

KONO INSURANCE LIMITED

工安保險有限公司

20/F., TAI TUNG BUILDING, 8 FLEMING ROAD, WANCHAI, HONG KONG.
TEL: 2544-1888 FAX: 2541-4965 E-MAIL: info@kono.com.hk
香港灣仔菲林明道八號大同大廈二十樓
電話: 2544-1888 傳真: 2541-4965 電郵: info@kono.com.hk

意外保險要求賠償表 GENERAL ACCIDENT CLAIM FORM

保單號碼 _____ 到期日期 _____
Policy No. _____ Expiry Date _____
保戶姓名 _____ 年齡 _____
Name of Insured _____ Age _____
地址 _____
Address _____
職業 _____ 電話號碼 _____ 傳真號碼 _____
Occupation _____ Tel. No. _____ Fax No. _____

遇事情況及損壞情形 CIRCUMSTANCES OF ACCIDENT, LOSS OR DAMAGE

日期 _____ 時間 _____
Date _____ Time _____
地點 _____
Place _____
過程描述 _____
Description _____

證人姓名 _____
Witness Name _____
地址 _____ 電話號碼 _____
Address _____ Tel. No. _____

閣下會否向警方報告此次意外事件? 有/無
Did you report this accident to the Police? Yes/No.*
日期 _____ 時間 _____
Date _____ Time _____
如有, 那間警署?
If Yes, which Station? _____
警方報告號碼 _____
Police Report No. _____
如閣下/閣下的僱員曾錄下口供請附副本
If a statement has been made by you/your employee, please attach copies of it.

要求賠償細節 DETAILS OF CLAIM

適用於財物損毀或遺失

For Property Damage or Missing Articles

所有賠償均須減去該物品之貶值及折舊, 如空位不足可另附紙張

(All claims are subject to the deduction of depreciation, wear and tear. If space is insufficient, please use separate sheet.)

項目 Item	購買或接收日期 Date purchased or received	從何人/店舖購買或接收 From whom purchased or received 姓名及地址 (Name & Address)	價錢 Price	修理費用 Repair Cost
	要求賠償總額 Total amount claimed:			

請交出以上物品之發票及收據作為證明賠償之數目

Please submit the invoice(s) or receipt(s) of the above article(s) to substantiate your claim.

適用於人體受傷或疾病

For Bodily Injury or Sickness

診費 Consultation Fees	
住院費 Hospitalization Fees	
手術費 Surgeons' Fees	
其他(請詳述) Others (please specify)	
要求賠償總額 Total amount claimed	

請交出醫生證明書及收據以證明賠償之數目

Please submit the doctor's certificate and receipt to substantiate your claim.

請回答以下問題
Please answer the following questions

適用於樓宇內發生行竊或財物損失

For theft or loss from premises

- 由誰發現 _____ 時間 _____
1. Who discovered _____ Time _____
有無留下任何強行進入或退出該樓宇之痕跡? 有/無
2. Is there any sign of forcible entry into or out of the premises? Yes/No*
如有, 請詳述 _____
If Yes, please give details _____
-
- 行竊發生時該樓宇是否空置? 是/否
3. Were the premises unoccupied at the time of the theft? Yes/No*
如有, 從那時開始空置? _____ 日期 _____ 時間 _____
If Yes, when were they unoccupied? Date _____ Time _____
以前曾否遭受同類損失? 有/無
4. Have you sustained a loss of this nature before? Yes/No*
如有, 請詳述 _____
If Yes, please give details _____
-
- 該要求賠償之物品有無投保於其他公司? 例如: 綜合保險, 旅行保險, 汽車保險或高爾夫保險? 有/無
5. Is the property for which you are claiming insured elsewhere? e.g. under an All Risks, Travellers, Motor, Golfers Policy etc.? Yes/No*
如有, 請詳述 _____
If Yes, please give details _____
-
- 其他人對該物品有無合夥、抵押、信託或其他權益? 有/無
6. Has any other person any interest in the property as Owner, Mortgagee, Trustee or otherwise? Yes/No*
如有, 請詳述 _____
If Yes, please give details _____

適用於人體受傷或疾病

For Bodily Injury or Sickness

- 性質或診斷 _____ 傷/病者姓名 _____
Nature or Diagnosis _____ Name of patient _____
該病徵在何時第一次出現?
For sickness, when did the symptoms first appear? _____
該傷/病者曾接受醫生診治多久?
How long has the patient been consulting a doctor?
由 _____ 至 _____
From _____ To _____
主診醫生姓名 _____
Attending Doctor's Name _____
地址 _____
Address _____
該傷/病者曾留院醫治多久?
If patient was hospitalized, how long?
由 _____ 至 _____
From _____ To _____
醫院及地址 _____
Name & Address of Hospital _____
如已施行外科手術, 請詳述 _____
If surgical operation was performed, please describe fully _____
-
- 該傷/病者已否康復? 已/未
Has the patient recovered now? Yes/No*
如未, 請述現時情況 _____
If No, please state present condition _____

本人/余等確認 貴保險公司會依靠本人/余等/保險單持有人/保戶所提供的資料(該等提供的資料本人/余等誠實地相信是真實和正確的), 作為將來進行或辯護任何索賠及訴訟程序之用。如 貴保險公司要求, 本簽署人/保單持有人/保戶將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。

I/We acknowledge that the Insurers will rely upon the information supplied by me/us/the policyholder/the insured, which I/we verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory/the policyholders/insured under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.

日期 _____ 保戶簽名 _____
Date _____ Insured's Signature _____

刪去不適用處

*Delete whichever is inappropriate.