

# Household Insurance Claim Form

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This form must be completed truthfully and accurately.

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

The completed form should be returned to us together with all supporting documents as soon as possible at the following address:

**Claims Department**  
**Chartis Insurance Hong Kong Limited**  
46/F, One Island East  
18 Westlands Road  
Island East Hong Kong  
852 28389916 Facsimile

**Claims Department**  
**Chartis Insurance Hong Kong Limited (Macau Branch)**  
Unit 506, 5/F, AIA Tower  
No 251A-301 Avenida Comercial de Macau  
853 2835 5299 Facsimile

**General documents required:**

- Incident report or letter issued by the building manager regarding the incident.
- Original purchase receipts of the properties lost or damaged.
- An estimate of repair costs (it should be submitted and approved before making any repair).
- Police report (only for loss caused by theft, burglary or robbery).
- Photos showing the loss or damage.

## Section I - General Information

Policy/certificate no.:	Name of insured:	ID card no./passport no.:
Telephone no. (Residential) :	Telephone no. (Office) :	Telephone no. (Mobile) :
Mailing address:		E-mail address:
Name of agent/broker:	Telephone no.:	
Please provide full details of all claims made against any insurance company in the past 5 years, if any.		

## Section II - Details of Loss

Date of loss (MM/DD/YYYY):	Time of loss:	Place of loss:
Description of the incident:		
Contact details (including name, address & telephone no.) of witness(es) or person(s) who discovered the loss:		
Name & address of the police/fire station where the loss was reported to, if any:		
Date of report (MM/DD/YYYY):	Time of report:	Report no.:



## Section V - Third Party Liability

Description of incident		
Date of loss (MM/DD/YYYY):	Time of loss:	Place of loss:
Description of the incident:		
When, and by whom was the incident reported to you?		
Name & address of the police station where the incident was reported to, if any:		
Date of report (MM/DD/YYYY):	Time of report:	Report no.:
Witness		
Name of witness:	Telephone no.:	
Address:		
Third party		
Name of the person injured, or the owner of the damaged property:	Telephone no.:	
Mailing address:		
Nature and extent of injury, damage or loss:		
Has any claim been made against you?	Claim amount (Please indicate the currency):	

## Section VI - Declaration and Authorization

The undersigned Claimant(s) HEREBY DECLARE that to the best of the Claimant(s)' knowledge and behalf, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind. The Claimant(s) agree that any of my/our personal information collected or held by Chartis Insurance Hong Kong Limited and/or Chartis Insurance Hong Kong Limited (Macau Branch) ("the Company"), (whether contained in this Claim Form or otherwise obtained) is provided and be held, used, and disclosed by the Company to individuals/organizations associated with the Company or any selected third party (within or outside of Hong Kong and Macau, including reinsurance, claims adjusting or investigation companies, police, airlines and industry associations/federations) for the purposes of processing the Claims herein and providing subsequent services, direct marketing, and data matching, and to communicate with the Claimant(s) for such purposes. The Claimant(s) understand(s) that (i) the Company may be unable to process the Claims herein if the Claimant(s) fail(s) to provide any information requested in this Claim Form and (ii) the Claimant(s) has/have the right to obtain access to and to request correction of any personal information held by the Company concerning the Claimant(s). Such request can be made to any of the Company's Data Privacy Officer at G.P.O. Box 456, Hong Kong. The Claimant(s) understand(s) that the submission and completion of this claim form is not an admission of liability on the part of the Company.

The Claimant(s) hereby irrevocably authorize:

- a. any organization, institution, or individual that has any information, record or knowledge of the Claimant(s)' health and medical history or any treatment or advice rendered thereto to disclose to the Company such information, record and knowledge;
- b. the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate the Claimant(s)' health status in relation to the Claims therein and any matter arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites;
- c. the police that has any of my/our information to provide the Company with the information including but not limited to the police reports, witness statements, investigation and/or prosecution results;
- d. airline(s) that has/have any of my/our information to provide the Company with the information including but not limited to flight details, booking details, irregularities reports and all information related to my/our bookings; and
- e. any organization institution or individual that has any information, record or knowledge of the Claimant(s) travel record to disclose to the Company such information, record and knowledge.

This authorization shall bind the Claimant(s)' successors and assigns and remain valid notwithstanding the Claimant(s)' death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.

Signature of insured:

Signature of insured:

ID card no./passport no.:

Date (MM/DD/YYYY):