

責任保險索償書 LIABILITY INSURANCE CLAIM FORM

保險類別 Class of Insurance			
被保險人名稱 Name of Insured		地址 Address	
保險單號碼 Policy Number		電話 (Tel. No.)	
		傳真 (Fax. No.)	
批單號碼 Endorsement No.		聯繫人 Person to contact	
保險金額 Sum Insured		估計損失金額 Estimated amount of loss	
保險期限 Period of Insurance	自(From) 年(y) 月(m) 日(s)起	出險地點 Location of Loss	
	至(From) 年(y) 月(m) 日(s)止	出險日期 Date of Loss	
請填述是否向何公安局/派出所/消防部門/警署報案及公安局/派出所/消防部門/警署受理編號: (Please state to which police station/public security bureau/fire service department did you report the incident, and the reporting case no.)			
請填述出險情況、主要原因及施救經過: (Please describe the circumstances of the incident, main cause of the incident and what measures you have taken to minimize the loss)			
請列明損失項目及損失金額 (Please itemize properties lost or damaged, together with loss amount involved)			
備註 (Remark):			

被保險人簽章 :
(Authorized Signature &
Company Chop)

報案日期(Date): 年(y) 月(m) 日(d)

注: 本通知書應由被保險人于出險后立即項寫一份經簽章后送保險公司(In case of loss or damage, please complete this form and send it to Insurers immediately)