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# Combined Claim Form

## 综合索赔表

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THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY, WHETHER OR NOT A CLAIM IS MADE.

这个表格的签发，不代表公司承担责任。无论有无索赔发生，必须迅速填好这个表格，且返回公司。

### WHAT TO DO IN THE EVENT OF A CLAIM

#### 在一个索赔事件中做什么

1. Attach all quotations obtained for replacement of or repair to the damaged or missing property.  
对损坏或缺少的财产，需修补或更替的，附上所有已得到的报价单。
2. Attach valuations and receipt for purchases whenever possible. 只要可能，附上估价和购买的收据。
3. Advise police immediately in the event of loss by Burglary, Housebreaking, theft, Suspected Malicious Damage, Travellers Baggage.  
由偷盗（入室行窃、破门而入及偷窃）及可疑的恶意损坏引起的损失事件及旅行行李的损失，马上报告警察。
4. Attach any letter of demand or other correspondence that you may receive from any third party.  
附上任何的需要的信件或其它的你可以从第三者那里收到的通讯资料。
5. Do not make any admission of liability for loss or damage caused by you to third parties.  
由你所引起的第三者损失或损坏，不要进行任何的责任承认。

1. Claim No 索赔号.	2. Client No 客户代码.	3. Policy No 保单号码.	4. Account No 帐号.
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**5. THE INSURED 保户 :**

Name 姓名		Telephone 电话号码.	
Address 地址		Post Code 邮政代码	
Policy No. 保单号码	Expiry Date 终止日期	Has the premium been paid ? 保费支付了吗?      YES 是/NO 否	

Name of other Interested Parties (Hire Purchase, Lease, etc.), if any  
任何其它有关者 ( 雇用、购买、租借等 ) 的姓名.

Are there any other Insurance in force which would cover this in whole or in part 有任何其它规模大的保险承保这个事件的全部或部分吗? YES 是/NO 否,      if answer is YES, Please advise 如果回答是, 请说明:

Name of Insurer 保险公司的名称	
Policy Details 保单的详情	

**6. DETAILS OF LOSS DAMAGE OR OCCURRENCE 损失损坏或发生的详情**

Date of loss/ Damage/or Occurrence 损失/损坏/或发生的日期		Time 时间	A.M.上午/P.M.下午
When was loss/Damage/or Occurrence reported to you (if applicable) 您在什么时候接到损失/损坏/或事件的报告的 (任何可应用的)?		Time 时间	A.M./PM 上午/下午.

Place and/or Premises where it occurred 事件发生的地点和/或场所

Please state full particulars how loss, Damage or Accident occurred 请完整而详尽地描述, 怎样的损失、损坏或所发生的意外 :

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Please describe Nature of Damage or Injury 请描述损坏或损伤的性质.

<b>7. RESPONSIBILITY/WITNESSES 责任和目击者</b>			
Was another person, in your opinion, responsible for loss or damage or cause of the occurrence /依您的意见, 对发生的损失或损坏或事件发生的原因, 别人有责任吗? YES 是 / NO 否 If reply is YES, please give full details 如果回答是, 请给予详细描述:			
Name 姓名			
Address 地址			
Post Code 邮政编码		Telephone No 电话号码	
Reasons 理由			
Was there a witness/or witnesses to this event 对这事件有目击者可以为此作证吗? YES 是 / NO 否 If reply is YES, please give full details 如果回答是, 请详细描述:			
Name 姓名			
Address 地址		Telephone No 电话号码	
<b>8. BURGLARY LOSS 入室偷盗损失</b>			
if claiming under Multi Risk, Burglary, Housebreaking, Theft, Malicious Damage, Baggage, advise the following 是否在多个风险下索赔。如: 入室得窃、破门而入行窃、偷窃、蓄意破坏、行李损失。说明如下。			
(a) Full details of method used by offender 罪犯所用手段的详细资料 ..... .....			
(b) Where were the Police notified? 在什么地方通知警察?		Time 时间	A.M./P.M 上午/下午.
Police Station 警察局		Officer's Name 警官的姓名	
State reason if not reported to Police 如果没有报告警察局, 请陈述理由			
( a ) Has the loss been advertised 该损失登广告了吗? YES 是/NO 否 if answered YES, give particulars 如果回答是, 阐述具体详情 ..... ..... and send copy of advertisement with this form 并将广告的复印件和此表格一起送来..			
(b) When was the property last seen by you 您最后见到该财产是什么时候?			
(c) At the time of loss how long had premises been unoccupied 在受损的时候, 该房屋有多长时间没有占用了?			
<b>9. FIRE LOSS 火灾损失</b>			
(a) Are you the sole owner of the damaged property 您是该受损财产唯一的拥有者吗? YES 是/NO 否 If NO give details of interested parties 如果不是, 请给出有关的团体. .....			

(b) What was the total value of the property insured by the policy at the time of the loss 根据保单, 受保财产在受损时的总价值是什么?			
Buildings 建筑物	\$	Contents 物品	\$
<b>10. WINDSTORMS AND FLOOD 暴风和水灾</b>			
(a) If claiming for windstorm/Hurricane/Cyclone/Typhoon/Water Damage/Flood advise the following 如果对暴风/飓风/旋风/台风/水损坏/水灾, 说明如下:			
(1) Through what type of opening did Wind Rain or Water enter premises 风、雨或水是通过开着的什么进入建筑物内的? .....			
(2) Did Windstorm/Hurricane/Cyclone/Typhoon cause opening to premises. 暴风/飓风/旋风/台风/导致建筑物有空缺入口的吗? YES 是/NO 否 If answer YES/ describe cause 如果回答是, 请描述理由 .....			
<b>11. PERSONAL ACCIDENT 人身意外</b>			
(a) What is the name and address of the doctor attending to you 为您治疗的主治医师的姓名和地址是什么? .....			
(b) In respect of Temporary Disablement from engaging in or giving attention to profession or occupation, how long have you been 由所从事或关心的职业或工作中发生的暂时伤残, 有多久了?			
(1) Totally disabled 完全地伤残?	From 从		To 到
(2) Partially disabled 部分地伤残?	From 从		To 到
(PLEASE ATTACH MEDICAL CERTIFICATE AND/OR REPORT 请附上医学证明书和发票)			
<b>12. LEGAL LIABILITY 法律责任</b>			
(a) Name and Address of injured person or owner of damaged property 受伤的人或受损财产的业主的姓名和地址.			
Name 姓名			
Address 地址		Telephone No 电话号码	
(b) Is the injured person or owner of damaged property in your employ, in the employ of any contractor or sub-contractor to you, or a relative to you? : 对您或与您雇用有关的任何承包人或次级承包人或亲戚, 受伤人员或受损财产的业主是在您的雇用中吗? YES 是/NO 否 If answer YES, give details 如果回答是, 请详细描述. .....			
(c) Has any claim been made upon you 任何索赔已由您完成了吗? YES 是/NO 否 If answer YES, state details and attach with this form All Communication received 如果回答是, 阐述详情并附上这所有收到的通讯资料表格.			

**13. INSURANCE HISTORY 保险历史**

(a) Have you ever previously sustained Loss/Damage/or caused Damage or Injury to Third Parties 您以前曾经不断有损失/损坏/或对第三者引起损坏或伤害吗? YES 是/NO 否

If answered YES, give details of such losses and amounts involved 如果回答是, 对这样的损失和有关的总数给予详细描述

(b) Was an Insurance Company involved 是一个保险公司承保的吗?. YES 是/NO 否. If answered YES, please state below name of company and year of claim 如果回答是, 请描述下列公司的的名称和索赔年.

**14. DESCRIPTION OF PROPERTY LOST OR DAMAGED 描述损失或损坏的财产**

IF INSUFFICIENT SPACE PLEASE ATTACH SEPARATE LIST  
如果空间不够请另外附表

Description of Property Lost or Damaged 描述损失或损坏的财产	From Whom Purchased 从何处购买	Date of Purchase 购买日期	Original Purchase Price 最初购买价格	Deduction for Depreciation and Wear and Tear 对磨损和折旧的扣除额	Amount Claimed 索赔总数
		TOTAL 合计			

I/we the insured do solemnly and sincerely declare that I/we have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or willful misrepresentation and that the information shown on this form is true and that I/We have not concealed any information relating to this claim 我/我们保户庄严而真诚地宣布我/我们已经遵照保单条件和保证 (无论任何的), 决不故意地引起上述的损失或损坏, 或以欺骗或故意误述的不合法方式要求索赔, 在这个表格中所填写的情况是真实的, 并且对这个索赔, 我/我们没有任何隐瞒的情况。

Date 日期: \_\_\_\_\_

Signature 签名: \_\_\_\_\_