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(A member of Prudential plc group)
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保誠財險有限公司
(英國保誠集團成員)
香港鰂魚涌華蘭路 25 號
栢克大廈 3 樓

電話 : (852) 2977 3888
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Office/Shop/Building Insurance Claim Form 辦公室／商舖／樓宇保險索償表格

Please complete this claim form in full carefully. Forwarding of this claim form for completion is not an admission of liability upon the part of Prudential General Insurance Hong Kong Limited ("the Company"). For queries, please contact your Financial Consultant or us by email at gi.claims@prudential.com.hk.

請小心填妥本索償表格。發出本索償表格予以填寫，並不能視作保誠財險有限公司（“本公司”）已承認有賠償的責任。如有查詢，請聯絡你的理財顧問或電郵至 gi.claims@prudential.com.hk。

Please complete in BLOCK LETTERS

請以正楷填寫

PART I 第一部份

Name of Insured

受保公司姓名 _____

Policy number

保單號碼 _____

Address

地址 _____

Contact number

聯絡電話 _____

Business

業務 _____

Time and date of incident

事件的發生日期及時間 _____

Place where incident occurred

事件的發生地點 _____

Please give detail description of incident.

請詳述事件的發生經過。

PART II - Please complete when necessary 第二部份 - 請按需要填寫

Claim of Contents, Money, and/or Building Structure 財物、現金、及／或樓宇結構的索償

Please list articles stolen or damaged Please give full details and attach original purchase receipts. 請列明被盜或損毀的項目 請提供詳情及盡可能一併呈交購買收據的正本	Date of Purchase 購買日期	Original Price 原價 HK\$	Repair/Replacement Cost 維修／重置費用 HK\$

What is, at the time of loss, the estimated value of the total contents in the premises (for Office/Shop Insurance), or in the common area of building (for Building Insurance)?

請估計在發生事故時，單位內（辦公室／商舖適用）或大廈公用地方（樓宇保險適用）的財物總價值。

Was it a burglary case?

是否爆竊事件？

Yes 是

No 否

If yes, please state how the thief accessed/left the premises/building.

若是，請說明竊賊是用何種方法進出單位／大廈。

If yes, please state whether there were marks of forcible and violent entry/exit left. Kindly give details.

若是，請說明有否在進出時留下破壞痕跡及請給予詳情。

Have you reported the incident to the Police or Fire Services Department?

你是否有就事故報告警方或消防處？

Yes 是

No 否

If yes, please state at which office/station/authority, on what date and the case number.

若是，請說明日期、在那處報案及案件號碼。

Have you claimed from other insurance company for the same loss/damage?

你是否有就本損失／損毀向其他保險公司索償？

Yes 是

No 否

If yes, please state the name of the insurance company and the policy number.

若是，請說明該保險公司的名稱及保單號碼。

Have you suffered any loss or damage to your insured items in the past 3 years?

在過去3年，你是否有就受保項目蒙受損失或損毀？

Yes 是

No 否

If yes, please give full details and approximate date of loss/damage.

若是，請說明詳情及大約發生日期。

For Office Insurance/Shop Insurance Only:

辦公室／商舖／樓宇保險適用：

Are you the owner or the tenant of the premises?

你是單位的業主、或是單位的租客？

Owner 業主

Tenant 租客

If you are tenant, are you responsible to the landlord for repairs?

如你是租客，你是否需負責業主物件的維修？

Yes 是

No 否

Was the premises solely occupied by the Insured at the time of accident?

在發生事故時，單位是否由受保公司單獨佔用？

Yes 是

No 否

Claim of Employees' Compensation 有關僱員補償的索償

Name of injured person 傷者姓名	
Injured person's Hong Kong ID Number 傷者香港身份證號碼	
When did the injured person enter your service? 傷者何時開始受你聘用？	/ / (日/月/年) (dd/mm/yyyy)
State occupation in which the injured person is employed? 僱用傷者時是訂明何種工作？	
Name, address, and telephone number of witness, if any. 目擊證人的姓名、地址及電話	

Is the injured person in the direct employment of the Insured?

傷者是否直接由受保公司聘請？

Yes 是

No 否

If no, please give the name and address of the contractor employing the injured person.

若否，請列明聘請傷者的承辦公司名稱及地址。

The accident was caused by:
是次意外由誰引致：

The injured person himself/herself 傷者本人

A third party 第三者

On what date was the notice of accident received by the Insured? From whom?
受保公司是在何時得悉意外的發生？通知人是誰？

Please state whether the injured person has returned to work?
請說明傷者是否已恢復工作？

Yes 是 No 否

If yes, when
若已復工，請說明日期。

/ /	(日/月/年) (dd/mm/yyyy)
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If no, please state the present condition of the injured person and the approximate period of disablement.
若仍未復工，請描述傷者的身體狀況，及估計需停工多久。

PART III 第三部份

Declaration and Authorization

聲明及授權

The statements and particulars given in this application are, to the best of my/our knowledge and belief, true and complete and that this application shall form the basis of the contract with Prudential General Insurance Hong Kong Limited.

就本人/吾等知悉範圍內，此申請表填報的一切資料，均屬確實完整，本人/吾等並同意以此申請表作本人/吾等與保誠財險有限公司之間所訂合約的根據。

I/We hereby authorize Prudential General Insurance Hong Kong Limited to access, obtain and utilize all of my/our information from any person, company, authority, enterprise and/or legal entity for the Company's reference, and/or processing of this claim and/or other claims submitted previously and in the future. A photocopy of this authorization shall be considered as effective and valid as the original.

本人/本公司茲授權保誠財險有限公司向任何人/公司/機構索取有關本人/公司的任何資料以作 貴公司參考及/或辦理此索償及/或以前及將來的索償。此授權書的影印本與正本具有同等效力。

Personal Information Collection Statement

收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as "the Company", "our", "we", or "us" in this Part entitled 'Personal Information Collection Statement') may collect certain personal information, including without limitation your name, identity card number (and copy of identity card), passport number, contact information, family history, health and medical information and financial information ("Personal Information") from you when you apply for insurance or financial products and services from us, or when you apply to make changes to your policy, or when you make a claim against a policy. We may also collect Personal Information about you from third parties such as other insurance companies or agents, government agencies, medical personnel, credit reporting agencies, courts or public records.

保誠財險有限公司（在題為「收集個人資料聲明」之本部份，簡稱「本公司」或「我們」）可能會於閣下向我們申請保險或金融產品及服務、申請更改保單或就保單提出索償時向閣下收集一些個人資料，包括但不限於閣下的姓名、身份證號碼（及身份證副本）、護照號碼、聯絡資料、家族歷史、健康和醫療資料，以及財務資料（以下簡稱「個人資料」）。我們還可能從第三方，如其他保險公司或代理、政府機構、醫務人員、信用報告機構、法院或公開記錄等，收集關於閣下的個人資料。

1. Purpose of Collection 收集資料之目的

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related services and products; (f) to communicate with you; (g) to perform a policy review or needs analysis; (h) to conduct research and statistical analysis; and (i) to meet disclosure requirements imposed by law or regulatory authorities.

我們可能會使用閣下的個人資料作下列用途：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的服務和產品；(f) 與閣下進行通訊；(g) 進行保單審查或需求分析；(h) 進行研究和統計分析；及 (i) 符合法律或監管當局實施的披露要求。

2. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including without limitation the following third parties: (a) insurance agents; (b) re-insurance companies; (c) other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group"); (d) claims investigation companies; (e) third party administrators; (f) third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business); (g) industry associations and federations; (h) medical bill review companies; (i) professional advisors; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions; (n) regulators and government agencies; (o) law enforcement agencies; (p) the Courts.

為達到上述第一部分所列明之目的，我們可能會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 再保險公司；(c) 其他母公司為英國保誠集團的實體（「保誠集團內的公司」）；(d) 索償調查公司；(e) 第三方管理人；(f) 第三方服務供應商（包括但不限於保險公司、銀行、律師、會計師，以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令

我們的業務可以運作的第三方服務供應商)；(g) 行業協會及聯會；(h) 醫療帳單審查公司；(i) 專業顧問；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構；(n) 監管機構及政府機構；(o) 執法機構；(p) 法院。

We may transfer your Personal Information in connection with a transaction with another company which affects the control, governance, structure and/or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements.

在有關影響到我們全部或重大部分業務的控制權、治理、結構和/或管理的交易時，或在必須符合適用的法律或監管要求下，我們可能會轉交閣下的個人資料。

3. Consequence of failing to provide Personal Information 未能提供個人資料的影響

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. In the event that any such Personal Information is not provided, we may be unable to provide you with the services or carry out the activities outlined at Section 1 above.

除非我們另有規定，否則閣下必須提供我們所要求的個人資料。若未能提供任何此等個人資料，我們可能無法為閣下提供服務或進行上述第一部分所列出的活動。

4. Access and Correction Rights 查閱和更正的權利

Under the Personal Data (Privacy) Ordinance (the "Ordinance"), you have the right to request access to and correction of any Personal Information that you provide to us. You may make such a request by writing to our Data Protection Officer at 3/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong. In accordance with the Ordinance, we have the right to charge a reasonable fee for the processing of any Personal Information access or correction request.

根據《個人資料(私隱)條例》(「條例」)，閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲查閱或更正個人資料，請向我們的資料保護主任作出書面要求，地址是香港鰂魚涌華蘭路25號栢克大廈3樓。根據條例的規定，我們有權就處理查閱及更正任何個人資料的要求，收取合理的費用。

The Applicant/ the Insured/ Insured/ Claimant hereby confirm understanding of and agreement to the contents in this Part entitled 'Personal Information Collection Statement'.

申請人/ 保單持有人/ 受保人/ 申索人特此確認明白並同意在題為「收集個人資料聲明」之本部份中的內容。

Signature of Insured
受保公司簽署

Date
日期

Name of Contact Person
聯絡人姓名

Important Notes 重要事項

1. Please substantiate your claim application with relevant document(s). You are referred to the list of document(s) that we would require for processing your claim application.
請提交有關文件以證明閣下的索償申請；請參考下列表單，當中列出我們在處理閣下索償申請時可能需要的文件。
2. All reports, information and evidences that you provide to substantiate your claim application shall be furnished at your own expenses.
閣下請自費提供用作證明本索償申請的報告、資料及證明。
3. In case of a claim for section(s) (including extensions) other than the Section of Public Liability, please submit this claim form to us within 31 days of the occurrence for loss or damage.
如屬公眾責任保障以外的各項目(包括其額外保障)索償，請於事故發生後31天內遞交本索償表格。
4. For a claim that may arise under the Section of Public Liability, please submit this claim form with every letter, claim, writ, summons or process to us immediately.
如屬公眾責任保障項目可能出現的索償，請立即將任何信件、申索狀、傳票或法律程序文件，連同本索償表格一併遞交。
5. To expedite the claim process, kindly submit this claim form together with all original supporting document(s).
敬請同時遞交所有用以證明本索償的文件正本，以便我們盡快處理有關索償。
6. For claim of liability, please do not admit liability on or enter into any settlement agreement with the third party without written consent of the Company. Please refer the third party to us directly.
如屬責任類別的索償，請勿在本公司未發出書面同意前，向第三者承認責任，或與第三者簽訂任何和解協議；請將第三者的申索交本公司處理。

7. Please do not commence the reinstatement work in the premises after the incident, or dispose of the damaged properties for which you are claiming without the Company's consent.
請不要在本公司未有同意下，在事故後就單位進行維修工程，或丟棄已損壞而閣下正索償的財物。
8. You should take all ordinary reasonable precautions to prevent further loss(es) after the incident. Failure to observe this shall prejudice the right to claim.
請務必採取所有尋常合理的預防措施，以避免進一步的損失，如未有依循，將影響閣下在索償中的權益。
9. According to the terms and conditions of your insurance with the Company, the following losses and/or damage and/or expenses shall not be recoverable:
按閣下與本公司的保險條款及細則，若有關損失及／或損毀及／或開支由下述原因所引致，一概屬不保情況：
- Claims for dishonest acts or theft or fraud of the Insured's employees, or shoplifting.
因受保公司員工的不誠實、偷竊、或欺詐，或因店舖盜竊而引致的索償
 - Loss of or damage to glass object, unless the coverage for such is specially endorsed.
玻璃物件的損失或損毀，在保單內另有額外提供則除外
 - Loss or damage by theft not accompanied by violence or threat of violence to persons or forcible and violent entry to or exit from the premises/building.
在沒有涉及恐嚇或武力進出單位／大廈的情況下失竊而引起的損失或損毀
 - Loss of money which has not been reported to the Police within 24 hours from the date of loss or not been supported with a statement.
在損失金錢時，未有在損失當日的二十四小時內向警方報告，或未能提供口供以證明有關損失
10. You are recommended to refer to the policy wordings should you be uncertain on the coverage of this insurance.
如閣下就本保險中所提供的保障有不清晰地方，請參閱有關保單條文。

Please ensure the following <u>original relevant document(s)</u> will be submitted together with this claim form. 請確保以下所示的<u>有關文件正本</u>，連同本索償表格一併交回。					
	In respect of claims of the following 與下述有關的索償：				
	Contents 財物 保障	Money 現金 保障	Personal Accident 人身意外 保障	Public Liability 責任保障	Employees' Compensation 僱員補償保障
Incident report from Police or management office 由警方或管理處所發出的事件報告	✓	✓	✓	✓	
Photos showing the extent of damage, and the point of entry/ exit for burglary case 顯示損毀程度的照片；如屬盜竊個案，則需顯示進出事發場地的 照片	✓	✓		✓	
Repair quotation / Non-repairable proof, and original purchase receipt of lost/damaged items 維修報價／不可修復的證明，及遺失物件的原有購買單據	✓				
Supporting documents showing the value of cash claimed 有關現金索償價值的證明文件		✓			
Medical report, or death certificate (if applicable) 醫療報告，或死亡證（如適用）			✓		
Copy of internal incident report, with witness statement 內部事件報告及證人口供副本				✓	
Supporting documents showing remedial actions taken after incident 事件發生後進行補救行動的證明文件				✓	
Copy of form 2/2B to Labour Department, Sick leave certificate(s) and/or medical receipt(s) 呈交予勞工處的表格2/2B副本，及病假證明書及／或醫療收據					✓
Assessment Certificate(s) to/from Labour Department 呈交予勞工處／或由勞工處發出的各項評估證明書					✓

Please also note that further information and /or document(s) may be needed. We shall write to you when necessary.
如有需要，我們將另行發書函索取附加資料及／或文件，敬請留意。