

Commercial / Business Claim Report 損失事故報告書

Please return to:
請寄回至

Claim No: (Office Use Only)
賠償檔案號碼 (本公司專用)

Please answer all relevant questions fully and return this form within seven days. 請詳盡回答全部有關問題，並於七天內寄回

INSURED 投保人	
Policy No: 保險單號碼	<input style="width: 90%;" type="text"/>
Full Name 姓名	<input style="width: 90%;" type="text"/>
Address 地址	<input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>
	Postcode 郵政號碼 <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
Business or Occupations 行業或職業	<input style="width: 90%;" type="text"/>
Work Telephone. No 工作電話號碼	<input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/>
Residence Telephone. No 住宅電話號碼	<input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/>
DETAILS OF LOSS 損失詳情	
Date of Loss 損失日期	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
Time of Loss 損失時間	<input style="width: 40px;" type="text"/> am / pm 上午 / 下午
Place where loss occurred 損失地點	<input style="width: 90%;" type="text"/>
Describe fully how loss or damage occurred (If a sketch of damage is appropriate, please use space below) 詳述損失發生經過 (如需另畫草圖請用下面位置)	<input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>
Have you ever suffered similar loss or damage? if Yes, please provide details 過去有無類似損失情況發生，如"是"請提供詳情	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
<input style="width: 90%;" type="text"/>	
Sketch Plan / List of items Stolen or Damage / Additional Information. 草圖 / 列舉被盜所致遺失或損壞的項目 / 附加情況	
<input style="width: 90%;" type="text"/>	

ADDITIONAL INFORMATION IF CLAIM IS DUE TO LOSS OR THEFT 如索賠是由於遺失或盜竊所導致請提供下列附加資料

When and where was property last seen? 最後看見失物的時間及地點?

In whose custody was the property at the time of loss? 在損失發生時，該物由誰保管?

When and by whom was the loss discovered? 何人及何時發現損失?

At which Police Station the loss was reported and when? 何時及向那一警署報案?

Name of Police Station

警局名稱

Tel No

電話

-

Date

日期

Police Station Address

警局地址

Has the Police made any arrest? 警方有否進行逮捕?

Please give crime reference No. 請提供罪案編號

Have the Police made any recovery? 警方有否尋獲失物?

Has any other action been taken to trace the property? 有否採取其他行 追索失物?

What damage was caused to the premises? 房屋有否遭受損毀?

If no damage to the premises what evidence is there of theft? 房屋如無損毀，有何失竊證明?

PREMISES INVOLVED 涉及的房屋

Type of premises involved (e.g. house, shop, office, outbuilding, etc.)

涉及房屋的類型 (如住宅, 店舖, 辦公室及屋外建築物)

Were the premises occupied at the time? if not, when were they last occupied

在發生損失時，該物房屋是否有人使用? 若否，最後有人使用的時間

Yes 是 No 否

Are you the sole occupier of the premises? if not, who are the other occupiers

你是否唯一的使用者。若否，其他使用者是誰?

Yes 是 No 否 Are you (a) the owner of the premises? Yes 是 No 否

你是否

(a) the owner of the premises?
是房屋的所有人(b) responsible for repairs? Yes 是 No 否

負責修理

When were the premises last decorated

房屋最後裝修的日期

V.A.T. STATUS V.A.T. 情況

Are you registered for V.A.T.?

你是否登記為VAT付稅人

Yes 是 No 否

Registered Number

登記號碼

DECLARATION 聲明

I/We hereby declare that to the best of my knowledge and belief these particulars are true and complete. I/We understand that you may ask for information from other insurers to check the answers I/We have provided.

本人/ 我們謹此聲明以上所述是我/ 我們所知道的全部情況並確實無訛。 本人/ 我們深知本報告書的資料將會跟其他保險公司覆核。

Signature

簽署

Date

日期

Members of the Association of British Insurers
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