Home Insurance Claim Form (家居保險索償申請表)

Please complete this Claim Form and provide the relevant document within thirty (30) days from the date of incident.
(請填妥此索償申請表連同相關索償文件於是次事件後三十(30)天內一併交回)
The Company is entitled to request for further information, documents or other specific claim form to be completed, and assign a loss adjuster for investigation.
(本公司有權要求索償者提供更多資料、文件或填寫其他專用索償表格，以及委派公證人進行調查。)
Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.
(填寫及遞交此索償申請表並不表示本公司承擔賠償責任。)
For inquiry, please call our Claims Hotline on 3413 0701 or email to claims@tgi.com.hk or fax to 2548 4395.
(如有任何查詢，請致電我們的索償熱線 3413 0701 或 電郵至 claims@tgi.com.hk 或傳真至 2548 4395。)

* To tick/delete as appropriate
(請加上✓號/刪除不適用部份)

1. Insured Particulars (受保人的詳細資料)

Name (姓名) Mr/Ms * (先生/小姐) *	HKID card no. (香港身份証號碼)	Policy no. (保單號碼)
Occupation (職業)	Contact no. (聯絡電話)	Email address (電郵)
Address (住宅地址)		

2. Claimant's Details (索價人的詳細資料)

If Claimant is different from Policyholder (如索價人與保單持有人不同)

Name (姓名) Mr/Ms * (先生/小姐) *	HKID card no. (香港身份証號碼)	Policy no. (保單號碼)
Occupation (職業)	Contact no. (聯絡電話)	Email address (電郵)
Address (住宅地址)		

3. Incident Details (事件的詳細資料)

Date of occurrence (發生日期)			Time of occurrence (發生時間)			Place of occurrence (發生地點)
dd (日)	mm (月)	yyyy (年)	hour (時)	minutes (分)	am/pm* (上午/下午)*	
Please describe the incident in detail (請詳細描述事件發生的經過)						
Have the police or other authorities been informed (是次事件有否向警方或其他機構報告) □ Yes (是) If yes, please provide report (如是，請提供報告) □ No (否)						
Have you ever sustained a loss of similar nature during the past 3 years (在過去 3 年內是否蒙受過同樣性質的損失) □ Yes (是) If yes, please give details (如是，請提供資料) □ No (否)						

4. Types of Claim (索價類別)

HOUSEHOLD CONTENTS (家居財物) / LOSS OF OR DAMAGE TO PERSONAL POSSESSIONS (遺失或損毀個人財物)

Description of item lost/damaged (請描述遺失/損毀的物件)	Date of purchase (購買日期)	Place of purchase (購買地點)	Original purchase price (購買價值)	Amount claimed (HK$) (索償金額為港幣)

TGI/TI-FAQs/V1/07/2023

Trinity General Insurance Company Limited
Flat 1001, 10th Floor, Hong Kong Plaza, 186-191 Connaught Road West, Hong Kong
Telephone: +852 3413 0988 Email: tgi@tgi.com.hk Website: www.trinity.com.hk

Are you the sole owner of the property? (該財物是否由您全權擁有) □ Yes (是) □ No (否) If no, please give details (如否，請提供資料) _____

LEGAL LIABILITY (法律責任)

Cause / reason (成因/原因)
Amount claimed (索償金額)

You may include a separate list if there is insufficient space provided above (註: 如此欄不足夠填寫可另加紙張)

PERSONAL ACCIDENT (個人意外)

Cause / reason (成因/原因)
Diagnosis (診斷結果)
Extent of sickness/injury (疾病/受傷情況)
Did these injuries result in permanent disability (是次受傷是否導致完全及永久傷殘) □ Yes (是) □ No (否)
Amount claimed (索償金額)

You may include a separate list if there is insufficient space provided above (註: 如此欄不足夠填寫可另加紙張)

5. Other Insurance (其他保險)

If you are entitled to claim under any other insurance policy, (eg. other travel, personal accident, pet insurances etc), please provide us the details of those policies (如您可向其他保險如旅遊保險、個人意外、寵物保險等申請索償，請提供有關的保單資料)

Insurance company (保險公司名稱)	**Type of policy (保險類別)**	**Policy no. (保單號碼)**	**Compensation amount (HK$) (賠償金額為港幣)**

Have you made any claims against any of the above insurers? (您有否就此意外/損失向上述保險公司申請索償)
□ Yes (是)
□ No (否)

6. Bank Details (銀行戶口資料)

Please provide us your bank details for direct payment to your bank account or faster payment system for any valid claim. Please be reminded that this request should not be treated as an admission of our liability and we hereby reserve all rights for assessing your claim after collecting all relevant documents subject to terms, conditions and exclusions of the relevant policy.
(請提供您的銀行戶口或轉數快資料以便將成功審批的賠償款項直接轉帳到您的戶口。我們在此聲明，此項要求並不代表您的索償現正獲得成功審批。 同時，我們在收集全部證明文件後，將根據保單一切條款才作出最後審批，敬請留意。)
* The Bank account holder must be the Policyholder(s)/the Insured/Beneficiary named in the relevant Policy Schedule.
(戶口持有人必須為有關保單列明的投保人/受保人/受益人。)

Direct Payment - Bank account holder name (戶口持有人姓名)	Bank name (銀行名稱)	Bank code (銀行代碼)	Branch code (分行編號)	Bank account no. (銀行戶口號碼)

Faster Payment System - Bank account holder name (戶口持有人姓名)	Type of Proxy ID (識別代號類別)	Proxy ID (識別代號)

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7. Declaration and Authorization (聲明及授權)

I/We declare that all the above statements and particulars given by me/us in this form are true, complete and correct and that I/We have not withheld any material facts in respect of this claim.
我/我們謹此聲明上述提供之所有資料均為屬實完整，正確無誤，並無隱瞞重要資料事實。

I/We further declare that save and except those set out in part 5 hereinabove (if any), I/we have no other insurance policy(ies) indemnifying me/us in respect of this accident/incident.
我/我們聲明除了上述第五部份列出的保單外(如有)，我/我們並無其他保單就此意外/事件可作出賠償。

I/We acknowledge and understand that the Insurers will rely on the information and statements supplied and made by me/us /the policyholder/ the insured person(s), which I/we verily believe to be true, complete and correct, in prosecuting or defending any claims or proceedings in future; and that I/we/ the policyholder/ the insured person(s) under this Policy, if so required, will and are bound to sign relevant legal or court documents. I/we further understand and agree that any false or incorrect information or statements or omission provided and made in this form or through other means may prejudice the conduct of such proceedings and my/our entitlement or cover under the Policy; and may result in reduction or refusal of my/our claim(s) and/or cancellation of the Policy.
我/我們確認貴保險公司會依靠我/我們/保單持有人/受保人所提供的資料(我/我們忠實地相信該等資料是真實和正確的)作為將來進行或抗辯任何索償或訴訟程序之用。如貴保險公司要求，我/我們/保單持有人/受保人同意及定必簽署任何依據該等資料所準備的法律文件。我/我們明白並同意任何虛假或失實的陳述或資料或隱瞞可能影響該等訴訟及損害我/我們就保單索償的權利，並可導致拒絕索償及/或取消保單。

I/We hereby authorize any physician, hospital, clinic, police, government authorities and/or other organization or party concerned to disclose to Trinity General Insurance Company Limited or its representatives any and all information, records, knowledge or reports in connection with the accident/incident, including but not limited to my/our medical history, police reports, witness statements, investigation and/or prosecution results and the like for claim processing purpose. This authorization shall bind my/our successors and assigns and remain valid notwithstanding my/our subsequent death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.
我/我們特此授權任何醫生，醫院，診所，警方，政府機關和/或其他機構或有關方向三聯保險有限公司或其代表披露及提供任何與所有就我/我們索償事件相關的資料，記錄或報告，包括但不限於我/我們的病歷，警察報告，證人口供，調查和/或起訴結果及有關索償程序用途的任何文件及資料。這授權將使我/我們的繼承人受到約束，儘管我/我們隨後死亡或喪失能力，在法律允許的範圍內仍然有效。 本授權複印件與原件同樣有效。

I/We acknowledge and agree that Trinity General Insurance Company Limited by requesting me/us to complete and submit this form and to make the declaration herein does not constitute a waiver of any of its rights under the Policy and/or the law in general.
我/我們確認並同意三聯保險有限公司在要求我/我們提交此表格和聲明，並不構成其放棄保單條款下及一般法例下的任何權利。

I further agree that your Policy on Personal Data ("Data Policy"), a copy of which is available upon request or from pics@tgi.com.hk, shall apply and my/our personal information may be used, disclosed and/or transferred in accordance with the Data Policy.
本人並同意貴公司之「個人資料政策」(「該資料政策」)會被引用，貴公司可按照該資料政策使用、披露及/或轉移我/我們的個人 資料。本人可以向貴公司索取或從網址 pics@tgi.com.hk 下載該資料政策。

Policyholder's Signature (保單持有人簽署)	Claimant's Signature (索償人簽署)	Date (日期)

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8. Letter of Consent (同意書)

Letter of Consent 同意書

To whom it may concern 敬啟者:

Police Reference no. 警方檔案編號 : _____

Date of Incident 事故日期 : _____

Location of Loss 事發地點 : _____

Description of incident 事故描述 : _____

I/We _____, holder of HKID no. _____, hereby authorize Trinity General Insurance Company Ltd to obtain a copy of the statement/report I/We made to you following the captioned incident. The copy of this letter of Consent is as valid as the original copy. 本人/我/我們 _____，香港身份証號碼為 _____， 現授權三聯保險有限公司向貴警署索取有關上述事故之口供及/或報告一份。此同意書之副本與其正本同樣有效。

9. Important Note (重要事項)

- Do not admit any liability or make any offer, promise or payment without our prior consent
  (切勿在沒有我們同意的情況下承認任何責任或作出賠償建議或賠償)
- Damaged items must not be disposed of without our prior consent
  (切勿在沒有我們同意的情況下棄掉損毀的物件)
- Any cost of obtaining documents is not reimbursable under the Policy
  (本保障範圍並不包括任何有關領取文件的費用)
- In certain circumstances, we reserve the right to request for more information to substantiate the claim
  (在一些情況下，我們保留權利要求您提供進一步的資料以處理您的索價申請)

In event of any inconsistency between the English version and Chinese version, the English version shall prevail.
(中英文版本如有歧異，概以英文本為準)

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