



CHINA MERCHANTS INSURANCE COMPANY LIMITED

招商局保險有限公司

18/F., China Merchants Tower, Shun Tak Centre,
168-200 Connaught Road Central, Hong Kong.
Tel: (852) 2890 5940 Fax: (852) 2576 2292

香港干諾道中 168-200 號
信德中心·招商局大廈 18 樓
電話：(852) 2890 5940 傳真：(852) 2576 2292

INSURANCE CLAIM FORM 保險索償申請表格

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY. Completed Claim Form together with supporting documents should be forwarded to us within 30 days following the loss. Otherwise, it may prejudice your claim under the policy.

茲此聲明，填寫本申請表格並不代表本公司已承諾了保單責任。請於事件發生後三十天內填妥寫本申請表格連同一切有關文件交回本公司以便處理；否則可能影響台端之索償。

Policy No : _____

保單號碼

Name of Insured : _____

受保人名稱

Name of Claimant : _____

索償人姓名

ID Card No : _____

身份證號碼

Insured's Bank Account Number : _____

受保人銀行帳戶號碼

Type of Claim : _____

索償類別

Description of Claim 索償事由

Date, Time and Place of the incident : _____

日期、時間及地點

Detailed description of the incident : _____

事件的詳細描述

Please turn over 請轉後頁

Claim Items 索償項目	Purchase Date 購買日期	Original Cost 原來購買成本	Claim Amount 索償金額
1.			
2.			
3.			
4.			
5.			

Please submit relevant documents to support the claim amount. Additional documents may be required.

請提交支持索償金額的相關性文件。如有需要，本公司將會要求索償人提供其它有關文件。

NOTE 註明

Any person from whom the Company has collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. Request for such access may be made to the Data Protection Officer of the Company of 18th Floor, China Merchants Tower, Shun Tak Centre, 168-200 Connaught Road Central, Hong Kong.

就提供上述資料的任何人有權查閱及要求更改由本公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求，可向本公司資料保護主任提出，地址為香港干諾道中 168-200 號信德中心招商局大廈 18 樓。

DECLARATION AND AUTHORIZATION 聲明及授權書

I declare that to the best of my knowledge and belief the above statement and particulars contained are in all respects true and completed and are made without reservation of any kind.

I hereby authorize any hospital, physician, or other person who has attended or examined me, to furnish to China Merchants Insurance Co Ltd or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A Photostat copy of this authorization shall be considered as effective and valid as the original.

本人謹此聲明本人確信以上所填報之資料及所列各項之事件乃屬完全真確並無對保險公司作任何資料之保留。

本人茲授權任何醫院、醫師及其他曾替本人診治、護理、或檢查之人士，將部份或全部有關本人受傷或疾病之醫療診斷報告及藥方等資料提供給招商局保險有限公司或其代表人。此授權書如經攝成影印本，則影印本與正本俱同等之效力。

Signature of Claimant : _____

索償人簽署

Date : _____

簽署日期