



Property Damage and Loss Claim Form

財物損失索償申請表

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
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 or relevant authorities 大廈管理或有關機構所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 damaged item(s) 證明損失或損毀財物價值的相關文件或單據正本
- An estimate of repair quotation, if the damaged property can be repaired 若損毀財物能被修復，請出示修理報價單的正本
- A replacement quotation, if the damaged property needs to be replaced 若損毀財物需要被更換，請出示購買單據及取代品報價單的正本
- 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 損毀財物的相片

Section I - General Information 第一部份 一般資料

Policy/certificate no. 保單號碼：		Name of insured 保戶名稱：		Name of contact person 聯絡人姓名：	
Contact person's E-mail address 聯絡人電郵地址：		Telephone no. (Office) 電話號碼(辦公室)：		Telephone no. (Mobile) 電話號碼(手提電話)：	
Mailing address of insured 保戶聯絡地址：					
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 _____ Policy Type 保險類別 _____ 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 - Description of Incident 第二部份 事件發生詳情

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：					

