，若未能提供任何所需資料索償申請則可能不被處理；
(b) 美亞保險可按列於其私隱政策的用途使用此表格所收集的個人資料，其用途包括：1)評核、調查、調整及就此索償申請作出決定；2)管理受保人的保單(包括向再保險公司索取賠償)及3)任何於本表格其它位置列明的目的；
(c) 美亞保險亦可向以下類別的人士(不論在香港或海外)轉交該些個人資料，作上述(b)項所列明之用途：
(i) 提供有關本人/吾等保單管理服務的第三者(包括再保險公司)；
(ii) 財務機構，作處理此申請及收取保費；
(iii) 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜；
(iv) 其它在任何國家之AIG集團之成員公司，作上述(b)項所有列明之用途；或
(v) 其它於美亞保險私隱政策所列明的人士，作於私隱政策列明之用途。
(d) 受保人/索償申請人可隨時致函到美亞保險香港有限公司之私隱事務主任(地址：香港郵政總局信箱456號或電郵：cs.hk@aig.com)查閱、或要求修改其個人資料(美亞保險可就查閱及修改要求收取合理費用)。如對美亞保險提供的服務有任何意見，可按上述地址聯絡美亞保險。美亞保險私隱政策的全文載於www.aig.com.hk。
C. 受保人/索償申請人茲授權：
(a) 任何知悉或擁有受保人之健康狀況及病歷或任何治療或諮詢記錄或資料及曾為或將為受保人診治之機構、組織或人士，向美亞保險透露有關資料及記錄；
(b) 美亞保險或任何其認可之驗身醫生或化驗所，替受保人進行所需之醫療評估及測試，並對受保人之健康狀況進行審核及評估，作為處理本案索償申請及其後與之有關的賠償事宜。此等化驗包括，但並不限於膽固醇及有關之血脂肪、糖尿病、肝或腎功能失常、愛滋病或感染人體免疫力缺乏之病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代產物之含量等化驗；
(c) 警方向美亞保險提供有關受保人之任何資料包括但不限於警察報告、証人口供、調查及/或檢控結果；
(d) 航空公司向美亞保險提供有關受保人之任何資料包括但不限於航班資料、訂位資料、違規報告及所有有關受保人之訂位資料；及
(e) 任何知悉或擁有受保人之出入境資料紀錄之機構、組織或人士向美亞保險透露有關資料及紀錄。
此授權書不得撤回。在法律許可下，即使受保人/索償申請人死亡或喪失能力，此授權書仍然存有法律效力，而受保人/索償申請人之繼承人及轉讓人亦會受此授權書約束。此授權書之副本與正本均屬有效。

Table with 2 columns: Name of insured (受保人姓名) and Signature of insured (受保人簽署); ID card no. / passport no. (身份證/護照號碼) and Date (日期). The date field includes sub-columns for DD (日), MM (月), and YYYY (年).



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