

Homecare Insurance Claim Form 家居保保險索償申請表

Please send the completed claim form to claims.hk@bolttechinsurance.com

請將填妥的理賠表格發送至 claims.hk@bolttechinsurance.com

It is important that a complete answer be given to every applicable question. If insufficient space is provided for your answers, please continue on a separate sheet.

請詳細填報表格上每一個適用的項目。如空位不足，請自備補充頁填寫。

Policy number 保單號碼

Name of Agent 保險代理人

Completed Claim Form must be given to the Company within 30 days from the date of accident giving rise to such claim

請於意外發生後三十天內填妥此申請表並交回本公司

For the following claims, you must notify the Police
以下索償必須先通知警方：

1. Theft / Robbery 盜竊或搶劫
2. Malicious Damage 遭惡意破壞
3. Loss of Personal Effect / Money 遺失個人財物 / 現金

Insured's Information 保戶資料

Name of Insured

保戶姓名 _____

Occupation

職業 _____

Correspondence address#

通訊地址 # _____

Tel no.#

電話號碼 # _____

Fax no.#

傳真 # _____

E-mail address#

電郵地址 # _____

Claimant's information 索償人資料

Same as above 同上

Name of Claimant

索償人姓名 _____

Relationship with the Insured

與保戶之關係 _____

Correspondence address#

通訊地址 # _____

Tel no.#

電話號碼 # _____

Fax no.#

傳真 # _____

E-mail address#

電郵地址 # _____

*Please delete whichever is inapplicable 請刪去不適用者

Particulars of the Incident 事件詳情

Date and time of incident _____ Who discovered the incident _____
事故發生日期及時間 _____ 由誰人發現 _____

Place of incident _____
發生事故之地點 _____

Detailed description of the incident and its cause _____
事件之詳細經過及起因 _____

Have you reported the incident to the Property Management Office? YES / NO*
你有否將事故報告物業管理處? 是 / 否*

Was another person responsible for the loss or damage? YES / NO*
是否有其他人需要為是次損失或損毀負上責任? 是 / 否*

If "YES", please give details 若「是」，請提供資料

Name 姓名 _____

Address 地址 _____

FOR THEFT LOSS, PLEASE ALSO ANSWER THE BELOW QUESTIONS. 若因盜竊構成財物損失，請同時回答以下問題。

Property Owner's Name _____ Relationship with the Insured _____
物主姓名 _____ 與保戶之關係 _____

How was the premises entered and exited? _____
竊賊如何進出屋內? _____

Have you reported the incident to the Police? Yes / No*
你有否將事故報告警方? 是 / 否*

If "Yes", which station? _____
若有，警署名稱 _____

Report date _____ Report no. _____
報案日期 _____ 報案編號 _____

*Please delete whichever is inapplicable 請刪去不適用者

Details of Property lost or damaged 損失或損壞財物詳情

(Please attach separate sheets if needed 如空位不足，請另附紙張)
 Note: Please attach all the supporting documents for the damaged items
 請注意，請附上有關損失項目之全部證明文件

Full description of items (including the brand name, model and serial no.) 財物的詳細資料 (包括牌子，型號及產品編號)	Date of purchase 購買日期	Purchase price 購買價值	Claimed amount (HK\$) 索償金額 / 維修費	✓ If documents attached 如附上相關文件，請✓
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>
5.				<input type="checkbox"/>
6.				<input type="checkbox"/>
7.				<input type="checkbox"/>
8.				<input type="checkbox"/>
9.				<input type="checkbox"/>

General Questions 一般問題

Are you the owner or the tenant of the insured premises?
 你是受保樓宇的業主還是租客？ _____

If you are the owner, was the insured premise leased out at the material time?

If yes, please provide the Tenancy Agreement Yes / No*
 若是業主，意外發生時，單位是否在出租狀況？如是，請提供租約副本。 是 / 否*

If you are the tenant, are you responsible to the landlord for the repair?
 若是租客，你是否要負責業主物件之維修？ _____

Were the premises unoccupied at the time of the incident? Yes / No*
 在發生事故時，該寓所是否空置？ 是 / 否*

If "Yes", please state when the premises were last occupied
 若「是」，請提供最後入住日期 _____

Are you the sole owner of the damaged / lost property(ies)? Yes / No*
 你是否損壞 / 損失財物的唯一物主？ 是 / 否*

If "No", please give details
 若「否」，請說明 _____

*Please delete whichever is inapplicable 請刪去不適用者

Third Party Bodily Injury / Property Damage 第三者身體受傷 / 財物損毀

Note: 1. Please do not make any admission, offer or promise of payment or payment without the Company's prior written consent.
在沒有獲得本公司書面同意的情況下，不得作出任何承認、提議、承諾付款或付款。
2. Any third party correspondence, summons or writs should be forwarded to the Company immediately unanswered.
對於任何第三者的通告、傳票或書面命令，請不要回覆，並立即提交本公司，以便處理。

Particulars of the Third Party 第三者資料Nature of Incident 事件性質 _____ Bodily Injury 身體受傷 Property Damage 財物損毀 Date and time of incident _____ Place of incident _____
事故發生日期及時間 _____ 發生事故之地點 _____Detailed description of the incident and its cause _____
事件之詳細經過及起因 _____
_____Did any similar accident occur before this accident? _____ Yes / No*
是次意外發生之前，曾否發生過其他類似意外？ 是 / 否* If "Yes", please give details: _____
若「有」，請提供資料： _____Was another person responsible for the accident / injury? _____ Yes / No*
是否有其他人需要為是次意外或受傷負上責任？ 是 / 否* If "Yes", please give details _____
若「是」，請提供資料 _____

Name 姓名 _____ Address 地址 _____

Name of Claimant _____ Age _____ Sex _____ Occupation _____
索償人姓名 _____ 年齡 _____ 性別 _____ 職業 _____Address _____ Tel. no. / Mobile phone _____
地址 _____ 電話號碼 / 手機號碼 _____Description of property and extent of damage _____ Photo provided: _____ Yes / No*
財物的資料及受損程度 _____ 相片提供： 是 / 否* Place where the injured was delivered _____
傷者被送往的地方 _____Nature and extent of injury _____
受傷之性質及情況 _____Have you received any claim from third party? _____ Yes / No*
你是否已收到第三者索償要求？ 是 / 否*

If "Yes", what is the amount? 若「是」，要求賠償金額為多少？ _____

Particulars of Eye Witness 目擊證人資料Name _____ Tel. no. _____ Address _____
姓名 _____ 電話號碼 _____ 地址 _____

*Please delete whichever is inapplicable 請刪去不適用者

Other Insurance or Compensation 其他保險或賠償

Is/Are any other insurance policy(ies) covering the expenses involved? Yes / No*
 上述項目是否受保於其他保險合約? 是 / 否*

If "Yes", please give details: 若「有」, 請提供資料:

Name of Insurance company
 保險公司名稱 _____

Class of Insurance Policy no.
 保險種類 _____ 保單號碼 _____

Amount claimed Currency
 索償金額 _____ 貨幣 _____

Have you ever sustained other losses of similar nature? Yes / No*
 你曾否遭受同樣性質的損失? 是 / 否*

If "Yes", please give details 若「有」, 請詳述

*Please delete whichever is inapplicable 請刪去不適用者

Claim Payment Method 賠償款項方式

Subject to the terms and conditions of your policy, the Claimant may select to receive the claim payable amount by way of direct credit or cheque. If you do not provide payment preference as below, a cheque will be issued for any claim payment.

在保單條款許可情況下, 閣下可選擇以銀行轉賬或支票方式收取賠償款項。如閣下沒有提供以下銀行轉帳資料作收取賠償款項方式, 而索償案件申請被核准後, 將視作選擇以支票收取賠償款項。

Option (1) 選擇 (一)

By direct credit 銀行轉賬 – for HKD account only 只限港幣戶口

Please provide the Insured Person's bank account details. A copy of bank book or bank statement showing the name and bank account number of the Insured Person MUST be provided. 請提供受保人的銀行資料, 並必須提供顯示受保人的姓名及銀行賬戶口號碼的銀行存摺或月結單副本。

Important Notes for direct credit 銀行轉賬重要事項

- a. The claim payment shall be credited to the bank account in the name of Insured Person in accordance with the terms and condition of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.

有關之賠款將按其保單條款, 存入該受保人名下之銀行賬戶。請確保賬戶號碼及賬戶持有人名稱正確, 以免引致不必要之延誤。

- b. If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and / or account holder name, we shall not be liable to make any further payment and any other extra banking handling charges regardless of whether the claim payment can be recovered.

如閣下提供之銀行賬戶號碼及 / 或戶口持有人名稱不正確, 而導致本公司將相關賠款存至第三者戶口, 無論有關賠款能否取回, 本公司無任何責任再支付該賠款及其引致之相關銀行手續費用。

Bank account information 銀行賬戶資料

銀行名稱 Bank name	銀行編號 Bank code	銀行分行編號 Branch code	銀行賬戶口號碼 Bank A/C no.
賬戶持有人姓名 (英文及大楷寫) Name of account holder (In English & Block Letter)			

Option (2) 選擇 (二) Hong Kong Dollar Cheque 港幣支票**Declaration 聲明**

I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.



本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



Insured's Signature (& Company Chop, if applicable)

保戶簽名 (及公司蓋章，如適用) _____

HKID Card No. / B.R. No.

香港身份證號碼 / 商業登記號碼 _____ 日期 _____

Claimant's signature

索償人簽名

H.K.I.D. Card no

香港身份證號碼

Date

日期

The following document should be submitted (if applicable) 請呈交以下文件 (如適用):

1. Previous Decoration Invoice / Purchase Invoice / Official Receipt of any property to be claimed.
索償財物於事發前的室內裝修發票 / 購買發票 / 正式單據 ·
2. Incident report from the building management or authority showing the date, circumstances of Incident and its cause of loss or damage.
管業處或有關當局有關財物之遺失或損毀的事發日期、事件經過及其成因之事件報告 ·
3. Photos showing the extent of damage to any property to be claimed.
顯示有關索償財物損毀程度之相片 ·
4. Original Repair or replacement Quotation / Invoice / Receipt.
維修或重置報價單 / 發票 / 收據正本 ·
5. Original Police Loss Memo / Copy of Police Statement.
警方報告正本 / 警方所錄的口供副本 ·
6. Documentary proof on Relationship and Residence between the Policyholder and the owner of the property to be claimed.
保單持有人與索償財物物主之關係及住址證明文件 ·
7. Please do not commence any repair work or dispose of any salvage items without bolttech Insurance's prior written consent.
如未有保特保險預先的書面同意，請不要開始任何維修工程或丟棄任何殘餘物件 ·

This Claim Form must be submitted immediately, even if any of the claim documents is not readily available.
如未能即時提供任何索償文件，此賠償申請表亦必須立即呈遞。

Notes 注意：

1. Submission of this form does not constitute admission of any liability by bolttech Insurance. 呈上此表格並不代表保特保險承認相關責任。
2. Completed claim form together with supporting documents should be forwarded to bolttech Insurance within the time stipulated in the insurance policy. 請將已填妥之表格及有關證明文件，在保單指定日期內呈上保特保險。
3. Claims will not be processed unless declaration is signed by the claimant. 保特保險只接受已簽署之索償申請表。
4. If you are claiming for reimbursement of medical or other expenses, full details and documentary evidence must be provided. 若要申索醫療或其他費用的賠償，必須提供詳細資料及證明文件。

Personal Information Collection Statement (“PICS”) 收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited’s (the “Company”) PICS. You can also request a copy of the PICS by calling the Company’s Customer Service Hotline at 3123 3344.

請掃描以下二維碼查看保特保險(香港)有限公司(「本公司」)的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



English



中文