



AIA International Limited
(Incorporated in Bermuda
with limited liability)
General Agent 總代理

PROPERTY DAMAGE AND LOSS CLAIM FORM

財物損失索償申請表

保單編號	:	C	8	8										
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Agency Name/Area Code
業務代表組別/區域編號 _____

Representative Name/Code
業務代表姓名/編號 _____

Broker/IFA Name/Code
保險顧問/投資顧問名稱/編號 _____

Contact Phone No.
聯絡電話號碼 _____

保戶資料
DETAILS OF INSURED

保單號碼
Policy/Certificate number: _____

保戶名稱
Insured name: _____

聯絡電話
Contact telephone: _____

聯絡地址
Contact address: _____

於過去五年內，閣下有否申請索償？如有，請詳細說明。
Please provide full details of all claims made against any insurance company in the past 5 years, if any.

損失詳情
DETAILS OF LOSS

損失日期及時間
Date & time of loss: _____

損失地點
Place of loss: _____

簡述損失發生情形
Briefly describe the circumstances: _____

如有其他保險保障是項損失，請列明該保險公司名稱、保險類別及保單號碼。
If the loss is covered by other insurance, please state the name of the insurance provider, the nature of insurance & Policy No.

發現此事者或證人之名稱，聯絡地址及電話
Person who discovered the loss or witness name, contact address & telephone: _____

報案警署/消防局地址（如有報案）
Name & address of Police/Fire Station where loss is reported, if any: _____

報案日期及時間
Date & Time of Report: _____

案件編號
Report No: _____

AIA INTERNATIONAL LIMITED

友邦保險（國際）有限公司

AIA COMPANY LIMITED

友邦保險有限公司

(hereinafter called "AIA" 以下簡稱 "友邦保險")

DECLARATION AND AUTHORIZATION 聲明及授權

I/We declare that the answers given above are true and complete.

本人/我們聲明以上每一項答案為完全和真確。

I/We hereby irrevocably authorize:

- a. any organization, institution, or individual that has any record or knowledge of my/our/the Insured's employment, sick leave records, accident or loss details (of any sorts), health, medical history or any treatment or advice, that when requested by an authorized representative of AIA may disclose any such information. This authorization shall bind my/our/the Insured's successors and assigns and remain valid notwithstanding my/our/the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.
- b. AIA or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my/our/the Insured's health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites.

本人/我們茲授權：

- a. 任何知悉或擁有本人/我們/被保人之工作、病假記錄、意外或損失（任何類別）之詳情、健康狀況、病歷或任何治療或諮詢記錄及曾為或將為本人/我們/被保人診治之機構、組織或人士、向友邦保險透露有關資料，不得撤回，即使本人/我們/被保人死亡或喪失能力，此授權書仍然具有法律效力，而本人/我們/被保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。
- b. 友邦保險或任何其認可之驗身醫生或化驗所，替本人/我們/被保人進行所需之醫療評估及測試，並對本人/我們/被保人之健康狀況進行審核及評估，作為處理本申請及其後與之有關的賠償事宜，不得撤回。此等化驗會包括，但並不限於，膽固醇及有關之血脂肪、糖尿病、腎或肝功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代產品之含量等化驗。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC.

I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PIC.

The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

個人資料收集及使用

本人/我們確認本人/我們已閱讀及明白AIA個人資料收集聲明（「AIA個人資料收集聲明」）。

本人/我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人/我們或本人/我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。

本人/我們知悉及同意就AIA個人資料收集聲明所述目的轉讓本人/我們的個人資料至香港境外予AIA個人資料收集聲明所載的資料承讓人。

AIA個人資料收集聲明的最新版本可於以下網址下載：www.aia.com.hk，及可向貴公司索取。

Signature of Witness

見証人簽署

Name:

姓名

Date:

日期

(Please do not sign on blank form 請勿在空白表格上簽署)

Signature of Insured/Claimant

受保人/申請人簽署

Name:

姓名

Date:

日期

ID No.:

身份證號碼

Remarks 註解：

This declaration and authorization must be signed by the insured. If the insured is a minor, the insured's parent/legal guardian can sign on his/her behalf. 此聲明及授權書必須由受保人簽署，若受保人為小童，則可由其家長/合法監護人簽署。

Please complete if the signature is not given by the insured.

若簽署者非受保人，請填寫這欄

Name (in block letter)

姓名（正楷書寫）

Relationship with the Insured

與受保人關係