

貨物保險索償申請表 Marine Cargo Claim Form

(Please use block letters 請用正楷)

MAKING A CLAIM 索償須知

1. READ your policy document to check if your claim is covered under the policy terms and conditions
查閱保單細則，確保該項索償符合保單條款
2. ENCLOSED completed claim form with all necessary original necessary documents to support your claim and return to China Ping An Insurance

(Hong Kong) Co., Ltd. at 17/F., Allied Kajima Building, 138 Gloucester Road, Wan Chai, Hong Kong
將填妥的索償表格連同有關證明文件之正本寄回中國平安保險(香港)有限公司- 香港灣仔告士打道138號聯合鹿島大廈十七樓。

| Assured's Information 投保人資料 | | | |
|--------------------------------|---------------------|----------------|--|
| Name of Assured 被保人姓名 | ****必須填寫此項**** | | |
| Correspondence Address 通訊地址 | ****必須填寫此項**** | | |
| Contact Person 聯絡人 | ****必須填寫此項**** | | |
| Fax No. 傳真號碼 | E-mail Address 電子郵箱 | ****必須填寫此項**** | |
| Policy No. 保單編號 | Mobile Phone 手機號碼 | ****必須填寫此項**** | |
| Certificate No. 証書號碼 | Telephone No. 電話號碼 | ****必須填寫此項**** | |

| Accident Information 意外詳情 | | | |
|----------------------------|-------------------------------|----------------|--|
| Conveyance 船舶名稱 / 航班 | | | |
| ETD/ETA Date 離港 / 到港日期 | Arrival Date 到達日期 | | |
| Voyage 航程 | From 啓程地點 | To 目的地 | |
| Sum Insured 投保額 | ****必須填寫此項**** | | |
| Nature of Loss 損失性質 | ****必須填寫此項**** | | |
| Statement of Claim 索償清單 | Model / Description 貨品名稱 / 型號 | ****必須填寫此項**** | |
| | Damaged / Lost Quantity 破損數量 | ****必須填寫此項**** | |
| | Unit Price 單價 | ****必須填寫此項**** | |
| | Total amount of loss 損失金額 | ****必須填寫此項**** | |

| Claim Documents Checklist 索償文件清單 | |
|---|--|
| Please tick ✓ the appropriate box <input type="checkbox"/> 請在 <input type="checkbox"/> 內加上 ✓ | |
| We have attached the following documents 已附上以下文件: | |
| <input type="checkbox"/> | Commercial Invoice 銷售發票 |
| <input type="checkbox"/> | Packing List 裝箱單 |
| <input type="checkbox"/> | Original bill of lading / consignment note of legible copy with reverse side 提單 / 空運提單正本或清晰副本，連背頁托運條款 |
| <input type="checkbox"/> | Original Certificate of Insurance / Marine Policy 水險保單正本 |
| <input type="checkbox"/> | Claused delivery receipt 已註明破損的簽收單 |
| <input type="checkbox"/> | Claused container release form (If applicable) 欄櫃紙 (如適用) |
| <input type="checkbox"/> | Letter against carriers and their reply (please see attached specimen) 致船公司的投訴信 (請見附頁樣本)，及其覆函。 |
| <input type="checkbox"/> | Photos at the time of delivery / devanning 客戶在提貨或卸貨時所拍的照片 |
| <input type="checkbox"/> | Original Survey report with photos and debit note 商檢報告正本，連照片及發票 |
| <input type="checkbox"/> | Others (Please specify) 其他 (請註明) _____ |
| Declarations 聲明 | |
| We hereby declare that all the statements to all questions above, whether or not written by my own hand are to the best of my knowledge and belief complete and true. We agree that any concealment of incorrect statement in connection with this claim may result in prosecution and the policy shall become void. 本人謹此聲明，上述一切陳述不論是否本人親手所寫，均屬正確無訛，並為所知所信之全部，本人並同意，任何蓄意欺騙或隱瞞將構成法律責任並導致保單失效。 | |
| Assured's Signature with Company Chop 被保人簽署及公司蓋印 / 印章 | Date 日期 |
| ****必須簽署此項**** | ****必須填寫此項**** |