



索賠申請書 (_____)
CLAIM FORM (_____)

索賠號碼

Claim No. : _____

保單編號： Policy No.:	保戶名稱： Insured:
出事日期： Date of Loss:	出事地點： Risk Location:
保額及內容： Sum insured & insured items:	
出事原因及損失概況： Details of Accident:	
備註：如有外保，請註明該共保保險公司的名稱和保險金額及內容。	
聲明 DECLARATION	
以上所列乃屬真實及無重覆保並願協助公司辦理一切。 I/We hereby declare the foregoing particulars to be true in every respect and that I/We have no other policy of insurance indemnifying me/us in respect of the accident and I/We undertake to give the company all assistance in my/our power in dealing with the matter.	
投保人簽署： Signature of Insured: _____	日期： Date: _____