

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

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申請理賠表格 **CLAIM FORM**

由本公司填寫
For Office Use Only

立案號碼
Claim No.

1. (A) 保戶 / 索償者姓名：
Name of Insured / Claimant : _____
- (B) 聯絡電話號碼：
Telephone No. _____
- (C) 保單號碼：
Policy Number : _____
- (D) 電郵：
Email : _____
- 手提電話號碼：
Mobile Phone No. : _____
- 傳真：
Fax. : _____
2. (A) 意外或損失發生日期：
Date of accident or loss : _____
- (B) 此宗意外或損失之發生地點？
Where did loss or damage occur ? _____
3. (A) 意外發生時之詳情：
Circumstances of loss or damage : _____

4. (A) 曾否通知警察或消防處？若有，請填上報案之警署名稱及警方存案紀錄。
Have the police Authorities / Fire Services Department been informed? If yes, please give name of Police Station and record number.
是 Yes / 否 No _____
- (B) 是否有其它保險保障該財物？若有，請詳述有關之承保公司，保額及保單種類。
Are there any other insurance upon the same property? If yes, please give full particulars.
是 Yes / 否 No _____

- (C) 以前曾否遭遇同樣性質的損失？若有，請詳述之。
Has the claimant sustained other losses of the same nature? If yes, please give full particulars.
是 Yes / 否 No _____

(D) 意外的發生是由何人疏忽所引致？若有，請詳述有關責任方名稱、電話及地址以及如何疏忽。

Has the negligence caused the accident? If yes, please give full particulars.

有 Yes / 沒有 No

5. 損失或損壞詳情：
Details of loss of damage :

損失或損壞詳細情況 (請附上發票、估價單或付款收據) Full description of loss or damage (please attach any invoice, quotation or payment receipt)	購買或據有財物日期與財物 原來價值 Date of purchase or acquisition and original cost.	要求賠償數目 Amount claimed HK\$	附注 Remarks

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

中國太平保險(香港)有限公司(下稱“本公司”)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。閣下提供本索償表格要求的個人資料(包括信用資料和以往申索記錄),是為了本公司提供保險業務所需,本公司並可能使用閣下的個人資料作以下用途:

- (i) 任何與保險有關的產品或服務(包括處理及審批閣下索償、結清申索、保單相關行政、財務工作、索償調查或分析、偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)及其它相關的服務),或該等產品或服務的任何更改、變更、取消或續期;
- (ii) 本公司行使任何代位權;
- (iii) 就以上用途聯絡閣下;
- (iv) 其它與上述用途有直接關係的附帶用途;及
- (v) 遵循適用法律、條例及業內守則及指引。

本公司亦可因應上述用途披露/轉移閣下的個人資料予下列各方,而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料:

- (a) 向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問,或任何從事與保險或再保險業務有關的公司,或閣下的保險中介人(若有)、保險理算人或索償調查員/公司,或其他保險業務有關的服務提供者;
- (b) 僱主;醫護專業人士;醫院;會計師;財務顧問;律師;整合保險業申索和承保資料的組織;防欺詐組織;其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指名的其他人);警察;和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者);
- (c) 本公司的關連公司(以《公司條例》內的定義為準);
- (d) 政府及市場認可的保險業監管機構;保險投訴局及同類的保險業機構、香港保險業聯會(或同類的保險公司聯會)及其會員;
- (e) 法例要求或許可的政府機關包括運輸署。

閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外),而就此而言,閣下同意將閣下的資料移轉至香港境外。

閣下可有權隨時查閱及/或更正由本公司持有有關閣下的個人資料。如有需要,請以書面形式向本公司的總經理辦公室提出,地址為香港北角京華道18號15樓或電郵 info@hk.cntaiping.com。另本公司私隱政策的全文已上載於 www.hk.cntaiping.com,歡迎查閱。

本公司為預防保險詐騙偵測系統成員,詳情請參閱 www.hkfi.org.hk/ifpcd/en/index.html。

本聲明中英文版本如有任何歧異或不一致,概以英文版為準。

China Taiping Insurance (HK) Company Limited (the “Company”) understands its responsibilities to the collection, retention processing or use personal data under the Personal Data (Privacy) Ordinance. The personal data you provided in this form (including credit information and claims history) is collected to enable the Company to carry on insurance business.

The Company may also use your personal data for the following purposes:

- (i) any insurance related product or service (include processing and evaluating your insurance claim, settling claims, providing administration, financing, claim investigation or analysis work, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) and other services in relation to your insurance policy), or any alterations, variations, cancellations or renewal of such product or service;
- (ii) exercising any right of subrogation;
- (iii) contacting you for any of the above purposes;
- (iv) other ancillary purposes which are directly related to the above purposes; and
- (v) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose / transfer your personal data to the following persons who may collect and use this data only as reasonably necessary to carry out the purposes described above:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjusters/companies, or other service provider providing services relevant to insurance business;
- (b) employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
- (c) the Company’s related companies (as that term is defined in the Companies Ordinance);
- (d) Government and industry recognized insurance regulatory bodies: the Insurance Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; and
- (e) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

You have the right to access and/or request correction of any personal data concerning yourself held by the Company. Requests for such access can be made in writing to Office of the General Manager at 15/F, 18 King Wah Road, North Point, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company’s Data Privacy Policy can be found at www.hk.cntaiping.com.

The Company is a member of the Insurance Fraud Prevention Claims Database, please go to website www.hkfi.org.hk/ifpcd/en/index.html for details.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.

聲明 Declaration

以上所列乃屬真實並願協助中國太平保險(香港)有限公司辦理一切有關事宜。

I/We hereby declare the foregoing particulars to be true in every respect and I/we undertake to give the Company all assistance in my/our power in dealing with the matter.

保戶簽章(如屬公司請加蓋章):

Signature of Insured:

(with company chop if applicable)

日期:

Date: